

Orissa

Summary Report

National Family Health Survey 1993

Population Research Centre
Utkal University
Bhubaneswar

International Institute for Population Sciences
Bombay

National Family Health Survey

(MCH and Family Planning)

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March 1995

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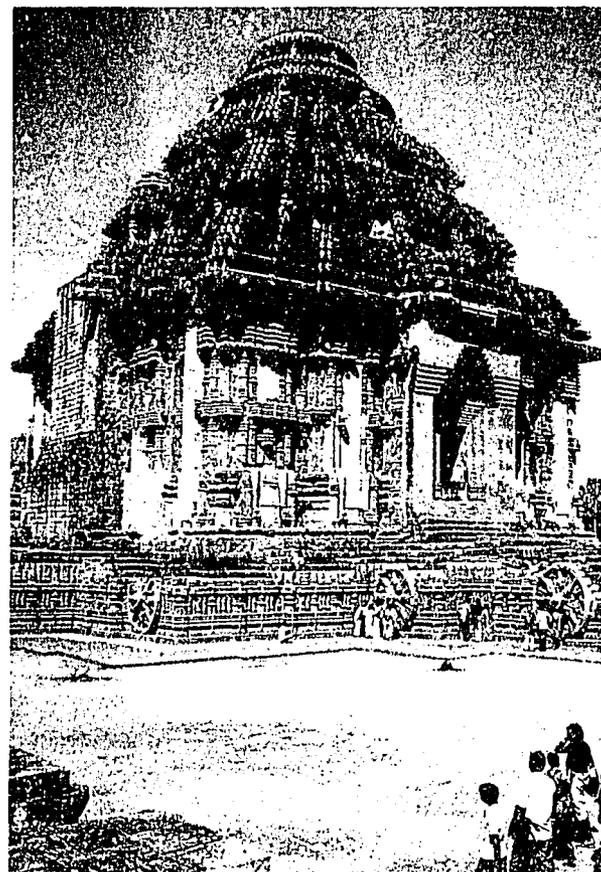
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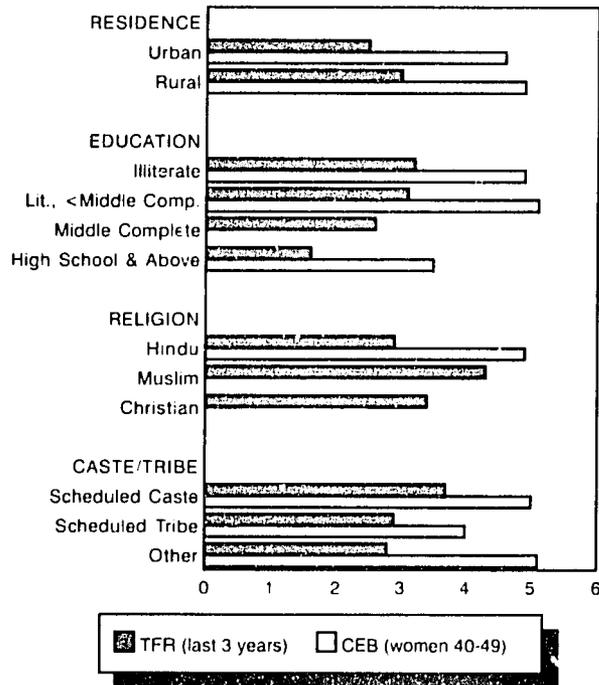


BACKGROUND

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, breastfeeding and food supplementation practices, child nutrition and health, immunizations, and infant and child mortality.

In Orissa, interviewers collected information from 4,257 ever-married women age 13-49 in urban and rural areas. The fieldwork in Orissa was conducted between 7 March and 18 June 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, Utkal University, Bhubaneswar; the Centre for Management of Development Programmes, Hyderabad; the United States Agency for International Development (USAID), New Delhi; and the East-West Center/Macro International, U.S.A. Funding for the survey was provided by USAID.

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



Note: Means(CEB) for the categories Middle Complete, Muslim and Christian are not shown; based on fewer than 25 cases



FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

- Fertility decline is well underway in Orissa. 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 fewer than three children, on average, during their lifetime if current fertility levels prevail. The NFHS estimate of the total fertility rate (TFR) for women in the age group 15-49 for the state as a whole for 1990-92 is 2.9 children per woman, about 15 percent lower than the national average of 3.4 children as estimated from the same source. The urban TFR of 2.5 children per woman is 17 percent lower than the rural TFR of 3.0 children per woman.

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

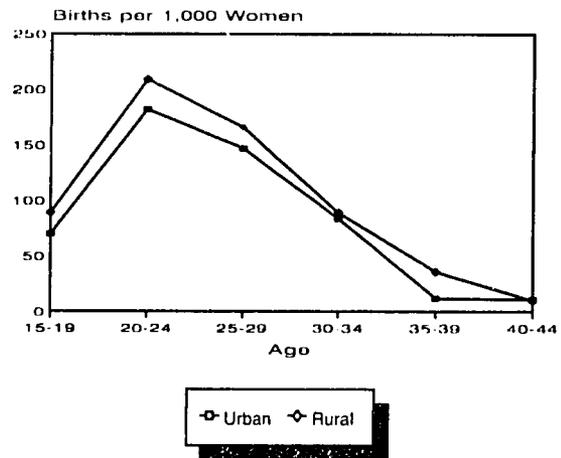
- The NFHS estimates for Orissa may be compared with estimates for 1991 from the Sample Registration System maintained by the Office of the Registrar General, India. The TFR of 2.9 estimated in the NFHS for 1990-92 is about 12 percent lower than the SRS estimate of 3.3 for 1991. The NFHS estimate of the crude birth rate (26.5 births per 1,000 population) is also lower than the SRS estimate (28.8).

- Fertility is lower for more educated women and has fallen below replacement level for women with at least a high school education. The TFR is 3.2 for illiterate women and 1.6 for women with at least a high school education.
- Current fertility differences by religion are also substantial. Muslims have the highest fertility, followed by Christians and Hindus. The TFR for Muslims exceeds the TFR for Hindus by 1.4 children, or 47 percent. Scheduled castes have the highest fertility among the different caste groups examined. The fertility of scheduled tribes and the non-SC/ST group is almost the same.
- Early childbearing is relatively rare in Orissa. Only 14 percent of women age 15-19 have ever had a child. Bearing children late in life is not common. Sixty-four percent of women age 45-49 had their last child before age 35, and only 8 percent had their last child after age 39. Childbearing in Orissa is highly concentrated in the age group 20-29, during which 63 percent of births occur.

Childbearing is highly concentrated in the age group 20-29.

- The overall median interval between births is about 33 months, or 2.75 years. Almost one in every nine second and higher order births occurred within 18 months of the previous birth, and one-quarter occurred within 24 months. These births have a relatively high risk of dying as infants.

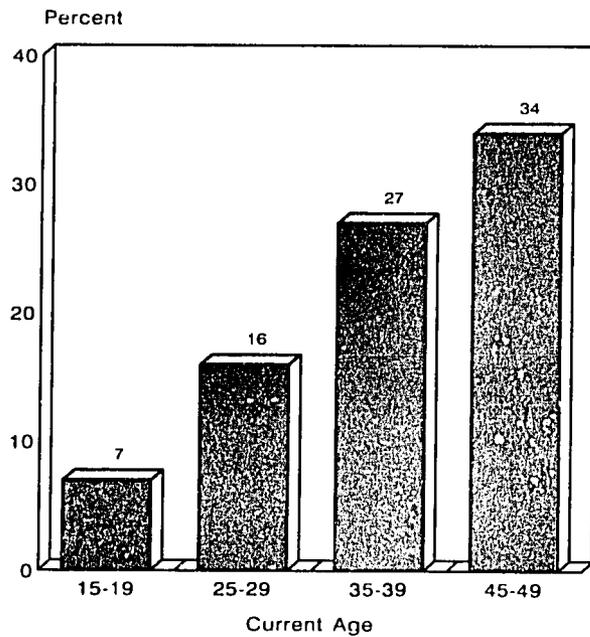
Figure 2
Age-Specific Fertility Rates by Residence



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

- Marriage is virtually universal in Orissa, and marriages in rural areas take place at relatively young ages. At age 15-19, 28 percent of women in Orissa are married. The proportion ever married at age 15-19 is much lower in urban areas (17 percent) than in rural areas (30 percent).

Marriage at very young ages has been declining dramatically over time.

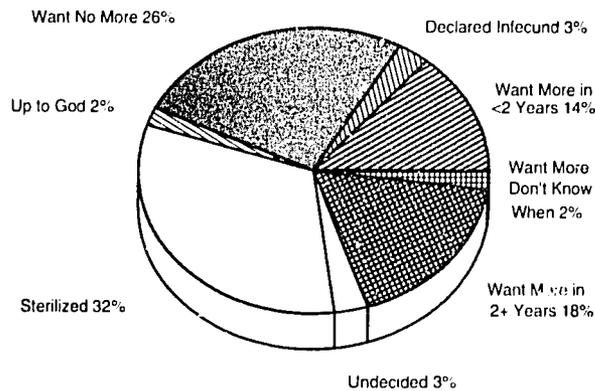
- Marriage at very young ages has declined dramatically in recent decades. The proportion marrying by age 13 fell from 16 percent in the 45-49 age cohort to less than 1 percent in the 15-19 age cohort. Similarly, the proportion marrying by age 15 fell from 34 percent in the 45-49 age cohort to 7 percent in the 15-19 age cohort. Marriages below age 15 have become rare. The median age at marriage has been rising in both urban and rural areas, but the rate of increase has been higher in rural areas. The median age at marriage for the more recent cohort of women age 20-24 in both urban and rural areas is 18 years.

In both urban and rural areas, women age 20-24 marry at about 18 years.

- Differences in the median age at marriage by education are pronounced, with the median among women who have completed high school exceeding the median among illiterate women by almost five years (16.1 years compared with 21.0 years).
- Differences by religion are also notable, with Christians marrying about 2.3 years later than Hindus. Differences in median age at marriage by caste/tribe are small.
- 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. Forty-six percent of women age 20-24 in Orissa got married at age 18 or younger. Moreover, knowledge of the legal minimum age at marriage for men and women is not widespread. Only 19 percent of respondents could correctly identify age 18 as the legal minimum age at marriage for women, and only 7 percent could correctly identify age 21 as the legal minimum age at marriage for men.



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



Fertility Preferences

- More than one-fourth of women say they do not want any more children, and 32 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 58 percent of all currently married women in Orissa. Overall, 76 percent of women want to either space their next birth or stop having children altogether.

Over three-fourths of women want to either postpone their next birth or stop having children altogether.

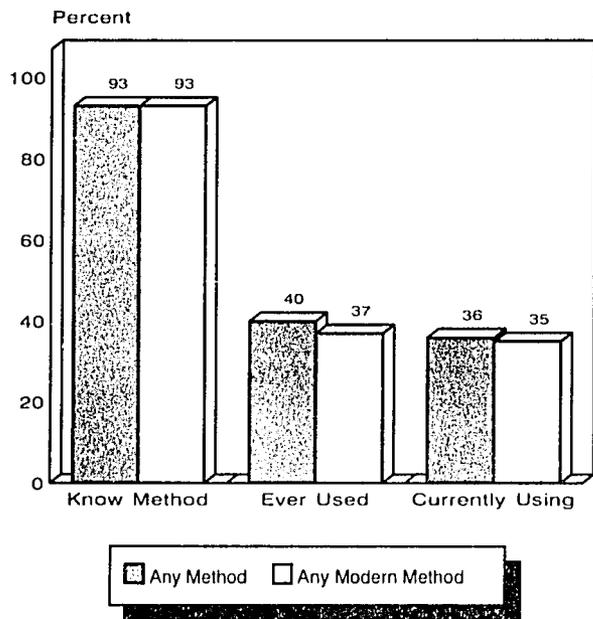
- The desire for more children declines rapidly as the number of children increases. More than 76 percent of women with no children say they want a child, and only 2 percent say they do not want any children. The proportion who want another child drops to 33 percent for women who have two living children and 14 percent for women with three living children.
- The desire for spacing children is strong for women who have fewer than three children. One half of women with one child and one-fifth of women with two children would like to wait at least two years before having their next child. Since 40 percent of all women have one or two children, the strong expressed desire for spacing children among these women cannot be ignored.

The desire for spacing is strong for women who have one or two children.

- Among women who want another child, there is a strong preference for having a son as the next child. More than half (53 percent) say they want a son, only 10 percent want a daughter, and the rest say that the sex of the child does not matter (31 percent) or is up to God (6 percent). Women who do not have any children are extremely unlikely to want a daughter as their first child (less than 1 percent), although a majority say that the sex of their child does not matter (52 percent).
- The ideal number of children falls within the range of 2-4 children for 76 percent of women in Orissa. For those who gave numeric responses, the average number of children considered ideal is 3.0, consisting of about 2 sons and 1 daughter.



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



FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is widespread in Orissa. Ninety-three percent of currently married women know of at least one contraceptive method, and 82 percent know where they could go to obtain a modern method. Knowledge about sterilization is most widespread. Female sterilization is more widely known (92 percent) than male sterilization (72 percent). The three officially sponsored spacing methods are less familiar to respondents. The most well known among the spacing methods are the IUD and the pill; 48-52 percent of respondents report knowledge of these methods. Thirty-five percent know about the condom, and 7 percent know about injection, which is the least known method. Thirty-four percent of women know at least one traditional method; 27 percent know about periodic abstinence, and 10 percent know about withdrawal.

Knowledge of at least one modern contraceptive method is widespread.

Contraceptive Use

- Only 40 percent of currently married women in Orissa have ever used a contraceptive method. Thirty-seven percent have used a modern method, and 6 percent have used a traditional method. Current use of contraception in Orissa is lower, with only 36 percent of currently married women practising family planning. Thirty-five percent use a modern method, and 2 percent use a traditional method.

Only 36 percent of currently married women practice family planning.

- Female sterilization is the most popular contraceptive method in Orissa, as in most other Indian states. Twenty-eight percent of currently married women are sterilized and female sterilization alone accounts for about 78 percent of contraceptive prevalence. Another 3 percent of currently married women report that their husbands are sterilized. No other method of family planning is used by more than 2 percent of currently married women at the time of the survey.
- Contraceptive use is appreciably higher in urban areas than in rural areas (47 percent compared with 34 percent), higher among women with at least a high school education than illiterate women (48 percent compared with 34 percent), and higher among Christians than among Muslims (46 percent compared with 16 percent), with Hindus in between. The contraceptive use rate is also lower among scheduled tribe women (30 percent) than among other women.



Figure 6
Current Use of Modern Contraceptive Methods by Education

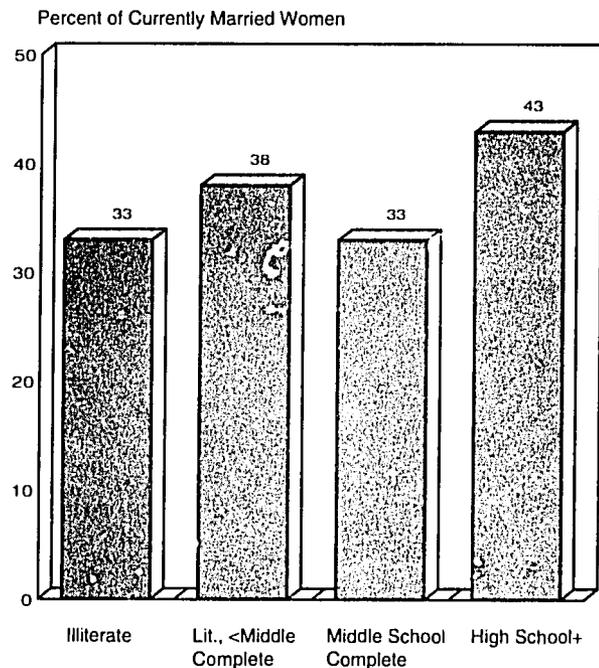
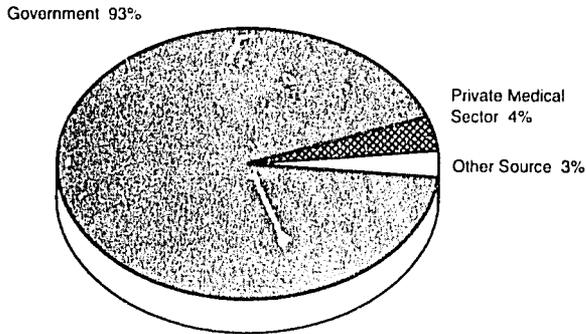


Figure 7
Sources of Family Planning Among Current Users of Modern Contraceptive Methods



- Current use is positively related to the number of living children a woman has ranging from less than 3 percent for women with no living children to 54 percent for women with four or more children. Furthermore, contraceptive use in Orissa reflects a preference for sons, with current use at each parity lowest for women with no sons and highest for women with two or more sons.
- The public sector (consisting of government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies 93 percent of users of all modern methods, and the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supplies 4 percent. Three percent of users obtain their methods from other sources, such as shops, friends and relatives. In rural areas the public sector is the source of supply for 97 percent of contraceptive users, while in urban areas the public sector is the source of supply for 80 percent of users.

Attitudes Toward Family Planning

- Attitudes toward the use of family planning are generally positive, but a sizable minority of women do not approve of family planning. Eighty-one percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning use, and 18 percent disapprove. Sixty-one percent of women perceive their husbands to be about as favourable toward family planning as they are themselves.

- Education of women as well as their husbands is an important determinant of approval of family planning, by both husband and wife. Overall, 76 percent of illiterate women approve of family planning, compared with 93 percent of women with at least a high school education. Joint approval by both husband and wife is the lowest (52 percent) among illiterate women.
- Approval of family planning is higher among Hindu couples than among Muslims, which is particularly revealing since Muslims are much more likely to live in urban areas, where approval of family planning is higher. Approval is lower among scheduled tribe women than among other groups.
- Ninety-four percent of women who have ever used family planning approve of family planning. Among never users, 79 percent approve of family planning. Among never users who approve of family planning, only 4 percent say their husbands do not approve of family planning.
- Sixty-one percent of currently married women who do not use any contraception report that they do not intend to use contraception in the future, and 53 percent of this group do not intend to use because they want more children. Forty percent of currently married non-users who intend to use family planning in the future prefer modern spacing methods.



Sixty-one percent of current nonusers do not intend to use contraception in the future.



Exposure to Family Planning Messages

- Efforts to disseminate family planning information through the electronic mass media have succeeded in reaching only one-fourth of ever-married women in Orissa. This is not surprising since only 11 percent of households in Orissa own televisions and only 32 percent own radios.

Only 11 percent of households own televisions and 32 percent own radios.

- Urban-rural differentials in media coverage are substantial. Family planning messages on radio or television reached 53 percent of women in urban areas and 21 percent of women in rural areas. Only 15 percent of illiterate women reported having heard a family planning message on radio or television, whereas 72 percent of women with at least a high school education have heard a message. The percentage who have heard a family planning message on radio or television is lowest among scheduled tribe women (9 percent).
- More than 70 percent of respondents say it is acceptable to have family planning messages on radio and television, and only 7 percent say it is not acceptable. Younger women (under age 20) and older women (over age 39), rural residents, illiterate women, Hindu women and women belonging to scheduled tribes are less likely than other women to think it is acceptable to broadcast family planning messages on radio or television.

Need for Family Planning Services

- Overall, 22 percent of women in Orissa 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 (13 percent) than for limiting births (10 percent). Together with the 36 percent of currently married women who are using contraception, a total of 59 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 could increase from 36 percent to 59 percent of married women. This means that only 62 percent of the demand for family planning is being met by current programmes.

If all of the women with an unmet need for family planning were to adopt it, the current use rate would increase from 36 to 59 percent.

Figure 8
Unmet Need for Family Planning by Selected Characteristics

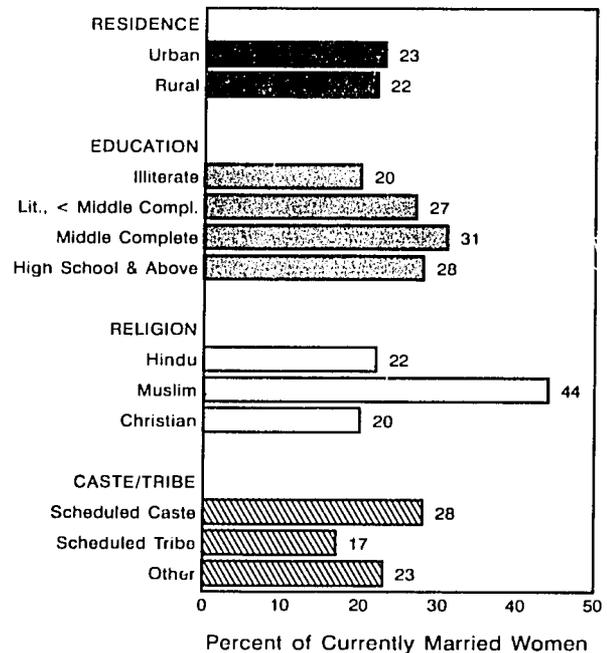
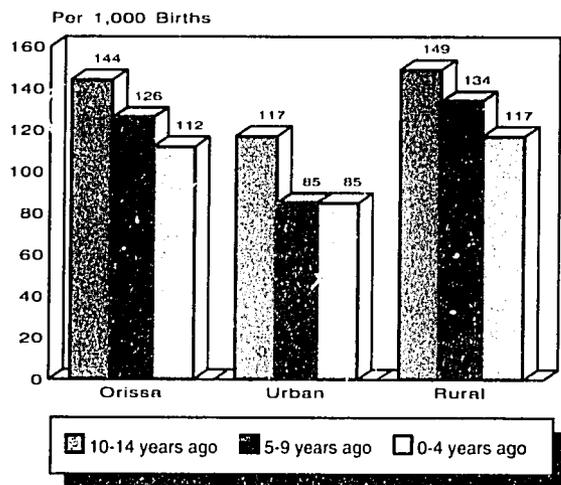


Figure 9
Infant Mortality Rates for Five-Year Periods
by Residence



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



MATERNAL AND CHILD HEALTH

Infant and Child Mortality

- Orissa has the highest infant mortality rate of any state in India. The infant mortality rate declined slowly from 144 per 1,000 live births in 1978-82 to 112 per 1,000 live births in 1988-92.

Orissa has the highest infant mortality rate of any state in India (112 infant deaths per 1,000 live births).

- Despite the overall decline in infant mortality (22 percent over a 10-year period), 1 in every 9 children born in the five years before the NFHS died within the first year of life, and 1 in every 8 children died before reaching age 5. Overall, 58 percent of infant deaths recorded during the 5 years before the survey in Orissa occurred during the first four weeks of life. Therefore, child survival programmes still need to be intensified to produce further reductions in the level of infant mortality.
- Infant mortality rates are nearly 1.5 times as high in rural areas as in urban areas, 126 per 1,000 live births compared with 85 per 1,000 live births in the 10-year period preceding the

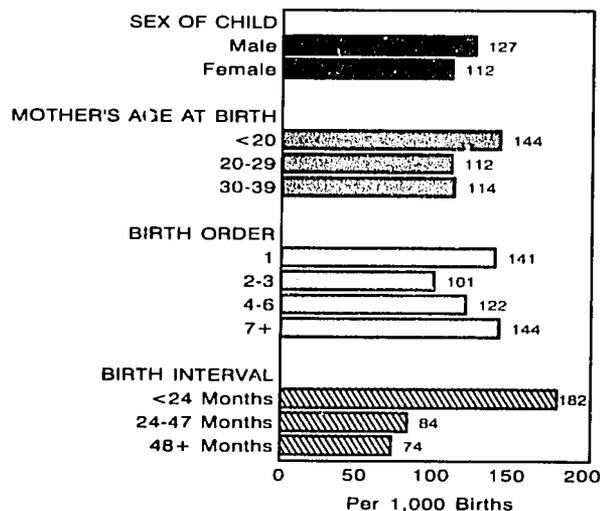
survey. The risk of dying before the fifth birthday is 42 percent higher in rural areas than in urban areas. Infant mortality declines sharply with mother's education, ranging from 132 per 1,000 live births for illiterate women to a low of 59 per 1,000 live births for women with at least a high school education.

- Neonatal mortality, which reflects a substantial component of congenital conditions, is appreciably 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 45 percent higher mortality risk than males. These findings reflect the disadvantageous position of females after infancy in Orissa.

Between age 1 to 5 years, females experience 45 percent higher mortality risks than males.

- Mortality rates are higher among births to very young women (younger than age 20). Infant mortality is about two and half times as high for children with a preceding birth interval of less than 24 months as for children with a preceding interval of 48 months or more (182 compared with 74 per 1,000). The infant mortality rate is lower among those who received antenatal and delivery care, 57 per 1,000 live births, than among those who received neither type of maternity care, 126 per 1,000 live births.

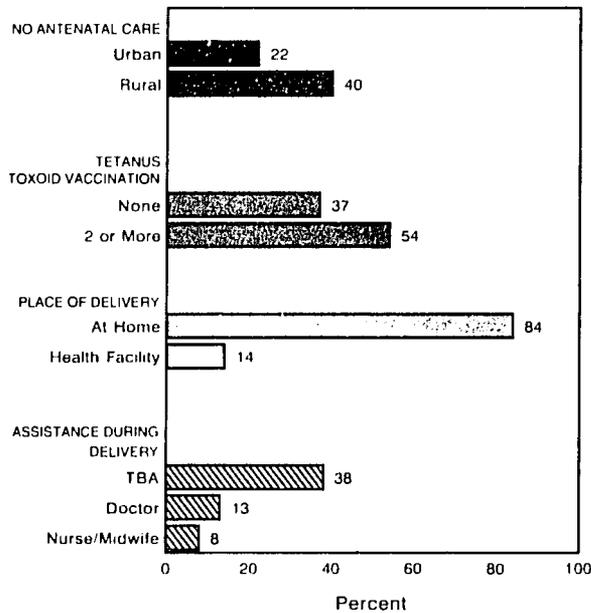
Figure 10
 Infant Mortality Rates by Selected Demographic Characteristics



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



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



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

- Utilization of both antenatal care and delivery services is poor in Orissa. A sizeable proportion of women receive no antenatal care. During the four years preceding the survey, mothers received antenatal care for only 62 percent of births. Women received at least two tetanus toxoid injections for only 54 percent of births.

Mothers received antenatal care for only 62 percent of births, and only 14 percent of children were delivered in health institutions.

- There are substantial differences in antenatal care by residence and by education. The percentage of births for which mothers received antenatal care is 76 percent in urban areas and 39 percent in rural areas. Use of antenatal care services is higher for more educated women; 54 percent of births to illiterate mothers received antenatal care, compared with 93 percent of births to mothers with at least a high school education.

- Most babies (84 percent) are delivered at home, 12 percent are delivered in public health facilities and 2 percent in private health facilities. Twenty-one percent of deliveries are assisted by a doctor or nurse/midwife, 38 percent by a traditional birth attendant, and 38 percent by a relative or other person. Thus, a sizeable proportion of births are delivered by untrained persons, and this circumstance no doubt contributes to Orissa's comparatively high neonatal mortality rates.

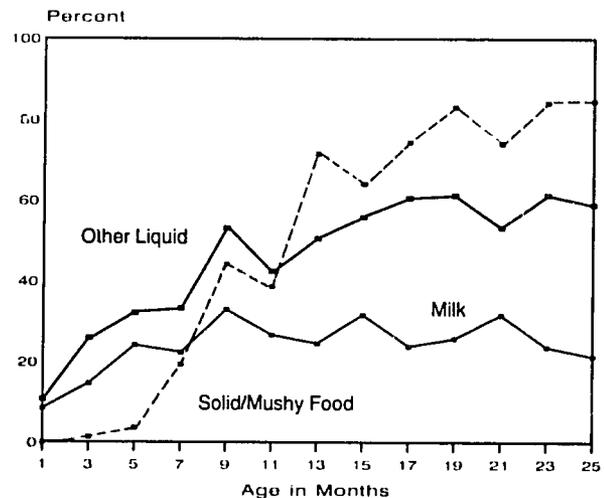
Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Orissa, with 95 percent of all children having been breastfed. However, only 18 percent of children are breastfed within one hour of birth, and 36 percent start breastfeeding within one day of birth. A substantial majority (86 percent) of women who breastfeed squeeze the first milk from the breast before they begin breastfeeding their babies, thereby depriving them of an adequate amount of colostrum, which provides the child with important nutrients as well as natural immunity against diseases. On average, children are breastfed for about 29 months.

Breastfeeding is universal, but only 18 percent of children are breastfed within one hour of birth.



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



- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is quite common for very young children, but even at age 0-1 month about two-fifths of babies are given water or other supplements. Forty-six percent of infants under four months are exclusively breastfed (i.e., given only breast milk). Solid and mushy foods are generally not added to the diet at an early enough stage in the child's development. Only about one in three children is given solid or mushy food at the recommended age of 6-9 months.

Only about one-third of children are given solid/mushy food at the recommended age of 6-9 months.

- The use of bottles with nipples is relatively rare, increasing from 6 percent in the first two months after birth to a high of 19 percent for children age 4-5 months, after which it declines slowly to zero for children approaching four years of age.

Vaccination of Children

- Among children age 12-23 months, only 36 percent are fully vaccinated against six common childhood diseases. The coverage of particular vaccinations, except measles, is fairly high. Sixty-three percent have been vaccinated against tuberculosis (BCG vaccine), about 56 percent have received all three doses of DPT and polio vaccines, but only 40 percent have been vaccinated against measles. Twenty-eight percent of children age 12-23 months did not receive any vaccination at all. Forty-four percent of children in urban areas are fully vaccinated, compared with 35 percent in rural areas. Boys are slightly more likely to be vaccinated against childhood diseases than girls (38 percent compared with 34 percent).

Only 36 percent of children are fully vaccinated and 28 percent did not receive any vaccination at all.

- The proportion who received all vaccinations increases with the education of the mother, ranging from 30 percent for children of illiterate mothers to 79 percent for children of mothers with at least a high school education. The proportion of children fully vaccinated is lower among scheduled caste and scheduled tribe children (25-29 percent) than among non-SC/ST children (40 percent).

Figure 13
Vaccination Coverage Among Children Age 12-23 Months

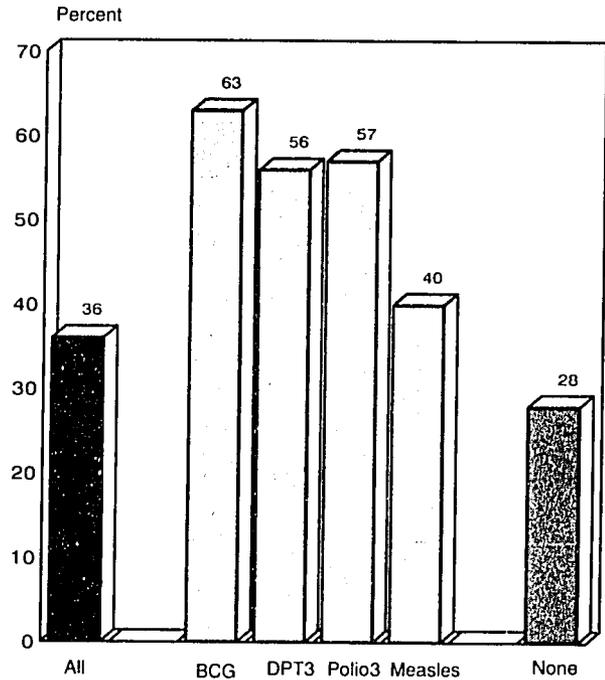
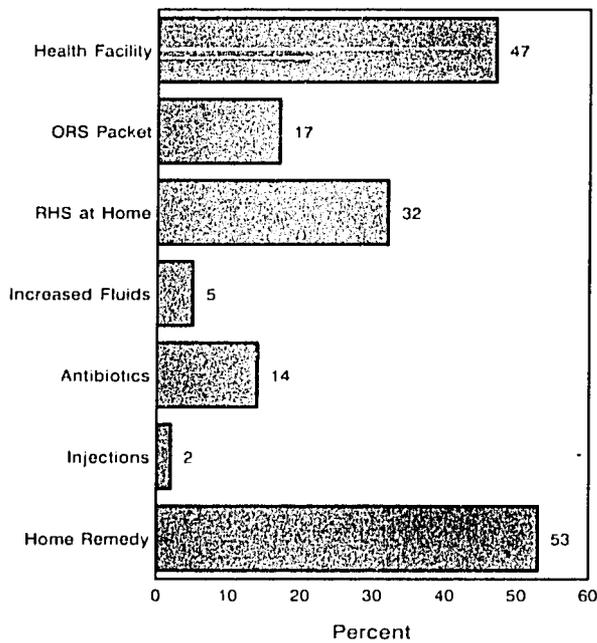


Figure 14
Treatment of Diarrhoea in the Two Weeks
Preceding the Survey
(Children Under 4)



Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 10 percent of children under age 4 had symptoms of acute lower respiratory infection (cough, accompanied by fast breathing), 32 percent had fever, and 21 percent suffered from diarrhoea. Between 47-56 percent of these sick children were taken to a health facility or provider. Knowledge and use of Oral Rehydration Salt (ORS) packets for the treatment of diarrhoea are not widespread. Overall, 56 percent of mothers are unfamiliar with ORS, and 71 percent have never used it. Moreover, only 41 percent of young children with recent episodes of diarrhoea were treated with ORS or the recommended home solution.

The majority of young children with recent episodes of diarrhoea were not treated with ORS.

Nutritional Status of Children

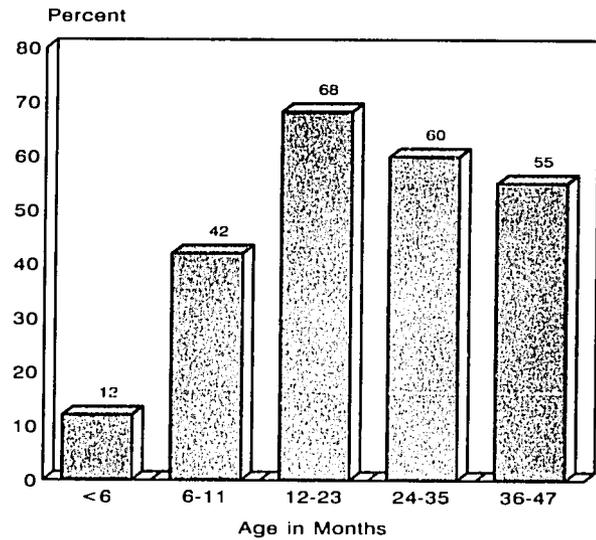
- Both chronic and acute undernutrition are very high in Orissa. Fifty-three percent of all children are underweight, and 48 percent are stunted. The proportion of children who are severely undernourished is also notable -- 23 percent in the case of weight-for-age and 25 percent in the case of height-for-age. The most serious nutritional problem measured (wasting) is also quite evident in Orissa, affecting one in every five children.



More than half of all children are underweight and almost half are stunted.

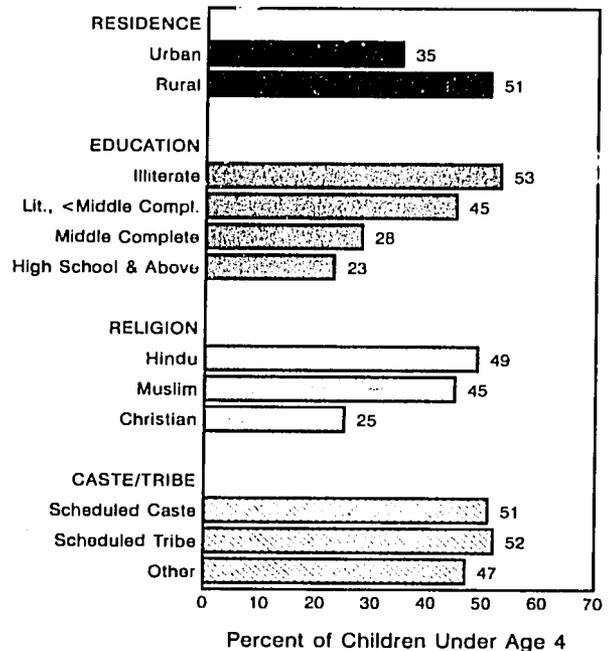
- Interestingly, there is no evidence that female children are nutritionally disadvantaged. Undernutrition is consistently higher in rural areas than in urban areas. Hindu children and children from scheduled tribes are slightly more undernourished than other children, but caste/tribe differentials are small.
- The substantial variability in nutrition by educational level of mother contrasts strikingly with the comparatively small differentials by other background characteristics, although here as elsewhere it must be noted that the majority of children, more than 60 percent, have illiterate mothers. In general, the higher the mother's education, the better nourished are her children.

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



CONCLUSIONS

Fertility and Family Planning

- The total fertility rate estimated from the NFHS in Orissa is 2.9 children per woman. Currently, only 36 percent of currently married women use a contraceptive method. If all the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate could increase from 36 percent to 59 percent. Most women who intend to use contraception in the future prefer to use modern spacing methods. This indicates that the potential demand for modern spacing methods is quite strong and suggests that increasing attention should be paid to spacing methods as part of a more balanced programme to satisfy the contraceptive needs of women in Orissa.
- Although unmet need for family planning is substantial, 61 percent of women say they do not intend to use contraception at any time in the future. This finding suggests that it will be difficult for the family planning programme to attain its goals without a strong Information, Education and Communication (IEC) component to motivate more couples to use contraception. The accessibility and quality of services also need to be improved to overcome low motivation and to encourage continued use among contraceptive acceptors.

Maternal and Child Health

- Various indicators of maternal and child health show that in almost every respect Orissa is not faring well. Despite the 22 percent decline in infant mortality over a 10-year period, 1 in 8 children still die before reaching age 5. Most babies (84 percent) are

delivered at home, and less than 60 percent of deliveries are assisted by a doctor, a nurse/midwife or a traditional birth attendant. Only 36 percent of children age 12-23 months are fully vaccinated, and 28 percent have not received any vaccinations at all. Half of all young children are underweight and 48 percent are stunted.

- The improvement of services is crucial to the success of the Child Survival and Safe Motherhood (CSSM) programme. The importance of a strong IEC package in the CSSM programme cannot be overemphasized. Such a package is necessary to inform couples about the importance of antenatal care and safe delivery conducted under hygienic conditions, the advantages of giving colostrum to babies, the correct timing for introducing supplementary food to a child's diet, the importance of immunizations against six serious but preventable diseases, the use of oral rehydration therapy for children suffering from diarrhoea, the advantages of a small family and the disadvantages of early childbearing and inadequate childspacing. The lack of exposure of most women to electronic mass media and their inability to read indicate the need for alternative communication strategies, such as the distribution of video cassettes with culturally appropriate programmes that can be shown on community television sets.

Status of Women

- Although there has been some progress in educational attainment in recent years in Orissa, more than two-thirds of women in their childbearing years are illiterate. Improvements in education and literacy 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 age at marriage, fertility behaviour, current use of family planning, demand for family planning, ideal number of children, wanted fertility rate, utilization of antenatal care services, receipt of tetanus toxoid injections and iron and folic acid tablets, delivery in a health facility, delivery by trained attendants, vaccination of children against six serious but preventable diseases, knowledge and ever use of ORS packets, infant and child mortality, and the nutritional status of children.

- The status of women is low in Orissa, and there is evidence of discrimination against females in several respects, such as lower female literacy, a lower school attendance rate for girls age 6-14, a sex ratio unfavourable to women, a low level of female employment, a relatively low age at marriage for women, low rates of antenatal care for expectant mothers, higher childhood mortality among females, rates of sterilization that are much higher for females than for males, and child immunization rates that are lower for girls than for boys. Thus, programmes to elevate the status of women in Orissa are imperative.

Achievement of Programme Objectives

- Major national objectives of the CSSM programme adopted in the Eighth Five Year Plan (1992-97) are to achieve an infant mortality rate of 50 per 1,000 live births (the infant mortality rate in Orissa during 1988-92 was 112); an under-five mortality rate of 70 per 1,000 (under-five mortality in Orissa during 1988-92 was 131); a crude death rate of 9 per 1,000 population (the crude death rate in Orissa was 11 during 1991-92); and a crude birth rate of 27 per 1,000 (the crude birth rate in Orissa during 1990-92 was 26.5). The national targets for service coverage

include 100 percent coverage of antenatal care (women in Orissa received antenatal care for only 62 percent of their pregnancies in 1989-92); 100 percent of deliveries by trained attendants (only 21 percent of deliveries were attended to by a doctor or a nurse/midwife in 1989-1992), and a couple protection rate of 75 percent among couples in the reproductive ages (in Orissa it was only 36 percent during 1992-93). These comparisons reveal the magnitude of the task ahead for Orissa.

- Despite the poor performance in maternal and child health care in the state and the related high level of infant mortality, Orissa has experienced considerable fertility decline in the past 15 years, and currently has a fertility level that is below the national average. The family welfare and health programme should strive to improve the provision and utilization of maternal and child health services to attain a more balanced programme which gives equal emphasis to health and family planning.



FACT SHEET-ORISSA

1991 Population Data

Office of the Registrar General and Census Commissioner

Total population (millions)	31.7
Percent urban	13.4
Percent scheduled caste	16.2
Percent scheduled tribe	22.2
Decadal population growth rate (1981-91)	20.1
Crude birth rate (per 1,000 population)	28.8
Crude death rate (per 1,000 population)	12.8
Life expectancy at birth (years) ¹	
Male	57.1
Female	55.1

National Family Health Survey, 1993

Sample Population

Ever-married women age 13-49	4,257
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Background Characteristics of Women Interviewed

Percent urban	15.3
Percent illiterate	67.4
Percent attended secondary school or higher	6.0
Percent Hindu	97.0
Percent Muslim	1.5
Percent Christian	1.3
Percent working	24.9

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	71.8
Percent of women age 15-49 ever married	75.9
Singulate mean age at marriage for females (in years)	20.7
Singulate mean age at marriage for males (in years)	25.6
Percent of women married to first cousin ²	4.9
Median age at marriage among women age 25-49	16.6
Median months of breastfeeding ³	27.6
Median months of postpartum amenorrhoea ³	8.5
Median months of postpartum abstinence ³	4.7

Fertility

Total fertility rate ⁴	2.9
Mean number of children ever born to women age 40-49	4.9

Desire for Children

Percent of currently married women who:	
Want no more children	25.9
Want to delay their next birth at least 2 years	18.1
Mean ideal number of children ⁵	3.0
Percent of births in the last 4 years which were:	
Unwanted	9.4
Mistimed	17.3

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	92.9
Knowing a modern method	92.5
Knowing a source for a modern method	82.1
Ever used any method	40.3
Currently using any method	36.3
Percent of currently married women currently using:	
Pill	0.9
IUD	1.5
Injection	0.0
Condom	0.6
Female sterilization	28.2
Male sterilization	3.4
Periodic abstinence	0.9
Withdrawal	0.3
Other method	0.5

Mortality and Health

Infant mortality rate ⁶	112.1
Under-five mortality rate ⁶	131.0
Percent of births ⁷ whose mothers:	
Received antenatal care from a doctor	
or other health professional	38.4
Received 2 or more tetanus toxoid injections	53.8
Percent of births ⁷ whose mothers were assisted at delivery by:	
Doctor	13.0
Nurse/midwife	7.5
Traditional birth attendant	37.6
Percent of children 0-1 month who are breastfeeding	97.9
Percent of children 12-13 months who are breastfeeding	93.4
Percent of children 12-23 months who received ⁸ :	
BCG	63.3
DPT (three doses)	56.3
Polio (three doses)	56.7
Measles	40.2
All vaccinations	36.1
Percent of children under 4 years ⁹ who:	
Had diarrhoea in the 2 weeks preceding the survey	21.4
Had a cough accompanied by rapid breathing	
in the 2 weeks preceding the survey	10.4
Had a fever in the 2 weeks preceding the survey	32.1
Are chronically undernourished (stunted) ¹⁰	48.2
Are acutely undernourished (wasted) ¹⁰	21.3

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