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National Family Health Survey
(MCH and Family Planning)

Gujarat
1993
Summary Report

Population Research Centre, Faculty of Science
M.S. University of Baroda, Vadodara

International Institute for Population Sciences, Bombay

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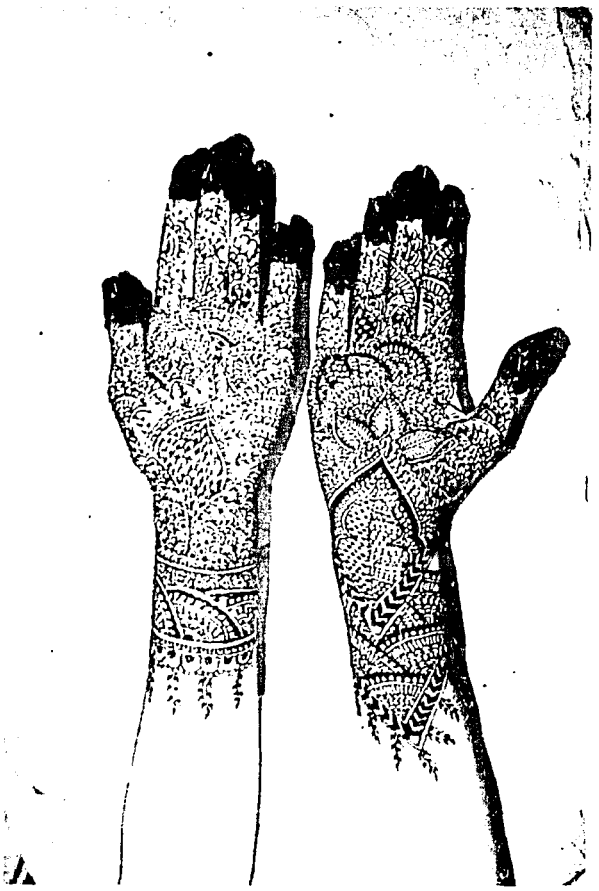
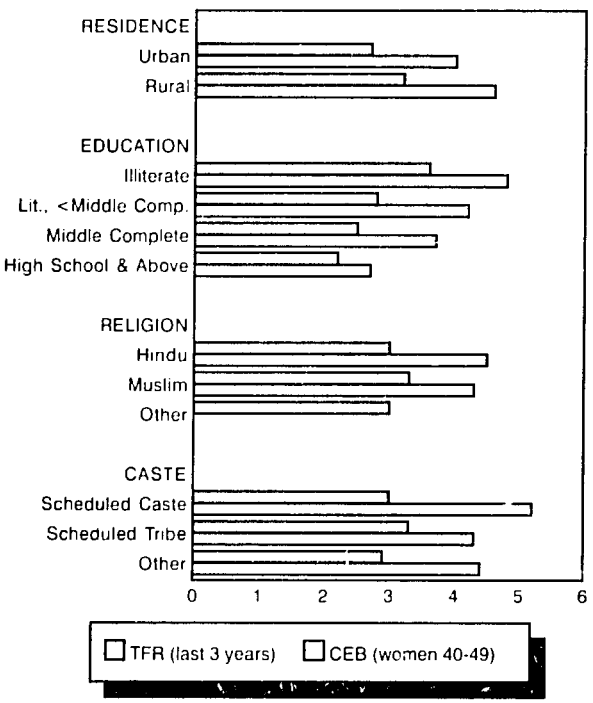


The National Family Health Survey (NFHS) is a nationally representative survey of ever-married women age 13-49. The NFHS covered the population of 24 states and the National Capital Territory of Delhi (the erstwhile Union Territory of Delhi) to provide demographic and health data for inter-state comparisons. 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 Gujarat, interviewers collected information from 3,832 ever-married women age 13-49 in urban and rural areas. The fieldwork in Gujarat was conducted between 9 February and 11 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, Vadodara; the Indian Institute for Health Management Research, Jaipur; the United States Agency for International Development (USAID), New Delhi; and the East-West Center/Macro International, United States of America. 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 the category Other Religion is not shown; based on fewer than 25 cases

FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

- The total fertility rate (TFR) for women age 15-49 in Gujarat for 1990-92 is 3.0 children per woman, which is 12 percent lower than the national average of 3.4 children per woman. The TFR is half a child lower in urban areas (2.7) than in rural areas (3.2). The NFHS data on fertility provide evidence of declining fertility over time. The mean number of children ever born to women age 40-49 is 4.4 compared with the total fertility rate of 3.0 among women age 15-49.

At current fertility rates, women in Gujarat will have an average of 3.0 children (12 percent lower than the national average).

- The TFR of 3.1 estimated for 1991 from the Sample Registration System (SRS) maintained by the Office of the Registrar General, India, agrees very well with the TFR of 3.0 estimated from the Gujarat NFHS. Crude birth rates from the two sources are virtually identical, at 27.2 and 27.5 births per 1,000 population from the NFHS and the 1991 SRS, respectively.

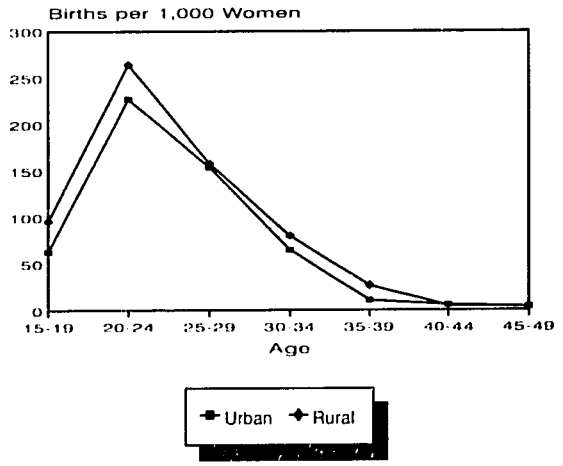
- Fertility differences by educational attainment of the woman are substantial, with a TFR of 3.6 children for illiterate women and 2.2 children for women with at least a high school education. Differentials in fertility by religion are small, with the TFR for Muslims (3.3 children) higher than the TFR for either Hindus or other religious groups (3.0 children each). Variation in current fertility among scheduled castes, scheduled tribes and non-SC/ST is also small, with the TFR ranging from 2.9 to 3.3 children per woman.

- Childbearing in Gujarat is concentrated among women age 20-29, who account for 68 percent of total fertility (72 percent in urban areas and 67 percent in rural areas). The contribution of women age 35 years and above to the total fertility rate is only 4 percent in urban areas and 6 percent in rural areas. The contribution of women age 40-49 years to the TFR is negligible.

Childbearing is concentrated in the age group 20-29.

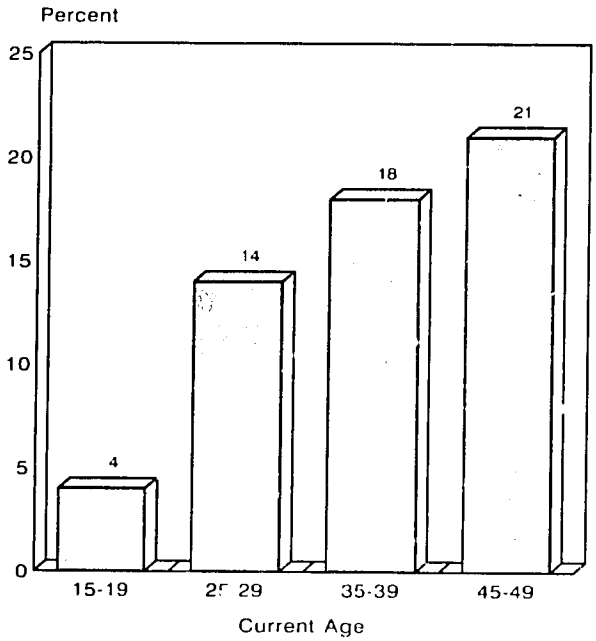
- The median interval between births is 30 months. Twelve percent of second and higher order births occur within 18 months of the previous birth, and 29 percent occur within 24 months. The likelihood of survival is lower for children born within 24 months of a previous birth.

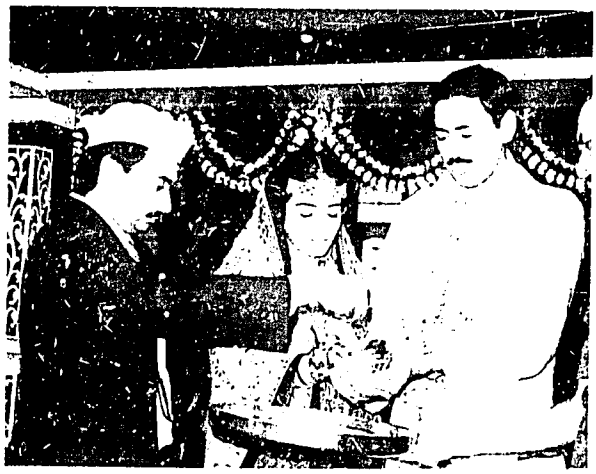
Figure 2
Age-Specific Fertility Rates by Residence



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

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





Marriage

- As in many other states of India, marriage is virtually universal in Gujarat. At age 15-19, 22 percent of women are currently married. The proportion currently married in this age group is lower in urban areas (16 percent) than in rural areas (25 percent). Marriages below age 15 have virtually disappeared in Gujarat. The proportion marrying by age 15 declines from 21 percent at age 45-49 to 4 percent at age 15-19. Among women age 20-49 at the time of the survey, the median age at first marriage is 19.2 years in urban areas and 17.6 years in rural areas. The median age at marriage has been rising in both urban and rural areas.

The median age at marriage is rising in both urban and rural areas and is 19.1 years for women age 20-24.

- According to the Child Marriage Restraint Act of 1978, the minimum legal age at marriage in India is 18 years for females and 21 years for males. In Gujarat, however, one-third of women in the 20-24 age group (21 percent in urban areas and 41 percent in rural areas) married at age 18 or younger. It is interesting to note that only one-third of women in Gujarat know the legal minimum age at marriage for females, and only 24 percent know the legal minimum age at marriage for males.

Only one-third of women in Gujarat are aware of the legal minimum age at marriage for females.

- The median age at first marriage among women age 20-49 increases from 17.0 years for illiterate women to 19.2 years for women with at least a middle school education. The median age at first marriage is nearly one year higher for Muslims (19.0) than for Hindus (18.1). Scheduled caste and scheduled tribe women have a slightly lower median age at first marriage (17.4 and 17.8, respectively) than other women (18.4).

Fertility Preferences

- More than one-fifth (21 percent) of women do not want any more children, and another 41 percent of women (or their husbands) are sterilized. These two groups together constitute 62 percent of all currently married women. Seventeen percent of women want to delay having the next child by at least two years. Overall, 79 percent of currently married women want to either space their children or stop having children altogether.

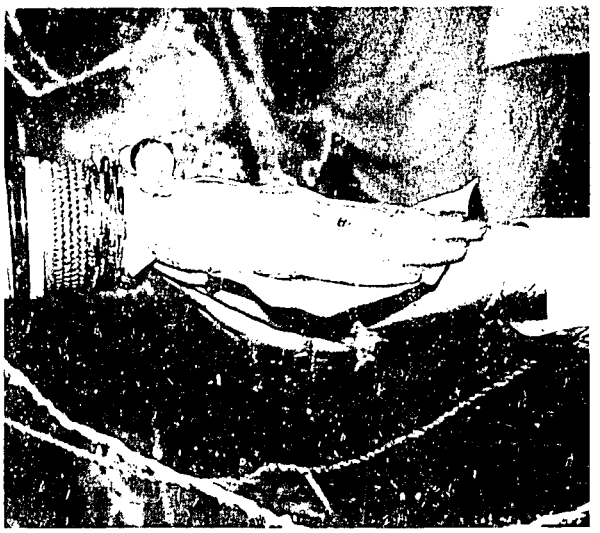
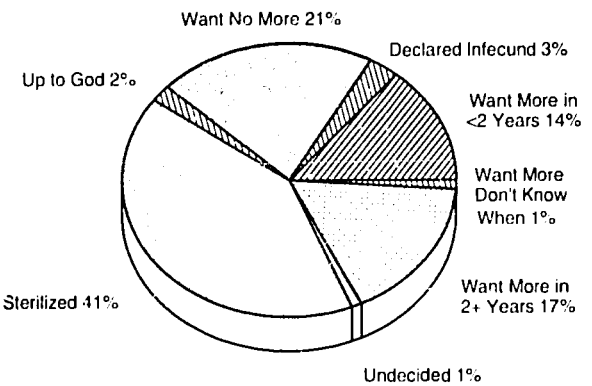


Figure 4
Fertility Preferences Among Currently Married Women Age 13-49



- The desire for additional children declines rapidly as the number of living children increases. Eighty-seven percent of women with no living children want to have children, and less than 1 percent do not want any children. The proportion of women who want another child drops to 22 percent for women with two living children and 14 percent for women with three living children.

- The desire to space children is strong for women who have fewer than three living children. The proportion of currently married women who would like to wait at least two years before having their next child is 19 percent for women with no living children, 55 percent for women with one living child, and 13 percent for women with two living children.

- Among women who want another child, there is a strong preference for sons, with 49 percent wanting a son and only 7 percent wanting a daughter. Forty-four percent of women indicate no preference: 24 percent state that the sex of the child does not matter, and 20 percent state that it is up to God.

- Ideal family size in Gujarat falls within the narrow range of 2 to 3 children. The mean ideal family size reported by women is 2.6 children, and there is not much difference between urban areas (2.4) and rural areas (2.7). Women who have completed at least middle school have an ideal family size close to two children.

Ideal family size in Gujarat falls within the narrow range of 2 to 3 children.

FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is nearly universal in Gujarat. The proportion of ever-married women who report knowledge of at least one method of family planning is 99 percent in urban areas and 95 percent in rural areas. The percentage with knowledge of any method and the percentage with knowledge of any modern method are almost identical among ever-married and currently married women.

- Currently married women are most familiar with female sterilization (96 percent), followed by male sterilization (79 percent), IUD (71 percent), pill (66 percent) and condom (63 percent). Traditional methods of contraception are known to only 46 percent of women, with rhythm/periodic abstinence and withdrawal known to 43 and 24 percent, respectively. Almost all women who report knowledge of a contraceptive method are also aware of a source for these methods.

The knowledge of at least one modern method of contraception is universal.

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

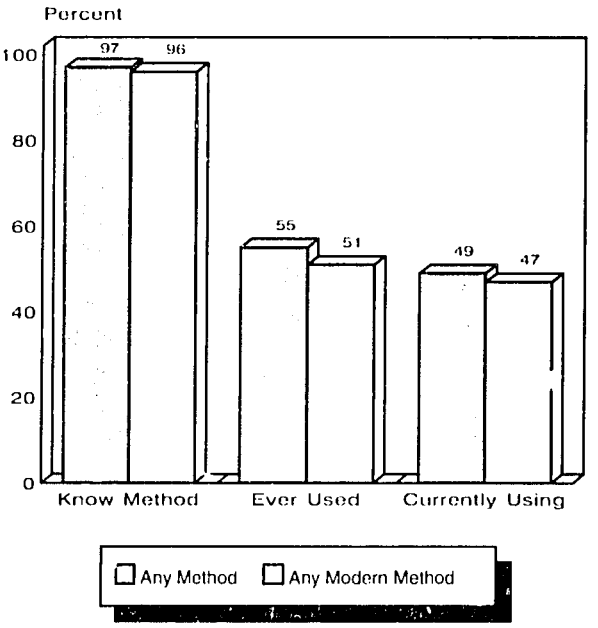
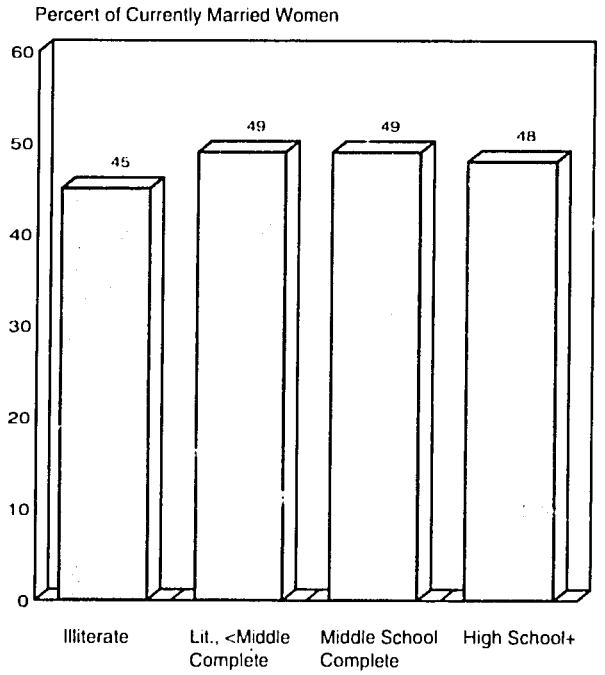


Figure 6
Current Use of Modern Contraceptive Methods by Education



Contraceptive Use

- Forty-nine percent of currently married women age 15-49 are currently using a contraceptive method, with 47 percent using a modern method and 2 percent using a traditional method. Female sterilization is the most popular method, used by 38 percent of currently married women, followed by male sterilization (4 percent), IUD (3 percent), condom (2 percent) and pill (1 percent). Contraceptive prevalence rates in the peak fertility age groups (20-24 and 25-29) are 18 and 42 percent, respectively. Contraceptive use peaks in the age group 35-39 at 77 percent.

- Current use of contraception is 53 percent in urban areas and 48 percent in rural areas. Use of sterilization is higher in rural areas than in urban areas (43 and 38 percent, respectively), whereas use of modern spacing methods is higher in urban areas than in rural areas (11 and 3 percent, respectively).

- Differentials in the use of any contraceptive method by level of education and caste are small. Use of sterilization is negatively related to women's education, whereas use of spacing methods is positively related to education. Differentials in current use by number and sex of living children are fairly large. Current use of sterilization is highest (80 percent) among women with three living sons. The median age of sterilized women and wives of sterilized men, taken together, is 27.5 years.

Forty-nine percent of married women are currently using a contraceptive method.

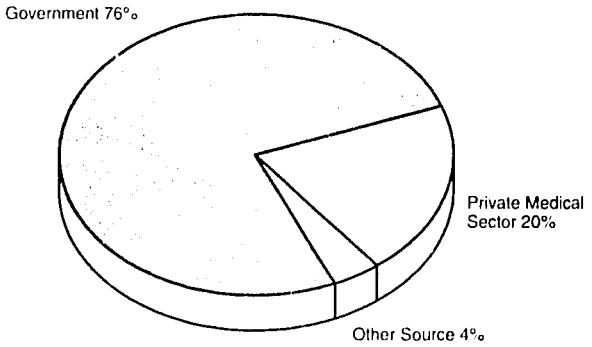
- The public sector (government/municipal hospitals, Primary Health Centres, sub-centres and other governmental health infrastructure) supplies 76 percent of current users of modern methods and the private medical sector (private hospitals or clinics and private doctors) supplies 20 percent. The remaining 4 percent of users of modern methods obtain their methods from nonmedical private sector sources, such as shops, friends and relatives. The public sector is the major source of supply for users of modern methods in both urban areas (64 percent) and rural areas (82 percent).

Attitudes Toward Family Planning

- Ninety percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning. Women perceive their husbands to be less favourable toward family planning than they are themselves. Seventy percent of currently married women report that both they and their husbands approve of family planning.

Ninety percent of currently married, nonsterilized women approve of family planning.

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



- Approval of family planning is higher among urban women (94 percent) than among rural women (88 percent). It is higher among women who have completed high school (99 percent) than among illiterate women (85 percent). The proportion who approve of family planning is lower among Muslims than among other religious groups. Approval of family planning does not differ much by caste/tribe.

- Ninety-seven percent of women who have ever used a contraceptive method report that they approve of family planning. Eighty-eight percent of women who have never used contraceptives also approve of it, but 6 percent of their husbands disapprove.

- Overall, 47 percent of currently married nonusers do not intend to use any method of family planning in the future. Among those who intend to use some method of family planning in the future, 79 percent want to use female sterilization, 5 percent want to use the IUD, 5 percent want to use the pill, and 7 percent are undecided about a method. Modern spacing methods are used by only 6 percent of current users, but 13 percent of intended future users say they would like to use modern spacing methods, indicating the potential demand for spacing methods.

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching less than half (47 percent) of ever-married women in Gujarat. The proportion of women exposed to family planning messages on the radio and/or television is 73 percent in urban areas and 34 percent in rural areas. More than four-fifths of ever-married women approve of disseminating family planning messages in the electronic media.

Need for Family Planning Services

- Overall, 13 percent of currently married women have an unmet need for family planning, 8 percent for spacing and 5 percent for limiting family size. 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 13 percent of women with an unmet need for family planning, together with the 49 percent of current users, constitute 62 percent of women who have a demand for family planning. In other words, if all women with an unmet need were to adopt family planning, the current use rate would increase from 49 to 62 percent.

Thirteen percent of currently married women have an unmet need for family planning.

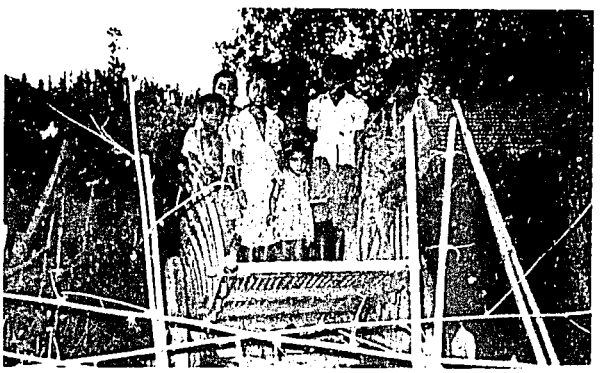
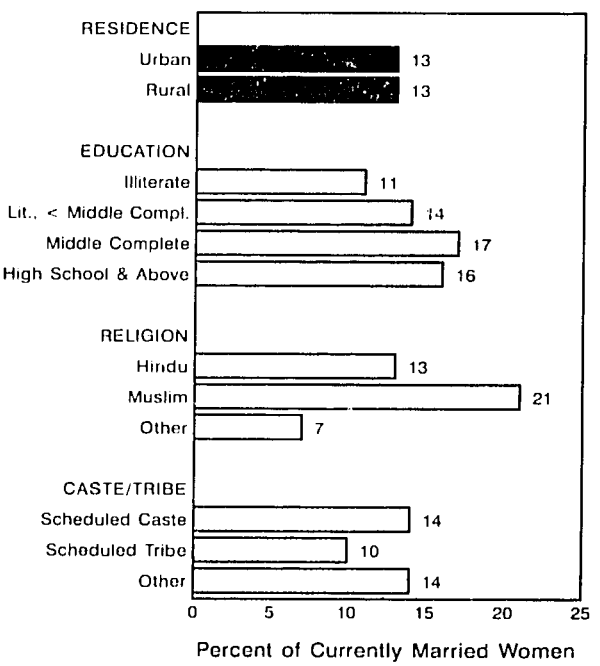


Figure 8
Unmet Need for Family Planning by Selected Characteristics



- The impact of unwanted fertility can be estimated by comparing the total wanted fertility rate with the total fertility rate. A birth is considered unwanted if the number of living children at the time of conception is greater than the current ideal number of children, as reported by the respondent. During the three-year period immediately preceding the survey, the wanted TFR of 2.3 children per woman was 0.7 children (23 percent) lower than the actual TFR of 3.0 children per woman.

- In urban and rural areas the total wanted fertility rate is lower than the actual total fertility rate by 19 and 24 percent, respectively. For illiterate women the difference between wanted and actual fertility is 23 percent, narrowing to 13 percent among women with at least a high school education.

MATERNAL AND CHILD HEALTH

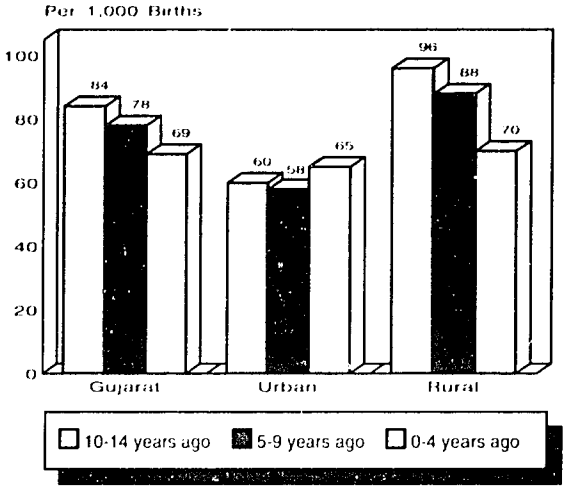
Infant and Child Mortality

- The infant mortality rate in Gujarat declined during the 15 years preceding the survey from 84 per 1,000 live births during 1978-82 to 69 per 1,000 live births during 1988-92, an annual rate of decline of 1.5 infant deaths per 1,000 live births. The rate of decline in child mortality was much slower than that of infant mortality during this period. Under-five mortality declined from 111 per 1,000 live births during 1978-82 to 104 per 1,000 live births during 1988-92.

One in 15 children dies before age one and 1 in 10 before age five.

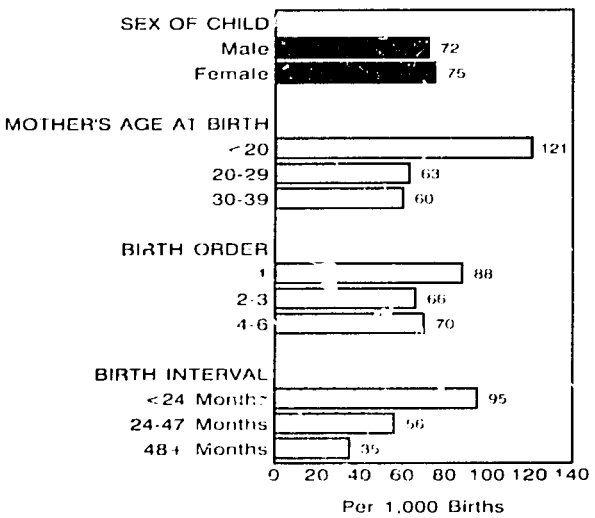
- Infant mortality is relatively higher in rural areas than in urban areas. It decreases as the level of education of women increases. Infant mortality is highest when antenatal or delivery care services are not utilized and lowest when both antenatal and delivery care services are utilized. Infant mortality is higher among the scheduled tribe population than among the scheduled caste population or the non-SC/ST population. Hindus have higher infant mortality than Muslims.

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



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

Figure 10
Infant Mortality Rates by Selected Demographic Characteristics



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

- The difference between male and female infant mortality rates is marginal. By mother's age, infant mortality is highest among children born to mothers below age 20 and declines as mother's age increases. By birth interval, it is highest among children born within 24 months of the previous birth (95 per 1,000 live births) and lowest among children born more than 47 months after a previous birth (less than 35 per 1,000 live births).

Infant mortality is highest among children born to mothers age below 20.

Antenatal Care and Assistance at Delivery

- During the four years preceding the survey, mothers received antenatal care for 76 percent of births, including 40 percent who received antenatal care from a doctor. Mothers received two or more doses of tetanus toxoid vaccine for 63 percent of births and iron and folic acid tablets for 69 percent of births. The urban-rural difference in utilization of antenatal care services is substantial. The proportion of births whose mothers received antenatal care is 83 percent in urban areas and 72 percent in rural areas. Antenatal care ranges from 63 percent for births to illiterate women to 98 percent for births to women with at least a high school education.

- Sixty-four percent of births are delivered at home, 15 percent in public health facilities and 20 percent in private health facilities. Twenty-nine percent of deliveries are assisted by a doctor and another 14 percent by a nurse/midwife. Forty-six percent of births are attended by a traditional birth attendant and 12 percent by relatives or other persons.

Only 36 percent of deliveries take place in a health facility, and 43 percent of births are attended by a doctor or nurse/midwife.

- There are substantial differences in place of delivery by residence and education of the mother. The proportion of deliveries that take place in a public or private health facility is 62 percent in urban areas and 24 percent in rural areas. Eighty-three percent of deliveries to mothers with at least a high school education take place in a public or private health facility, but only 18 percent of births to illiterate mothers are delivered in a health facility.

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

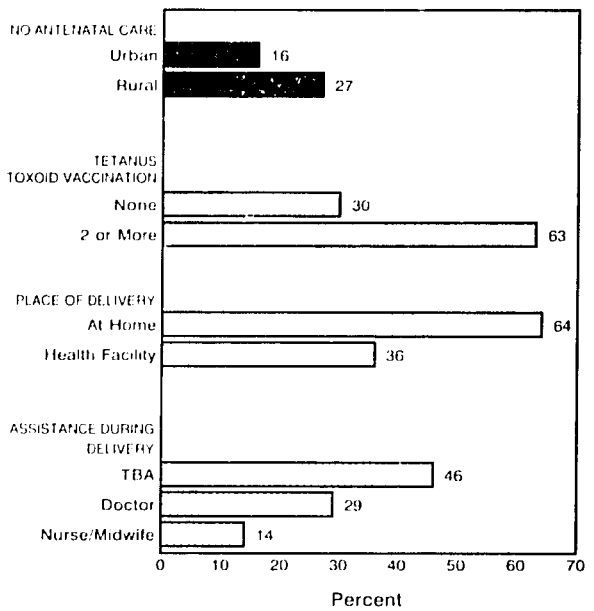
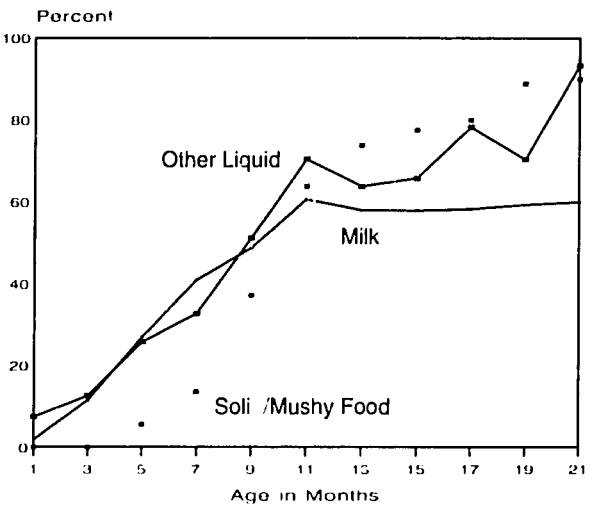


Figure 12
Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Gujarat, with 97 percent of all children having been breastfed. The practice of breastfeeding is high in all subgroups, ranging from 96 to 99 percent.

- It is recommended that the first breast milk should be given to the child rather than squeezed from the breast because it contains colostrum, which provides natural immunity to the newborn. However, the practice of squeezing the first breast milk before starting breastfeeding prevails among more than half (58 percent) of the women in Gujarat. Only 14 percent of babies in Gujarat are put to the breast within one hour of birth, and only 26 percent within 24 hours of birth, indicating the need to educate mothers about the importance of early initiation of breastfeeding.

- Although exclusive breastfeeding is recommended for all children through age 4-6 months, exclusive breastfeeding is not common for very young children in Gujarat. On average, only 36 percent of children under 4 months of age are exclusively breastfed. Water and other supplements are given to 47 percent of infants below two months of age. The use of bottles with nipples (a practice which is discouraged because of the risk of infection) increases from 6 percent at age 2-3 months to 12 percent at age 6-7 months, after which this percentage declines. The mean number of months of breastfeeding in Gujarat is 22 months.

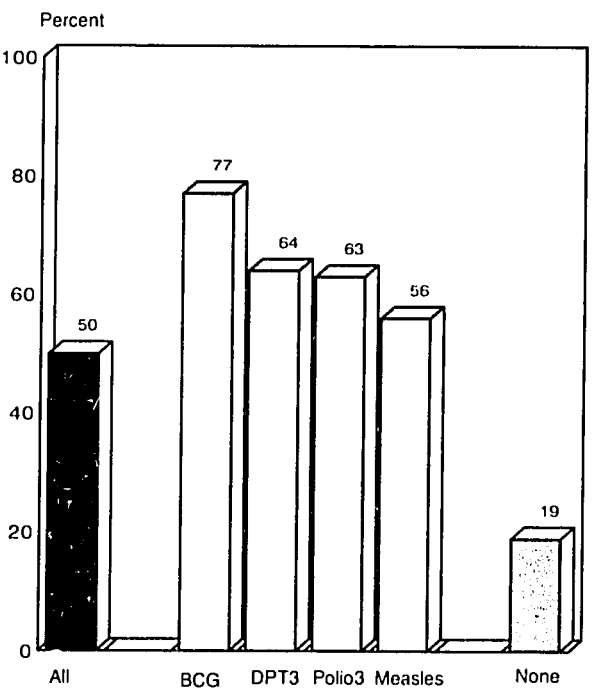
Only 36 percent of children under 4 months of age are exclusively breastfed.

- 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. However, in Gujarat only 23 percent of children in this age group receive solid or semi-solid food in addition to breast milk, placing them at high risk of undernutrition, which in turn increases their likelihood of dying. Changes in feeding practices, that is, starting adequate complementary foods by 6 months of age while continuing breastfeeding, is essential in order to prevent childhood undernutrition.

Vaccination of Children

- The Universal Immunization Programme aims to vaccinate all children against six preventable diseases, namely tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio and measles. Among children age 12-23 months, 77 percent have received a vaccination against tuberculosis (BCG vaccination), 63-64 percent have received all three doses of DPT and polio, and 56 percent have been vaccinated against measles. Fifty percent of children are fully vaccinated, and 19 percent of children have received no vaccination at all.

Figure 13
Vaccination Coverage Among Children Age 12-23 Months



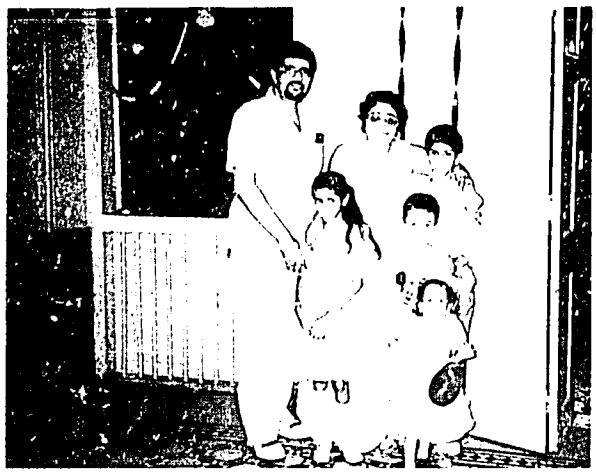
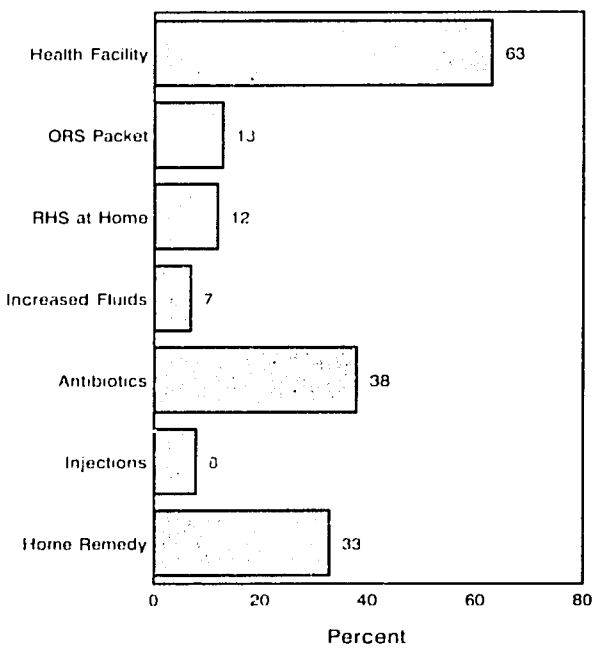


Figure 14
Treatment of Diarrhoea in the Two Weeks Preceding the Survey (Children Under 4)



Only one-half of children have been fully vaccinated against the six preventable childhood diseases, and 1 in 5 have not been vaccinated at all.

- Vaccination coverage is higher in urban areas (57 percent) than in rural areas (46 percent). Coverage is also higher for male children (51 percent) than female children (48 percent). Differentials in the proportion of children who are fully vaccinated by level of education of mothers are noticeable, varying from 35 percent of children of illiterate mothers to 76 percent of children of mothers who have completed at least high school. The vaccination coverage varies slightly by religion, caste and tribe.

Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 6 percent of children under age four had symptoms of acute respiratory infection (cough accompanied by fast breathing). Children with these symptoms may have pneumonia, a serious respiratory infection which is often fatal if not treated with appropriate antibiotics. Seventy-three percent of children with acute respiratory infection were taken to a health facility or provider, and 35 percent were given antibiotics.

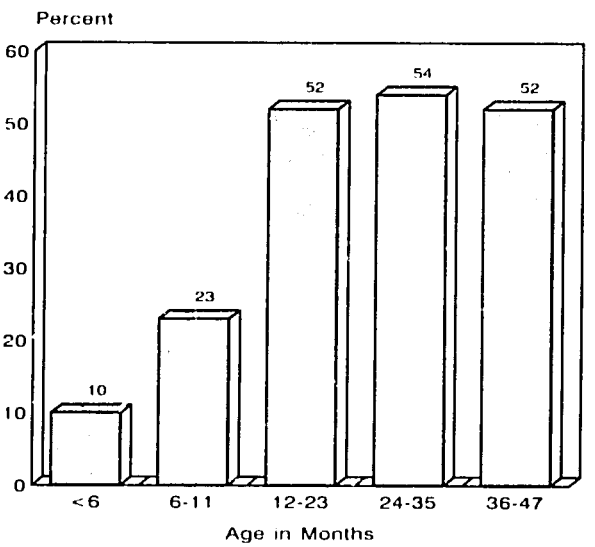
- During the same period, 19 percent of children suffered from fever, which may be a sign of malaria or other illness, and 13 percent had diarrhoea. Seventy-six percent of children suffering from fever were taken to a health facility or provider, and 85 percent received some form of treatment. Sixty-three percent of children suffering from diarrhoea were taken to a health facility or provider, but only 13 percent of children with recent episodes of diarrhoea were treated with ORS (oral rehydration salt packets), and only 12 percent were treated with a Recommended Home Solution. This may be due to the fact that only 41 percent of mothers are familiar with ORS packets and only 23 percent have ever used them.

Forty-three percent of mothers know about ORS but only 23 percent have ever used it.

Nutritional Status of Children

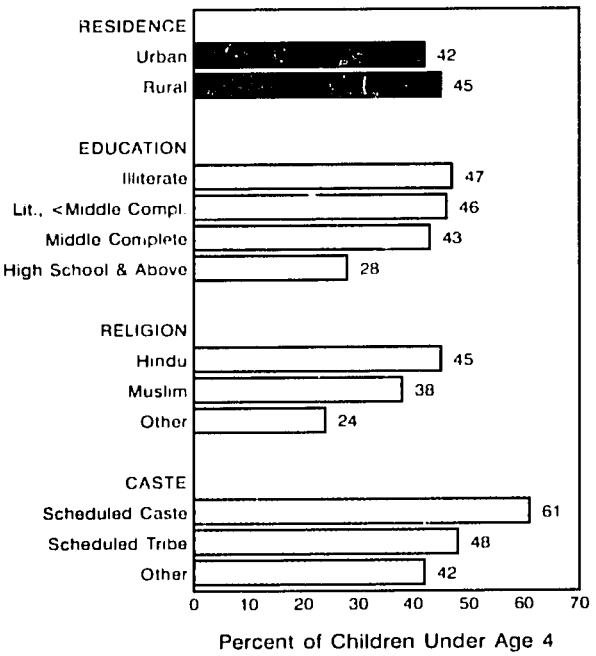
- Both chronic and acute undernutrition are common in Gujarat. Overall, 44 percent of children under 4 years of age are underweight (low weight-for-age) and 44 percent are stunted (low height-for-age). The most serious nutritional problem measured, low weight-for-height (wasting) is also quite evident in Gujarat, affecting one in every five 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



Two-fifths of all children are underweight and two-fifths are stunted.

- Undernutrition is least common among the youngest children (under 6 months). However, nutritional status deteriorates dramatically during the first 2 years of life, and then reaches a plateau. Differences in undernourishment and stunting by sex, birth order and previous birth interval are marginal. The magnitude of undernutrition and stunting declines steadily, however, with increasing educational attainment of the mother. Undernutrition is somewhat higher in rural than in urban areas. Hindu children have a higher level of undernutrition than children of other religions, and scheduled caste and scheduled tribe children have a higher level of undernutrition than other children.

KNOWLEDGE ABOUT AIDS

- In order to assess the basic knowledge about Acquired Immune Deficiency Syndrome (AIDS), the Gujarat NFHS included a series of questions on AIDS. All ever-married women age 13-49 were asked about their awareness of AIDS, sources of information about AIDS, and knowledge about its means of transmission and prevention of the disease. Awareness of AIDS is very limited in Gujarat. Only 11 percent of ever-married women age 13-49 have heard about AIDS. Women age 25-34, those living in urban areas and women who are of religions other than Hindu and Muslim are more likely to have heard of AIDS than others. The largest differentials in knowledge of AIDS are by educational level. Only 1 percent of illiterate women have heard of AIDS compared with 50 percent of women who have at least a high school education.

Only 11 percent of ever-married women know about AIDS.

- Among women who have heard of AIDS, the percentage with misconceptions about how AIDS can be contracted ranges from 14 percent who think that it can be transmitted from shaking hands with someone with AIDS to 26 percent who think it can be transmitted through kissing a person with AIDS. Nineteen percent of women who know of AIDS incorrectly think it is curable, and 4 percent think a vaccine exists. Thirty-three percent correctly believe that AIDS can be avoided by using condoms during intercourse and practising safe sex. The most important single source of information about AIDS is television, followed by newspapers and radio.

CONCLUSIONS

Fertility and Family Planning

- Fertility in Gujarat has declined in the last three decades, but it is still well above replacement-level fertility. There is a half-child difference in the TFR between urban women (2.7 children) and rural women (3.2 children). Only 18 percent of women age 20-24 and 42 percent of women age 25-29 use some form of family planning. In as much as 68 percent of total fertility is concentrated in these age groups, major increases in contraceptive use in these age groups will be necessary to achieve replacement-level fertility.

- The mean ideal family size is 2.4 children and 2.7 children in urban and rural areas, respectively, indicating that the two-child family norm has not yet been fully accepted, despite vigorous promotion of it by the government of Gujarat. Knowledge of modern spacing or temporary methods of contraception is quite low, ranging from 23 to 77 percent for the various methods. On the other hand, 96 percent of women know about female sterilization.

- Only 6 percent of respondents use modern spacing methods. Provision of spacing methods and encouragement of their use among women in their prime childbearing years is necessary to reduce fertility to replacement level.

- Although mean age at marriage for women has risen over the years, a large percentage of rural, illiterate and scheduled caste/tribe women marry below the stipulated minimum legal age at marriage of 18. The low level of awareness of the minimum legal age at marriage suggests the importance of Information Education and Communication (IEC) programmes to increase awareness so that the incidence of marriage below the legal minimum age is reduced.

Maternal and Child Health

- During the 15 years preceding the survey the infant mortality rate declined by 18 percent, and the under-five mortality rate declined by 7 percent. Child survival programmes need to be intensified to produce further reductions in infant and child mortality, which is still moderately high. Substantial reductions in infant and child mortality could be attained by reducing the incidence of births within intervals of less than 24 months since the previous birth. More emphasis on spacing methods would reduce not only fertility but also infant and child mortality.

- Three out of four births were to women who received antenatal care services, and two out of three births were to women who received one or two doses of tetanus toxoid and iron/folic acid tablets during their pregnancy. Most babies continue to be delivered at home, and the majority of them are either attended by traditional birth attendants or by relatives, indicating a need for increased availability of trained medical and paramedical personnel at the time of delivery.

- Although 50 percent of children age 12-23 months received all the recommended vaccinations, this achievement falls short of the official target of 85 percent coverage by the year 1990. Only 39 percent of children were fully vaccinated by age 12 months, and 22 percent were not vaccinated at all. Effective

vaccination coverage of children against the six childhood diseases is still rather low in Gujarat, and greater efforts are needed to improve coverage.

- Inadequate nutrition continues to pose a serious problem. Forty-four percent of all children under age four are underweight for their age, and 15 percent are severely undernourished as indicated by weight-for-age. Mother's education is the single most important factor related to children's nutritional status.

- The child and maternal health indicators in Gujarat illustrate that despite governmental efforts to provide antenatal and delivery care, assistance at delivery and vaccination to mothers and children, these services are still in need of considerable improvement. Strong efforts are required to educate women about the importance of antenatal care services, immunization of children, nutritional needs of mothers and their children, the use of ORS and the prevention of illnesses in children. Despite the publicity given to the use of Oral Rehydration Salts (ORS) and Recommended Home Solution (RHS), knowledge of ORS and use of ORS and RHS are very limited. The IEC component of this aspect of the child survival programme needs further strengthening.

- The NFHS findings indicate that knowledge of AIDS is very limited in Gujarat, with large urban-rural differences in the percentage of women who know about AIDS (22 percent in urban areas and 5 percent in rural areas). Given that only 45 percent of the women in Gujarat are exposed to the mass media, there is a need to introduce alternative communication strategies, such as the distribution of video cassettes with culturally appropriate programmes that can be shown on community televisions. The need for increased media coverage should extend to AIDS as well as family planning. There is an urgent need to increase the level of knowledge of AIDS, its mode of transmission, and the means of preventing its spread.

Achievement of Programme Objectives

- Major national objectives of the Child Survival and Safe Motherhood 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 Gujarat during 1988-92 was 69 per 1,000 live births); an under-five mortality rate of 70 (under-five mortality in Gujarat during 1988-92 was 104); a crude death rate of 9 per 1,000 population (the crude death rate in Gujarat was 9 per 1,000 population during 1991-92); and a crude birth rate of 26 per 1,000 (the crude birth rate in Gujarat was 27 during 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Gujarat received antenatal care for 76 percent of their pregnancies in 1989-92); 100 percent of deliveries by trained attendants (43 percent of deliveries were attended 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 Gujarat the contraceptive use rate was 49 percent during 1990-92).

- Although Gujarat has not achieved many of the programme objectives, its performance is better than the national performance in most programme areas. More progress has been made in Gujarat in family planning than in maternal and child health care. Some aspects

of maternal care, such as the percentage of women receiving antenatal visits, are better than others, such as the percentage receiving assistance at delivery by trained medical professionals and the percentage giving birth in institutions. Child health care can be also improved through higher vaccination rates, more use of ORS for treatment of diarrhoea and proper infant and child feeding practices.

- There is some evidence that females are disadvantaged compared with males in terms of population sex ratio, literacy, school attendance and child mortality. Further improvement in female education, with special emphasis on maternal and child health care, would contribute both to the status of women and to the health of their children.

FACT SHEET - GUJARAT

1991 Population Data
Office of the Registrar General and Census Commissioner

Total population (millions)	41
Percent urban	34.5
Percent scheduled caste	7.4
Percent scheduled tribe	14.9
Decadal population growth rate (1981-91)	21.2
Crude birth rate (per 1,000 population)	27.5
Crude death rate (per 1,000 population)	8.5
Life expectancy at birth (years)[1]:	
Male	58.3
Female	61.5

National Family Health Survey, 1993

Sample Population

Ever-married women age 13-49	3,832

Background Characteristics of Women Interviewed

Percent urban	35.1
Percent illiterate	55.3
Percent completed secondary school or higher	16.1
Percent Hindu	89.4
Percent Muslim	8.9
Percent working	43.2

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	73.9
Percent of women 15-49 ever married	77.9
Singulate mean age at marriage for females (in years)	20.2
Singulate mean age at marriage for males (in years)	23.9
Percent of ever-married women with knowledge about the legal minimum age at marriage:	
For males	23.6
For females	33.7
Percent of women married to first cousin[2]	4.4
Median age at marriage among women age 25-49	17.9
Median months of breastfeeding[3]	19.7
Median months of postpartum amenorrhoea[3]	8.9
Median months of postpartum abstinence[3]	2.9

Fertility

Total fertility rate[4]	3.0
Mean number of children ever born to women age 40-49	4.4

Desire for Children

Percent of currently married women who:	
Want no more children	20.6
Want to delay their next birth at least 2 years	17.2
Mean ideal number of children[5]	2.6
Percent of births in the last 4 years which were:	
Unwanted	2.5
Mistimed	5.7

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	96.6
Knowing a modern method	96.4
Knowing a source for a modern method	94.0
Had ever used any method	54.8
Currently using any method	49.3
Percent of currently married women currently using:	
Pill	1.0
IUD	3.0
Injection	0.1
Condom	1.8
Female sterilization	37.5
Male sterilization	3.5
Periodic abstinence	1.7
Withdrawal	0.7
Other methods	0.0

Mortality and Health

Infant mortality rate[6]	68.7
Under-five mortality rate[6]	104.0
Percent of births[7] whose mothers:	
Received antenatal care from a doctor or other health professional	50.0
Received 2 or more tetanus toxoid injections	62.7
Percent of births[7] whose mothers were assisted at delivery by:	
Doctor	28.6
Nurse/midwife	14.0
Traditional birth attendant	45.5
Percent of children 0-1 month who are breastfeeding	93.0
Percent of children 12-13 months who are breastfeeding	89.6
Percent of children 12-23 months who received[8]:	
BCG	77.1
DPT (three doses)	63.8
Polio (three doses)	62.9
Measles	55.9
All vaccinations	49.8
Percent of children under 4 years[9] who:	
Had diarrhoea in the 2 weeks preceding the survey	12.6
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	5.8
Had a fever in the 2 weeks preceding the survey	18.5
Are chronically undernourished (stunted)[10]	43.6
Are acutely undernourished (wasted)[10]	18.9

Knowledge of AIDS

Percent of ever-married women age 13-49 who have heard about AIDS	10.6

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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 15-49, 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