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# **National Family Health Survey**

**(MCH and Family Planning)**

## **Andhra Pradesh**

### **1992**

## **Summary Report**

**Population Research Centre**  
**Andhra University, Visakhapatnam**

**International Institute for Population Sciences, Bombay**

**May 1995**

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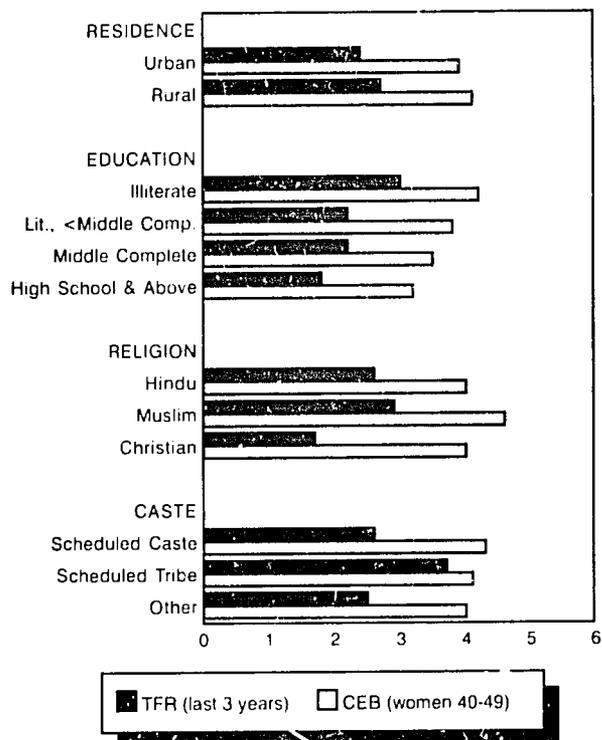
## BACKGROUND

The National Family Health Survey (NFHS) is a nationally representative survey of ever-married women age 13-49. The NFHS covered the population of 24 states and the National Capital Territory of Delhi (the erstwhile Union Territory of Delhi) to provide 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, vaccinations, and infant and child mortality.

In Andhra Pradesh, the interviewers collected information from 4,276 ever-married women age 13-49 in urban and rural areas. The fieldwork was conducted between 1 April and 11 July 1992. 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, Andhra University, Visakhapatnam; the Administrative Staff College of India, 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.

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



## FERTILITY AND MARRIAGE

### Fertility Levels, Trends and Differentials

- Fertility in Andhra Pradesh has declined to a low level. A total fertility rate (TFR) of 2.6 children per woman is estimated for the period 1989-91, which is about 24 percent below the national total fertility rate as estimated from the same source. Childbearing in Andhra Pradesh is highly concentrated in the age group 15-29, which accounts for 86 percent of total fertility. There is a substantial amount of early childbearing. Twenty-eight percent of total fertility is accounted for by births to women age 15-19, and the contribution of women above age 30 is only 14 percent. Slightly more than one-fourth of all women and one-half of currently married women age 15-19 have begun childbearing.

*At current fertility rates, women in Andhra Pradesh will have an average of 2.6 children (24 percent lower than the national average).*

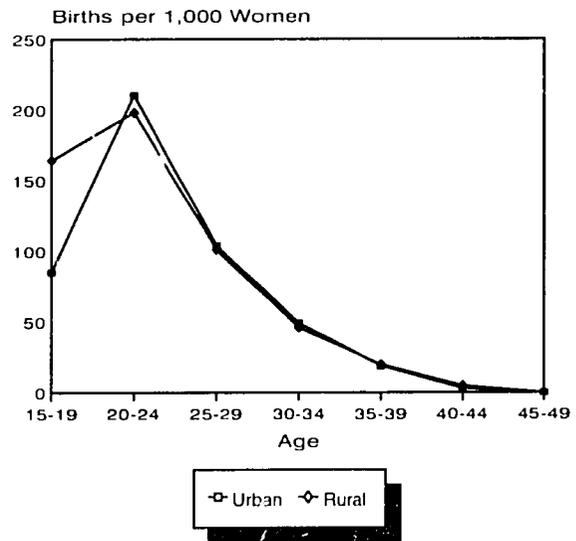
- The NFHS estimates may be compared with estimates from the Sample Registration System (SRS) maintained by the Office of the Registrar General, India. The most comparable report with estimates for Andhra Pradesh is for 1990. The TFR from the NFHS is 17 percent lower than the SRS estimate. The crude birth rate estimated from the NFHS of 24.2 for 1989-91 is also lower than the 1990 SRS estimate of 26.3.

- Current fertility in rural areas is 13 percent higher than in urban areas. Fertility differences also exist between various other population subgroups. The fertility of illiterate women is substantially higher (3.0 children per woman) than the fertility of women with at least a high school education (1.8 children per woman). Differentials by caste and tribe are also substantial. Scheduled tribe women have a higher TFR (3.7) than scheduled castes (2.6) and others (2.5). Religious differentials are less prominent. The fertility of Hindu and Muslim women is almost the same at 2.6 to 2.9 children per woman compared with a TFR of 1.7 for Christian women.
- The median interval between births is 33 months, or about 2.8 years. One in every ten second or higher order births occurs within 18 months of the previous birth, and 23 percent occur within 24 months. The likelihood of survival is lower for children born less than 24 months following a previous birth.

### Marriage

- As in many other parts of India, marriage is universal and takes place at relatively young ages in Andhra Pradesh. Fifty-three percent of women are married at age 15-19 increasing to 89 percent by age 20-24. At age 25-29, the percentage married peaks at 97 percent. The proportion ever married at age 15-19 is lower in urban areas (29 percent) than in rural areas (62 percent).

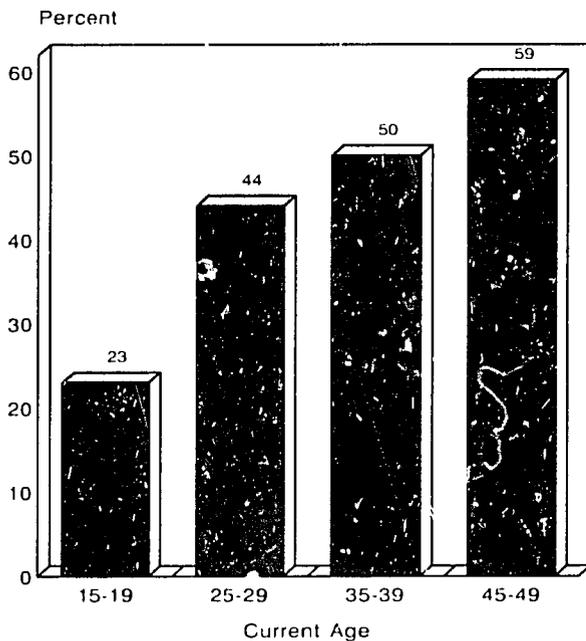
Figure 2  
Age-Specific Fertility Rates by Residence



Note: Rates are for the three years before the survey (1989-91)



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



- The singulate mean age at marriage for males and females is 23.6 and 18.1 years, respectively. It has also increased steadily over time from 15.2 years in 1961 to 18.1 years in 1992 for females and from 22.3 to 23.6 years in the same period of time for males. The proportion marrying by age 15 declined from 59 percent for the 45-49 age cohort to 23 percent for the 15-19 age cohort. The trend is similar in both urban and rural areas, although urban women marry more than two years later than rural women. The median age at marriage for the more recent cohort of women age 20-24 is 15.9 years, 18.5 years in urban areas and 15.3 years in rural areas.

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*Marriage at very young ages has been declining over time, but the median age at marriage is still low at 15.9 years.*

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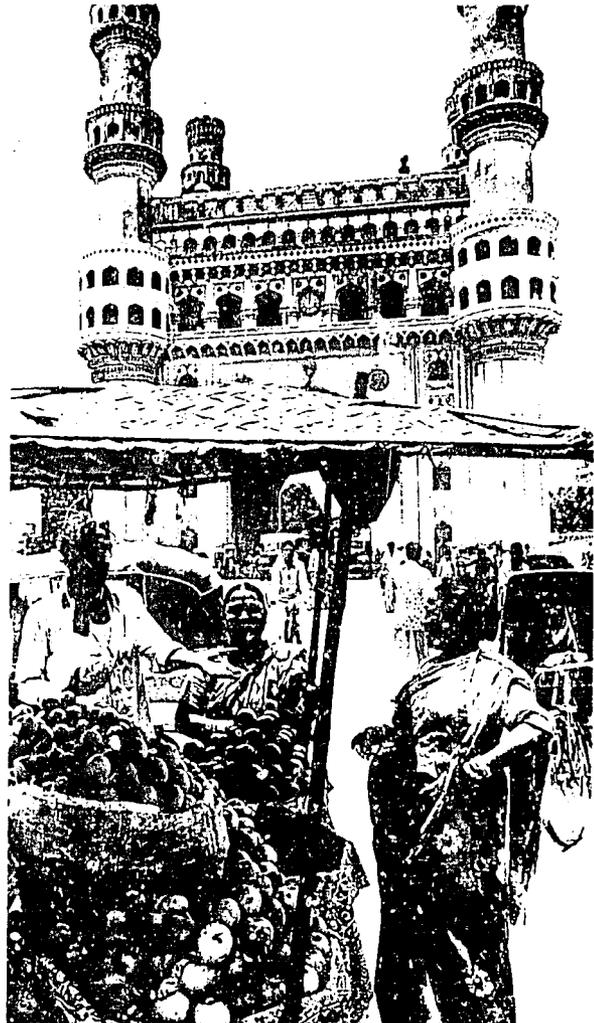
- The age at marriage increases sharply with the education of women. Among women age 25-29, the median age at marriage rises from 14.4 years for illiterate women to 20.6 years for women who have completed high school, a difference of more than 6 years. Differences by religion are not substantial. The lowest median age at marriage is exhibited by the scheduled caste group, in which half the women have married by age 14. Scheduled tribe women marry one year later than scheduled caste women and a half-year earlier than non-SC/ST women.

- 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. Despite this Act, 69 percent of married women age 20-24 were married below the legal minimum age at marriage. The proportion of women age 20-24 who married before age 18 is higher in rural areas (78 percent) than in urban areas (44 percent). A large majority of women are not even aware of the legal minimum age at marriage for men and women. Only 38 percent of women could correctly report age 18 as the legal minimum age at marriage for females and only 27 percent could correctly report age 21 as the legal minimum age at marriage for males.
- It has been observed in a few studies that children born to consanguineous couples run a higher mortality risk than those of nonconsanguineous couples. Consanguineous marriages are common in Andhra Pradesh. Twenty-five percent of ever-married women married a first cousin (on either their father's side or their mother's side), and 10 percent married a second cousin, uncle or other blood relative. The custom of first cousin marriage is common in all religious groups and is particularly high among scheduled tribe women (36 percent).

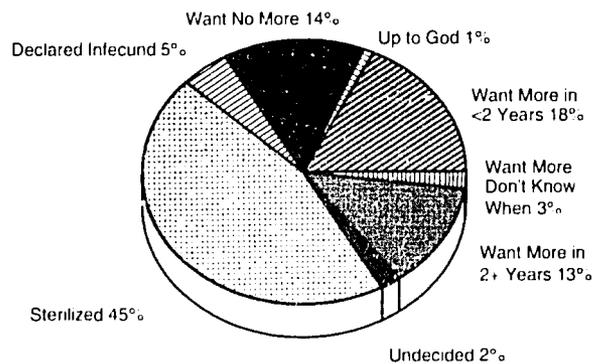
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*Consanguineous marriages are common in Andhra Pradesh.*

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



## Fertility Preferences

- Nearly 14 percent of women say they do not want any more children and 45 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 Andhra Pradesh. Overall, 71 percent of women want to either space their next birth or stop having children altogether. Only one-third of women say they want another child sometime in the future, and almost two-fifths of these women (13 percent of all women) say they would like to wait at least two years before having the next child.

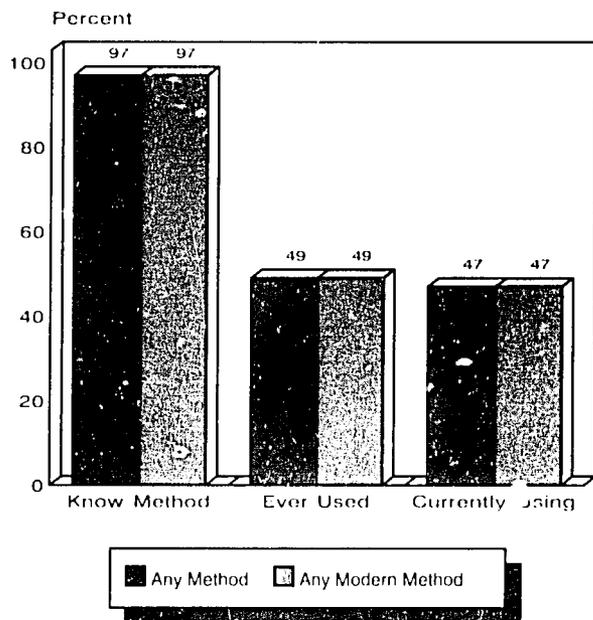
*Seventy-one percent of currently married women want to either postpone their next birth or stop having children altogether.*

- The desire for more children declines rapidly as the number of children increases. Nearly 85 percent of women with no children say they want a child and only 3 percent say they do not want any children. The proportion who want another child drops to 27 percent for women who have two living children and 10 percent for those with three living children.

- Interestingly, the desire for spacing children is very strong for women who have fewer than three children. Nine percent of women with no children say that they would like to wait at least two years before having their first child. Similarly, 39 percent of women with one child and 15 percent of women with two children would like to wait at least two years before having their next child. Since 54 percent of all women have fewer than three living children, the strong expressed desire for spacing children among these women cannot be ignored.
- Among women who want another child, there is a preference for having a son as the next child. Thirty-nine percent say they want a son, only 12 percent express a desire for a daughter, and the rest say that the sex of the child does not matter (43 percent) or that it is up to God (5 percent). The desire for a son is particularly strong in rural areas and among high parity women.
- In Andhra Pradesh, a large majority of women (71 percent) consider a two- or three-child family to be ideal. For those who gave numeric responses, the average number of children considered ideal is 2.7 per couple, ranging from about 2.4 children for women with less than two children to 3.9 for those who already have six or more children.



*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 nearly universal in Andhra Pradesh: 97 percent of currently married women know of at least one contraceptive method, and 95 percent know where they could go to obtain a modern method. However, this widespread knowledge about family planning is mostly limited to female and male sterilizations. Women who know about modern spacing methods such as the pill, IUD, and condom are much fewer, ranging from 42 to 54 percent. Modern spacing methods are not only less well known, but knowledge about where to obtain these methods is also more limited.

*Knowledge of at least one contraceptive method is nearly universal.*

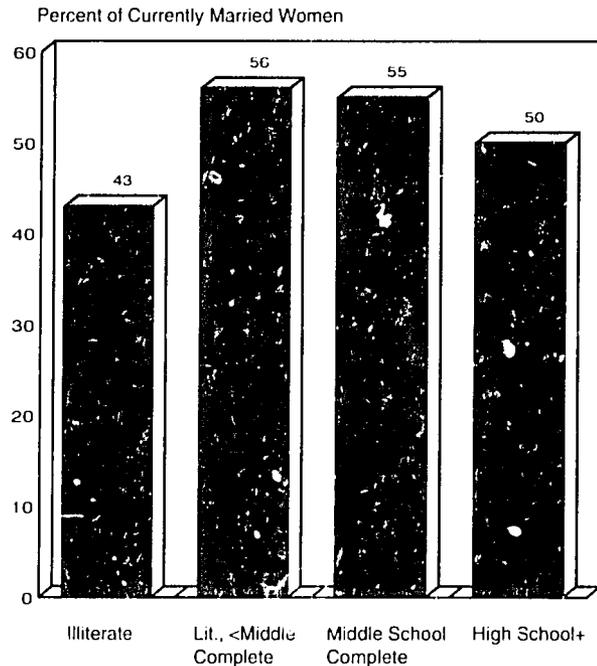
### Contraceptive Use

- Current use of any modern method of contraception among currently married women age 15-49 is 47 percent in Andhra Pradesh and use of any traditional method is less than 1 percent. Female sterilization is the most popular contraceptive method in Andhra Pradesh, as in most Indian states. Thirty-nine percent of currently married women are sterilized and another 7 percent reported that their husbands are sterilized. Female and male sterilizations together account for 95 percent of current contraceptive prevalence. All the modern spacing methods (pill, IUD and condom) combined are used by only 2 percent of currently married women.

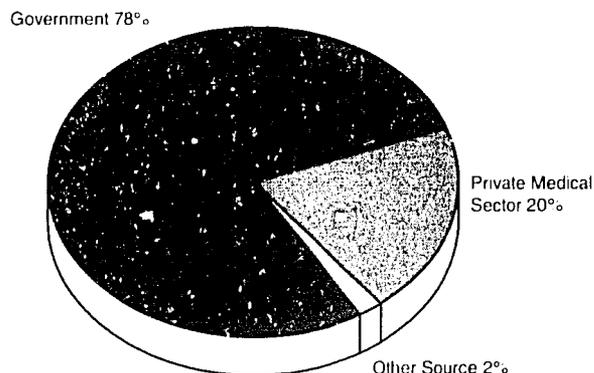
*Forty-seven percent of married women currently use family planning.*

- Current use of contraception in urban areas (57 percent) is 30 percent higher than in rural areas (44 percent). Current use of every single method of family planning, including the terminal methods, is higher in urban areas than in rural areas.
- Illiterate women report less use of any contraceptive method than literate women. The use rate for modern spacing methods generally increases with education. Illiterate women use almost no other method than female or male sterilization, whereas a small proportion of women with high school or higher education use the IUD, pill, and condom (9 percent). Christians have a higher contraceptive prevalence rate (52 percent) than Hindus (47 percent) and Muslims (45 percent). The practice of family planning is much higher among non-SC/ST women (50 percent) than among scheduled caste women (36 percent) and scheduled tribe women (37 percent).

Figure 6  
Current Use of Modern Contraceptive Methods by Education



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



- The use of family planning methods is positively related to the number of living children a woman has, increasing from less than 2 percent for women with no children to 74 percent for women with three children, and then declining slightly to 70 percent for women who have four or more children. Furthermore, a strong son preference is apparent in the contraceptive behaviour of women in Andhra Pradesh: at each parity, the use of family planning methods is lowest for women with no sons. The contraceptive prevalence is highest (80 percent) among women with two sons and one daughter.
- The public sector (consisting of government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies 78 percent of users of all modern methods, while the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supplies 20 percent. Two 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 the overwhelming majority of contraceptive users (86 percent), while in urban areas, the public sector is the source of supply for 62 percent of users.

## Attitudes Toward Family Planning

- Attitudes toward the use of family planning are generally positive in Andhra Pradesh. An overwhelming majority of currently married nonsterilized women who know of a contraceptive method (92 percent) approve of family planning and only 7 percent disapprove. More than three-fourths (77 percent) of women report that both they and their husbands approve of family planning.

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*Over 90 percent of married women approve of family planning.*

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- Education of women as well as their husbands is an important determinant of approval of family planning. Overall, 91 percent of illiterate women approve of family planning compared with 97 percent of women who have completed high school. Joint approval by both husband and wife is 73 percent among illiterate women compared with 91 percent among women who have at least completed middle school. Approval of family planning is similar among religious groups ranging from 89 to 93 percent. Approval is slightly lower among those belonging to scheduled tribes than among other groups.
- More than 90 percent of women who had ever used family planning report that both they and their husbands approve of family planning. It is of interest to know that among never users, 76 percent of women report that they and their husbands approve of family planning.
- Overall, 6 out of 10 currently married nonusers (61 percent) report that they do not intend to use contraception in the future, and 59 percent of this group do not intend to use because they want more children. Not surprisingly, this reason is more common among women under age 30 (85 percent) than among those age 30 or older (22 percent). In fact, almost 60 percent of current nonusers who do not intend to use family planning in the future are under age 30.





### Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching three out of five (58 percent) ever-married women in Andhra Pradesh. This is not surprising given that only 18 percent of households in Andhra Pradesh own televisions and 43 percent own radios. The urban-rural differentials in media coverage are substantial. The percentage of women exposed to family planning messages on radio or television is 81 percent in urban areas and 50 percent in rural areas.
- Eighty-seven percent of women say it is acceptable to have family planning messages on radio and television, only 3 percent say it is not acceptable and the rest (10 percent) are not sure. Younger women (under age 20) and older women (over age 39), rural residents, illiterate 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**

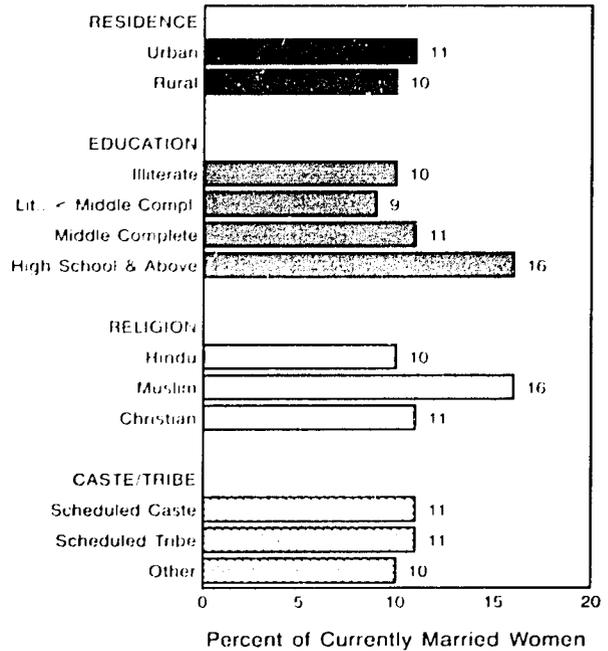
- Overall, 10 percent of women in Andhra Pradesh have an unmet need for family planning. These are the women who are not using family planning even though they either do not want any more children or want to wait at least two years before having another child. The unmet need is slightly greater for spacing births (6 percent) than for limiting births (4 percent). If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate would increase from 47 percent to 57 percent of married women.

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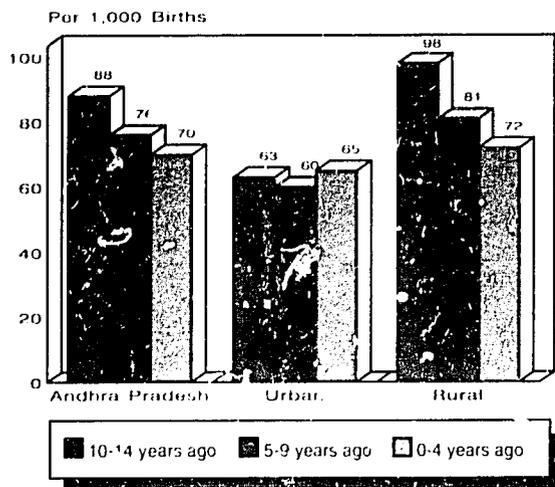
*Only 10 percent of married women have an unmet need for family planning.*

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**Figure 8**  
Unmet Need for Family Planning by Selected Characteristics



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



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



## MATERNAL AND CHILD HEALTH

### Infant and Child Mortality

- Infant mortality rates declined substantially in Andhra Pradesh during the 15 years prior to the NFHS in 1992. The infant mortality rate for the total population declined from 88 per 1,000 during 1977-81 (10-14 years prior to the survey) to 70 per 1,000 live births during 1987-91 (0-4 years prior to the survey), an annual rate of decline of more than two infant deaths per 1,000 live births. Despite the rapid overall decline in the infant mortality rate (20 percent over a 10-year period), 1 in every 14 children born in the five years before the NFHS died within the first year of life and 1 in every 11 children died before reaching age five. Therefore, child survival programmes still need to be intensified to produce further improvements in the level of infant and child mortality.

*One in 14 children dies before reaching the age of one year.*

- The infant mortality rate is 24 percent and the child mortality is two and a half times higher in rural areas than in urban areas. The infant mortality rate declines sharply with increasing education of woman overall, as expected, ranging from a high of 80 per 1,000 live births for illiterate women to a low of 36 per 1,000 live births for women with at least a high school education.

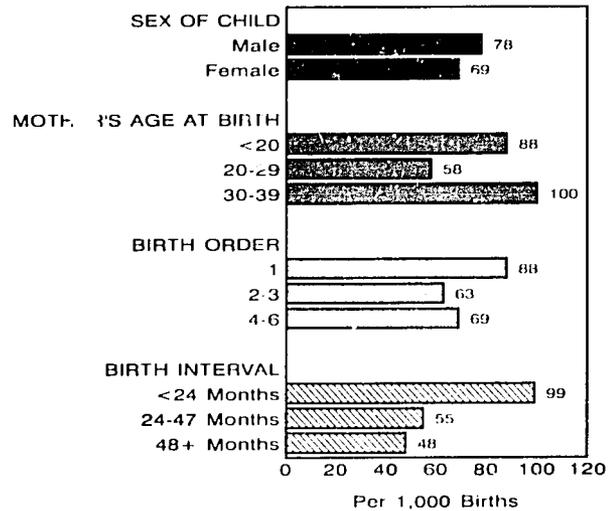
- The neonatal mortality rate, which reflects a substantial component of congenital conditions, is higher for males than for females. On the other hand the ratio of female to male postneonatal mortality is 1.21. The risk of dying between ages one and five (child mortality) is 28 percent higher for females than for males.
- The infant mortality is highest for children of mothers age 30-39 (100 per 1,000 live births) and under age 20 (88 per 1,000 live births). The lowest infant mortality rate, just over 58 per 1,000 live births, is for women in the prime childbearing years (age 20-29). Infant mortality is over two times as high for children with a preceding interval of less than 24 months as for children with a preceding interval of 48 months or more (99 compared with 48 per 1,000 live births).

**Antenatal Care and Assistance at Delivery**

- Most pregnant women receive antenatal care in Andhra Pradesh. During the four years preceding the survey, mothers received antenatal care for 86 percent of births. Similarly, women received two doses of tetanus toxoid injection during pregnancy for 75 percent of births and iron/folic acid tablets for 76 percent of births.

*Most pregnant women receive antenatal care.*

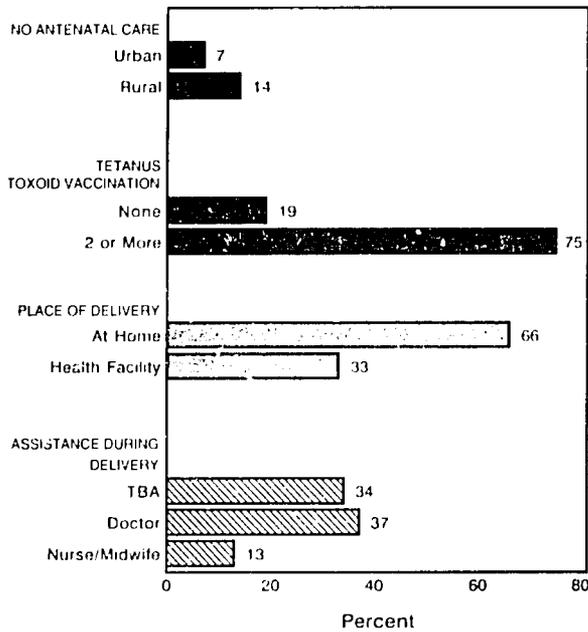
**Figure 10**  
**Infant Mortality Rates by Selected Demographic Characteristics**



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



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

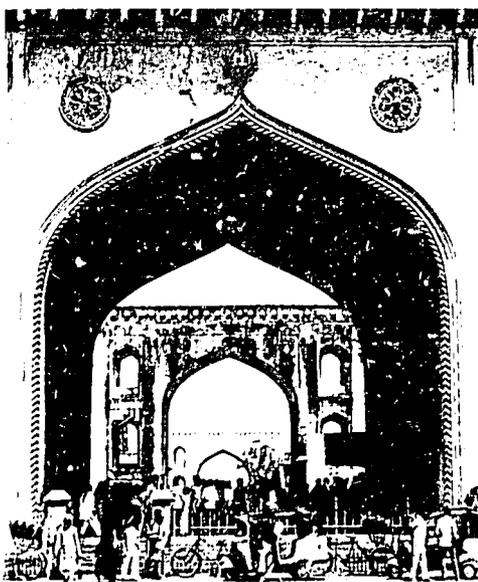


- There are substantial differences in antenatal care by residence and by education. The proportion of births for which mothers received antenatal care is 92 percent in urban areas and 85 percent in rural areas. The proportion receiving antenatal care ranges from 82 percent for births to illiterate mothers to 97 percent for births to mothers with at least a high school education.
- Only 33 percent of live births during the four years preceding the survey were delivered in health institutions, and 66 percent were delivered at home. However, almost half the deliveries were attended by doctors and nurses/midwives, and 34 percent were attended by a Traditional Birth Attendant.

*Sixty-six percent of babies are delivered at home, and less than half of deliveries are assisted by a doctor or a nurse/midwife.*

### Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Andhra Pradesh, with 94 percent of all children having been breastfed. It is recommended that the first breast milk should be given to children because it contains colostrum, which provides natural immunity to children. However, a substantial majority (67 percent) of women



who breastfeed squeeze the first milk from the breast before they begin breastfeeding their babies. Only 20 percent of the babies in Andhra Pradesh are put to the breast within 1 hour of birth, and only 28 percent within 24 hours of birth, indicating the need to educate mothers concerning the importance of immediate commencement of breastfeeding.

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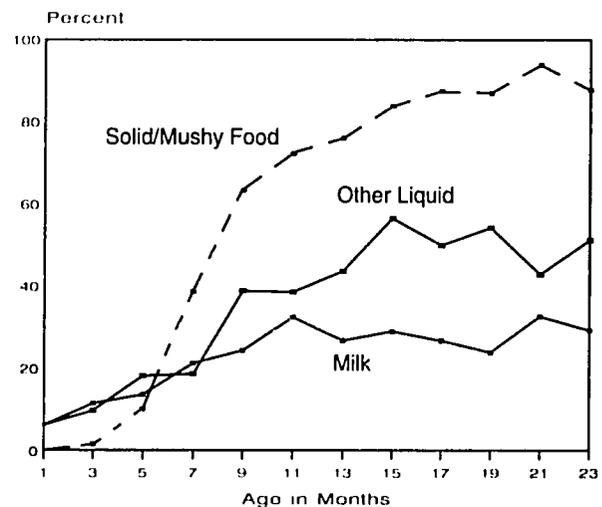
*A substantial majority of women squeeze the first milk containing colostrum from the breast before breastfeeding their babies.*

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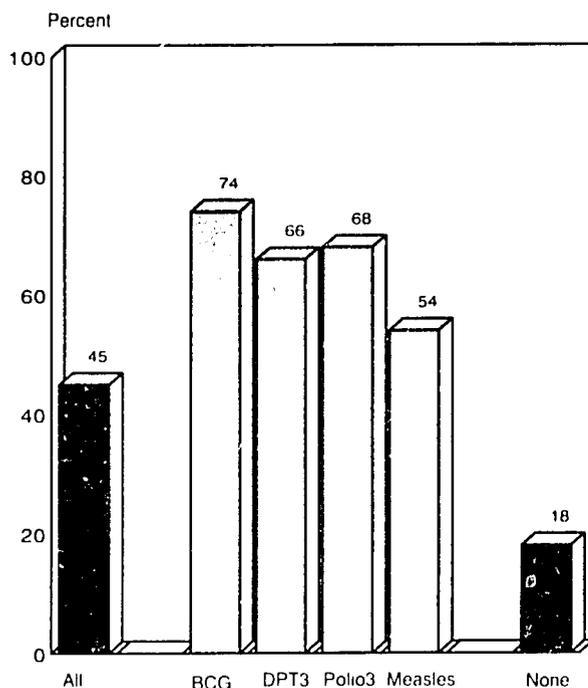
- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is quite common for very young children, but even at age 0-1 months almost one-fifth of babies are given water or other supplements. On average, 71 percent of infants under four months are given only breast milk (i.e., are exclusively breastfed). The percentage of babies being exclusively breastfed drops off rapidly after the first few months of life, to less than 10 percent at age 8-9 months and older.
- By 6 months of age, infants need adequate and appropriate complementary solid foods in addition to breast milk in order to prevent undernutrition. Hence all children in the age group 6-9 months should receive solid or semi-solid food in addition to breast milk. In Andhra Pradesh, 48 percent of all children in this age group receive solid or mushy food in addition to breast milk.

*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**



- The use of bottles with nipples among breastfed children is relatively rare, decreasing from 10 percent in the first two months after birth to 3 percent for children age 12-13 months, after which it declines to less than 2 percent for children approaching four years of age.

### Vaccination of Children

- The Universal Immunization Programme (UIP) aims to vaccinate all children against six preventable diseases, namely tuberculosis, diphtheria, whooping cough (pertussis), tetanus, poliomyelitis and measles. The performance of the UIP has been only moderate in Andhra Pradesh. Among children age 12-23 months, 45 percent are fully vaccinated against the six common childhood diseases. Seventy-four percent have been vaccinated against tuberculosis (BCG), nearly two-thirds have received all three doses of DPT (66 percent) and polio (68 percent) vaccines, and 54 percent have been vaccinated against measles. However, one in six children age 12-23 months did not receive any vaccination at all.

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*Only 45 percent of young children are fully vaccinated against six serious but preventable childhood diseases.*

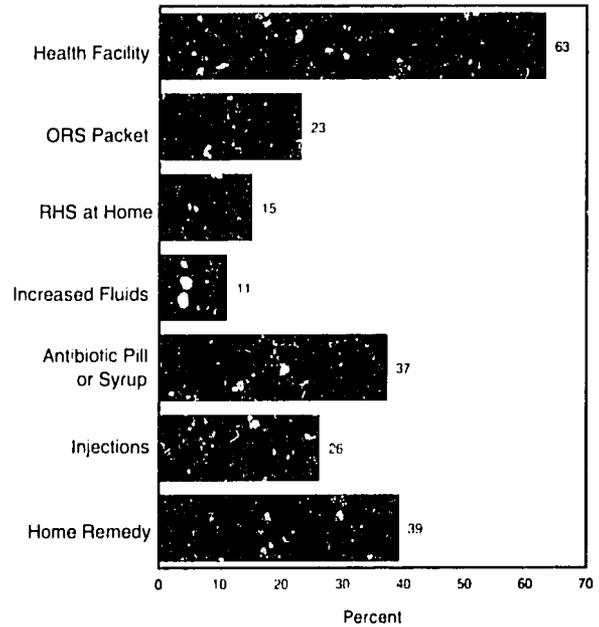
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- Fifty-eight percent of children in urban areas are fully vaccinated, compared with 40 percent in rural areas. Boys are slightly more likely to have been vaccinated against childhood diseases than girls. There is not much variation by religion in the proportion of children who

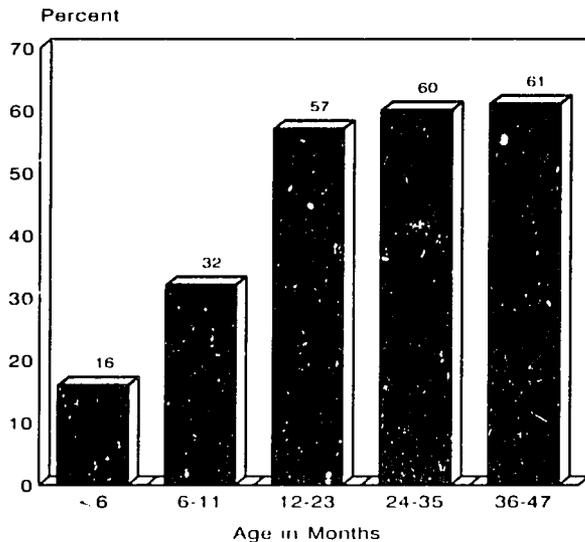
### Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 5 percent of children under age 4 had a cough accompanied by fast breathing (symptoms of acute lower respiratory infection), 17 percent had fever and 12 percent suffered from diarrhoea. Six percent of children had an episode of diarrhoea during the preceding 24 hours. Between 63 and 70 percent of these sick children were taken to a health facility or provider for treatment.
- It is significant to note that 24 percent of children suffering from diarrhoea were not given any treatment at all, either at home or in a health facility. Moreover, 63 percent of children with diarrhoea were not given Oral Rehydration Salts (ORS) or the recommended home solution or increased fluids. Only 31 percent of mothers who had births during the four years preceding the survey know about ORS packets, and only 16 percent have ever used them.

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



*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

### Nutritional Status of Children

- In the Andhra Pradesh NFHS, children under four years of age were weighed to assess their nutritional status. Based on this measure, undernutrition is very high in the state. Forty-nine percent of all children under age four are underweight for their age, and 16 percent are severely underweight.

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*Almost half the young children are underweight for their age.*

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- Undernutrition is least common among the youngest children (under 6 months). However, nutritional status deteriorates dramatically over the first 3 years of life. Girls in Andhra Pradesh are slightly more likely to be underweight than boys. Undernutrition is considerably higher in rural areas than in urban areas.



- The variability by educational level is striking, although here as elsewhere it must be noted that the vast majority of all children, more than 70 percent, have illiterate mothers. Children of illiterate mothers are more than twice as likely to be undernourished as children of mothers with at least a high school education. But even among the latter group, one-fourth of the children are underweight.

## CONCLUSIONS

### Fertility and Family Planning

Fertility has been declining in Andhra Pradesh, and the total fertility rate is 2.6 children per woman in the state. The typical pattern in Andhra Pradesh is for a woman to marry at a relatively young age, have 2-3 children and end childbearing before age 30 (mainly through sterilization). Perhaps the most striking feature of current fertility is the substantial contribution of women age 15-19 to the total fertility rate (28 percent). The contribution of women age 30 years and above to total fertility is only 14 percent. The low age at marriage is a major reason for the concentration of childbearing at relatively young ages. More than three-fourths of rural women age 20-24 have married below the legal minimum age at marriage of 18 years. Concerted efforts to educate and motivate people to delay marriage are necessary in order to reduce the risks associated with early childbearing.

- The emphasis on sterilization as a method of family planning in the state family welfare programme has also been partly responsible for the concentration of births in younger ages. Female and male sterilizations account for 95 percent of total contraceptive prevalence in Andhra Pradesh and use of modern spacing methods is very low. Among sterilized couples, the median age of the wife at the time of sterilization is 24.5.
- If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate would increase from 47 percent to 57 percent of married women. Overall, 82 percent of the demand for

programmes in Andhra Pradesh. Promotion and provision of spacing methods would help meet the needs of the 10 percent of currently married women who want to space and limit births.

### Maternal and Child Health

- Despite the rapid decline in infant mortality (20 percent over a ten-year period), 1 in every 11 children died before reaching age five. Probably the greatest reduction in mortality could be attained by reducing or eliminating birth intervals of less than 24 months and births to women less than 18 years of age. Infant mortality also declines sharply with increasing education of women overall, therefore, increasing educational levels of girls and young women would reduce infant mortality as well as reduce fertility.
- Although the utilization of antenatal care services is fairly good in Andhra Pradesh, there is a need to promote safe delivery practices. Most babies (66 percent) are delivered at home, and half the deliveries are not attended by a trained professional such as a doctor or a nurse/midwife. There is also a scope for further improvement in the vaccination coverage for children. Although the coverage for some of the individual vaccines is relatively high, a large number of children have not received all the recommended vaccinations. Only 45 percent of children age 12-23 months are fully vaccinated, and 37 percent are partially vaccinated. Drop-out of children from the vaccination course needs to be reduced in order to improve the vaccination coverage for children.
- Another area of child health which needs a greater attention is the prevention and treatment of childhood diarrhoea. Twelve percent of

during the two weeks prior to the survey, and only 27 percent of children with diarrhoea were given Oral Rehydration Salts (ORS) or the recommended home solution or increased fluids. Most mothers are not even aware of the ORS packets and most have never used them. There is a clear need to strengthen the information, education and communication programme in the area of Oral Rehydration Therapy and the prevention and treatment of diarrhoea among young children.

- Inadequate nutrition continues to pose a serious problem: nearly half the children are underweight and the proportion of children who are severely underweight is 16 percent. Mother's level of education is the single most important factor related to nutritional status of children as undernutrition declines steadily with the increasing educational attainment of the mother. Part of the reason for high prevalence of undernutrition among children is the late initiation of breastfeeding and late introduction of solid/mushy foods in child's diet. Although breastfeeding is universal, and breastfeeding is continued for a fairly longer duration, most babies are not given breast milk within one hour or even one day after the birth. It is important that infants should be exclusively breastfed until age 4 months, but even at age 0-1 months, children are given water or other supplements along with the breast milk. Only half of the children 6-9 months of age receive both breastmilk and solid foods as is recommended. A greater emphasis should be given to the subject of correct infant feeding practices in the current IEC Programmes.

### Status of Women

- Sixty-two percent of the women in Andhra Pradesh are illiterate. Girls are also disadvantaged in terms of school attendance as only 55 percent of girls age 6-14 attend school compared with 72 percent of boys. The sex ratio of 979 females per 1,000 males is higher than the all-India sex ratio of 944 but well below equality. Other indicators that support this view are the higher postneonatal and child mortality rates of females compared with males. There is also a strong preference for sons, insofar as most women in Andhra consider a family with more sons than daughters to be ideal. The rate of vaccination is slightly lower among girls than boys and the percentage underweight is slightly higher.
- Educational attainment is strongly associated with several important variables, including exposure to mass media, age at marriage, knowledge about the minimum legal age at marriage, use of spacing methods, interspousal communication regarding family planning, ideal number of children, wanted fertility rate, infant and child mortality, utilization of antenatal care services, delivery in a health facility, delivery by trained medical attendants, vaccination of children, knowledge and ever use of ORS and RHS, and nutritional status of children. Improvement in women's literacy and education is clearly desirable, not only in its own right but also because of its favourable demographic and health impacts.

### Achievement of Programme Objectives

- The family planning programme in Andhra Pradesh has been successful in reducing fertility to a low level compared with other large states in India, despite the low rate of female literacy and school attendance. The use of family planning by almost half of currently-married women is related to the lower fertility rate. Antenatal care in terms of provision of tetanus toxoid vaccines, iron folie tablets, home visits by health workers and check-ups by doctors is much higher in Andhra Pradesh than in other states. However, the percentage of institutional deliveries is only 33 percent and assistance at delivery by a doctor is only 37 percent. The percentage of children who receive all of the vaccinations is also low at 45 percent and the percentage of children who are underweight is 49 percent which is similar to other states.
- These findings indicate that the family planning and maternal care programmes have achieved considerable success in Andhra Pradesh, but the child health programmes, such as promotion of vaccination and nutrition, require more emphasis. Given that female literacy and education are strongly related to the health of children, improving the education of women and mothers, in particular, would improve the health of children.



**FACT SHEET: ANDHRA PRADESH**

**1991 Population Data**

**Office of the Registrar General and Census Commissioner**

Total population (millions) .....	66.5
Percent urban .....	26.9
Percent scheduled caste .....	15.9
Percent scheduled tribe .....	6.3
Decadal population growth rate (1981-91) .....	21.2
Crude birth rate (per 1,000 population) .....	24.1
Crude death rate (per 1,000 population) .....	9.1
Life expectancy at birth (years) <sup>1</sup>	
Male .....	59.1
Female .....	62.2

**National Family Health Survey, 1992**

**Sample Population**

Ever-married women age 13-49 .....	4,276
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**Background Characteristics of Women Interviewed**

Percent urban .....	26.1
Percent illiterate .....	68.7
Percent completed secondary school or higher .....	10.4
Percent Hindu .....	88.0
Percent Muslim .....	8.3
Percent Christian .....	3.4
Percent Working .....	53.4

**Marriage and Other Fertility Determinants**

Percent of women 15-49 currently married .....	7.1
Percent of women 15-49 ever-married .....	86.3
Singulate mean age at marriage for females (in years) .....	18.1
Singulate mean age at marriage for males (in years) .....	23.6
Percent of women married to first cousin <sup>2</sup> .....	25.0
Median age at marriage among women age 25-49 .....	15.1
Median months of breastfeeding <sup>3</sup> .....	26.3
Median months of postpartum amenorrhoea <sup>4</sup> .....	9.1
Median months of postpartum abstinence <sup>3</sup> .....	4.3

**Fertility**

Total fertility rate <sup>5</sup> .....	2.6
Mean number of children ever born to women age 40-49 ...	4.1

**Desire for Children**

Percent of currently married women who:	
Want no more children or are sterilized .....	58.4
Want to delay next birth at least 2 years .....	12.8
Mean ideal number of children <sup>6</sup> .....	2.7
Percent of births in the last four years which were:	
Unwanted .....	5.2
Mistimed .....	8.9

**Knowledge and Use of Family Planning**

Percent of currently married women:	
Knowing any method .....	96.7
Knowing a modern method .....	96.6
Knowing a source for a modern method .....	94.3
Ever used a method .....	49.3
Currently using any method .....	47.0

Percent of currently married women currently using:

Pill .....	0.5
IUD .....	0.6
Injection .....	0.0
Condom .....	0.7
Female sterilization .....	38.1
Male sterilization .....	6.6
Periodic abstinence .....	0.3
Withdrawal .....	0.0
Other method .....	0.2

**Mortality and Health**

Infant mortality rate <sup>7</sup> .....	70.4
Under-five mortality rate <sup>7</sup> .....	91.2
Percent of births <sup>8</sup> whose mothers:	
Received antenatal care from a doctor or health professional .....	65.9
Received 2 or more tetanus toxoid injections .....	74.8
Percent of births <sup>8</sup> whose mothers were assisted at delivery by:	
Doctor .....	36.6
Nurse/midwife .....	12.7
Traditional birth attendant .....	33.9
Percent of children 0-1 months who are breastfeeding .....	96.9
Percent of children 12-13 months who are breastfeeding ...	91.0
Percent of children 12-23 months who received <sup>9</sup> :	
BCG .....	73.9
DPT (three doses) .....	66.1
Polio (three doses) .....	68.0
Measles .....	53.8
All vaccinations .....	45.0
Percent of children under 4 years <sup>10</sup> who:	
Had diarrhoea in the 2 weeks preceding the survey .....	11.7
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey .....	4.9
Had a fever in the 2 weeks preceding the survey .....	16.5
Are undernourished (underweight) <sup>11</sup> .....	49.1

<sup>1</sup> 1986-91

<sup>2</sup> Based on ever-married women

<sup>3</sup> Current status estimate based on births during the 48 months preceding the survey

<sup>4</sup> Current status estimate based on births during the 36 months preceding the survey

<sup>5</sup> Based on births to women age 15-49 during the three years preceding the survey

<sup>6</sup> Based on ever-married women age 13-49, excluding women giving non-numeric response

<sup>7</sup> During the five years preceding the survey (1987-91)

<sup>8</sup> Births in the period 1-47 months preceding the survey

<sup>9</sup> Based on information from vaccination cards and mothers' reports

<sup>10</sup> Children born in the period 1-47 months preceding the survey

<sup>11</sup> Undernourishment assessed by weight-for-age; the percent undernourished are those below -2 SD from the median of the International Reference Population, recommended by the World Health Organization.