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# **National Family Health Survey**

## **(MCH and Family Planning)**

**Population Research Centre, Himachal Pradesh University, Shimla**

**International Institute for Population Sciences, Bombay**

**May 1995**

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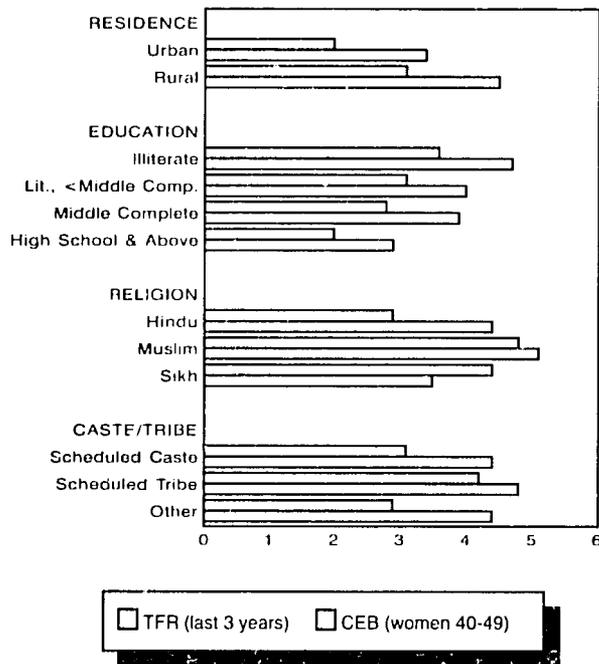
The National Family Health Survey (NFHS) is a nationally representative survey of ever-married women age 13-49. The NFHS covered the population of 24 states and the National Capital Territory of Delhi (the erstwhile Union Territory of Delhi) to provide a source of demographic and health data for inter-state 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 Himachal Pradesh, interviewers collected information from 2,962 ever-married women age 13-49 in urban and rural areas. The fieldwork in Himachal Pradesh was conducted between 6 June and 24 October 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, Himachal Pradesh University, Shimla; the Centre for Research in Rural and Industrial Development (CRRID), Chandigarh; 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.

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Figure 1

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



### Fertility Levels, Trends and Differentials

- The fertility level has declined substantially in Himachal Pradesh. Women in their forties have had an average of more than four 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 total fertility rate (TFR) for women in the age group 15-49 for the state as a whole for 1990-92 is 3.0 children per woman. As expected, the urban TFR (2.0 children per woman) is much lower than the rural TFR (3.1 children per woman). Under the present schedule of fertility, a woman in the rural areas would have, on average, one more child in her childbearing years than a woman in the urban areas.

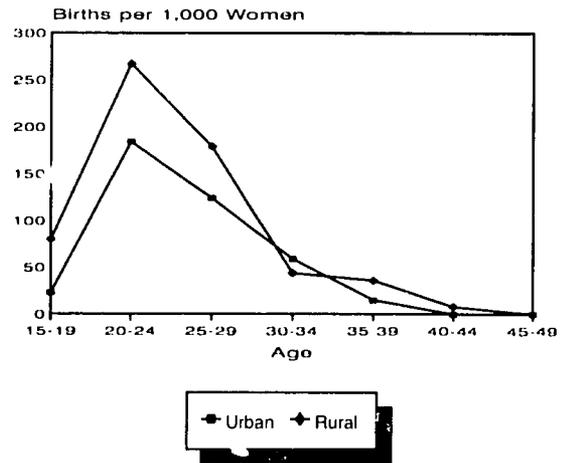
*At current fertility levels, women will have an average of 3 children each during their childbearing years.*



- The NFHS estimates may be compared with the 1991 estimates from the Sample Registration System maintained by the Office of the Registrar General, India. The TFR from the NFHS is 5 percent lower than the SRS estimate. The crude birth rate of 28.2 per 1,000 population estimated in the NFHS for the period 1990-92 is virtually identical to the rate of 28.5 per 1,000 population estimated in the SRS for 1991.

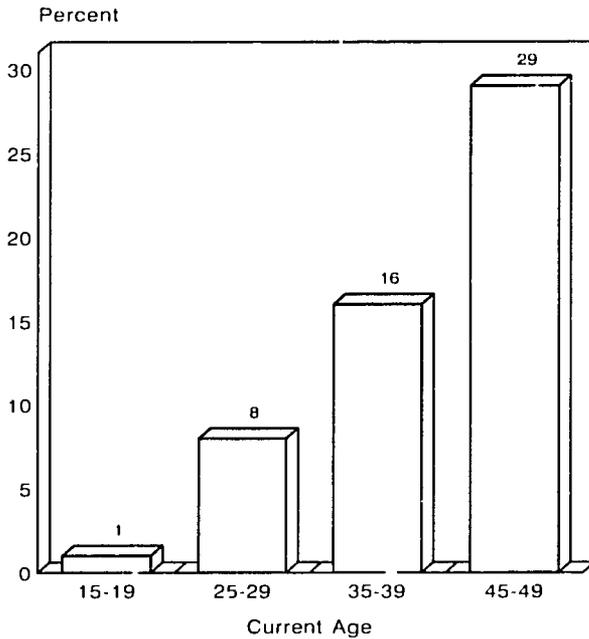
- Several population subgroups, most notably educated women, have taken the lead in reducing their fertility. Educational differentials in fertility are substantial, with current fertility declining steadily from 3.6 children per woman for illiterate women to 2.0 children per woman for women with at least a high school education. Differences by caste and tribe are also substantial; scheduled tribes have the highest current fertility (TFR of 4.2) followed by scheduled castes (3.1) and others (2.9).
- Early childbearing is relatively rare in Himachal Pradesh. Only 8 percent of women in the 15-19 age group have ever had a child. Bearing children late in life is also not common. Over three-fourths of women currently age 45-49 had their last child before age 35 and only 5 percent had a child after age 39. In fact, childbearing is highly concentrated between ages 20 and 29.
- The overall median interval between births is just over 28 months, or about 2.4 years. One in every seven births occurred within 18 months of the previous birth and one-third of all births occurred within 24 months. These are high-risk births with a relatively low probability of survival.

*Figure 2*  
Age-Specific Fertility Rates by Residence



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

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



## Marriage

- Most women (74 percent) age 15-49 in Himachal Pradesh are currently married. At age 15-19, only 19 percent of women are married. The proportion ever married at age 15-19 is much lower in urban areas (8 percent) than in rural areas (21 percent). Marriage at very young ages has been declining dramatically over time. The proportion marrying by age 13 declined from 17 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 declined from 29 percent in the 45-49 age cohort to 1 percent in the 15-19 age cohort. Marriages below age 15 have been virtually eliminated in both urban and rural areas. The median age at first marriage for those currently age 20-24 is 19.7 years. The median age at marriage has been rising in both urban and rural areas, but the rate of increase has been faster in rural areas. Urban women, however, still marry two years later than rural 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. In Himachal Pradesh almost one-quarter of women age 20-24 were married below the legal age at marriage. Compared to other states, a fairly high proportion of

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*Child marriages are rare, but one-quarter of women age 20-24 married below the legal minimum age at marriage.*

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women in Himachal Pradesh are aware of what the legal minimum age at marriage is. About 56 percent of respondents could correctly identify age 18 as the legal minimum age at marriage for women, and 29 percent could correctly identify age 21 as the legal minimum age at marriage for men.

### Fertility Preferences

- One-fourth of women say they do not want any more children and 46 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 72 percent of all currently married women in Himachal Pradesh. Overall, 87 percent of women want to either space their next birth or stop having children altogether.

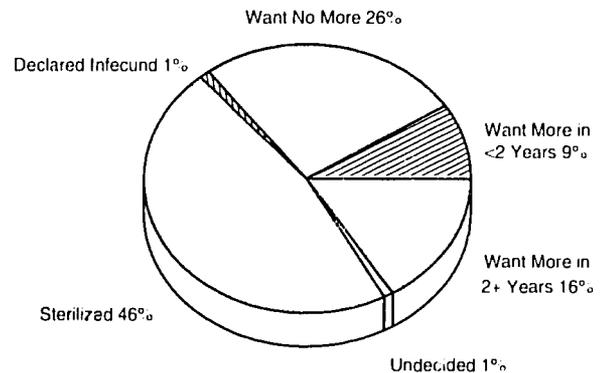
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*An overwhelming majority of women (87 percent) want to either wait at least two years before their next birth or stop having children altogether.*

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- The desire for more children declines rapidly as the number of children increases. Eighty-eight percent of women with no children say they want a child and only 4 percent say they do not want any children. The proportion who want another child drops to 19 percent for women who have two living children and 8 percent for those with three living children.

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





- The desire for spacing children is very strong for women who have fewer than three children. Twenty-nine percent of women with no children say that they would like to wait at least two years before having their first child. Similarly, 65 percent of women with one child and 12 percent of women with two children would like to wait at least two years before having their next child. Given that 46 percent of all women have fewer than three living children, encouraging the use of spacing methods for women who want more children is likely to lower overall fertility and population growth.
- Among women who want another child, there is a strong preference for having a son as the next child. More than half (54 percent) say they want a son, only 5 percent express a desire for a daughter, and the rest say that the sex of the child does not matter (29 percent) or that it is up to God (12 percent). The desire for a son is particularly strong in rural areas and among higher-parity women.

### Knowledge of Family Planning Methods

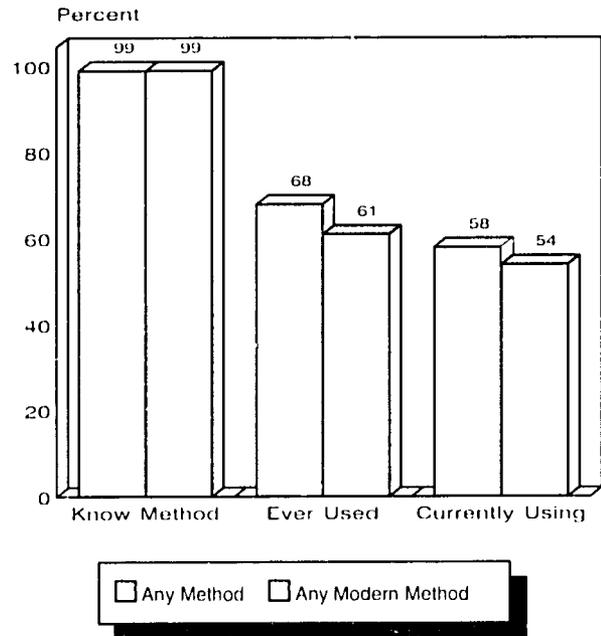
- Knowledge of family planning is nearly universal in Himachal Pradesh: 99 percent of currently married women know of at least one contraceptive method, and 98 percent know where they could go to obtain a modern method. Knowledge about sterilization is most widespread. This is true for female as well as male sterilization. In comparison, the three officially sponsored spacing methods are relatively less familiar to respondents. The most well known among the spacing methods are condoms and the copper T/IUD (nearly three-fourths of the women report knowledge of these methods). A somewhat smaller proportion (70 percent) of women know about the pill, and injections are the least known method with 46 percent reporting knowledge of that method. A large percentage of women know at least one traditional method with 49 percent reporting knowledge of periodic abstinence and 37 percent reporting knowledge of the withdrawal method.

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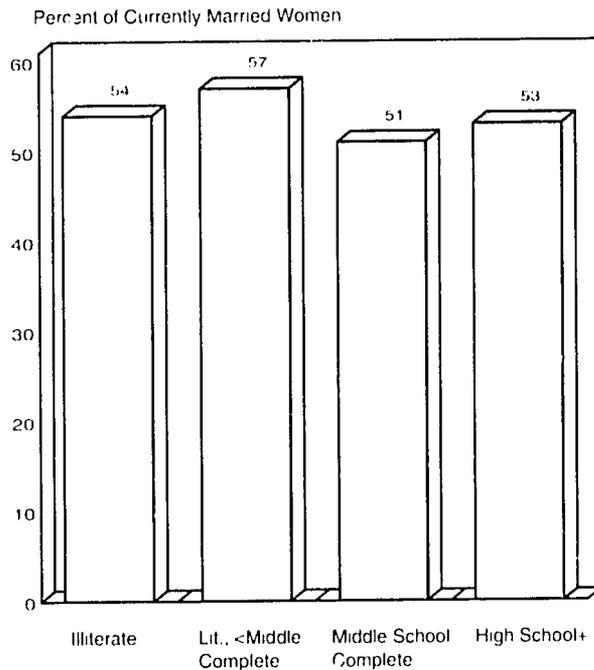
*Nearly all currently married women have knowledge of modern family planning methods.*

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**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

- Sixty-eight percent of currently married women in Himachal Pradesh have ever used a contraceptive method. Modern methods have been used by 61 percent and traditional methods by 20 percent.
- Current use of contraception in Himachal Pradesh is also high in comparison with other states in India, with 58 percent of currently married women practising family planning (54 percent using modern methods and another 4 percent using traditional methods).

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*Himachal Pradesh has one of the highest contraceptive prevalence rates in India.*

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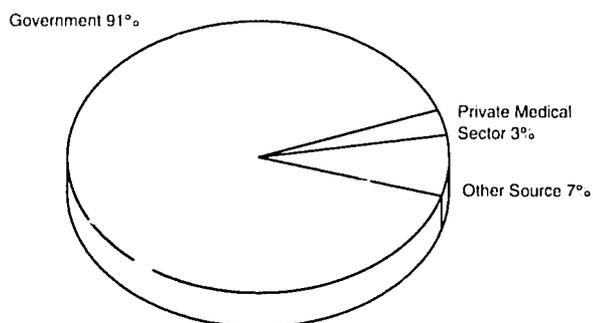
- Female sterilization is the most popular contraceptive method in Himachal Pradesh, as in most Indian states. Female sterilization is used by 33 percent of currently married women, accounting for 56 percent of the contraceptive prevalence. Another 13 percent of currently married women reported that their husbands are sterilized. The rate of male sterilization is the highest among all of the states in India. Five percent and 3 percent reported the use of condoms and the IUD respectively, with the pill and injections being used by a negligible proportion of women.
- Current use of contraception is higher in urban areas (70 percent) than in rural areas (57 percent). Current use of almost all spacing methods, is also higher in urban areas than in rural areas, but the use of terminal methods is higher in rural areas.

- The public sector (consisting of government hospitals, Primary Health Centres and other governmental health infrastructure) supplies 91 percent of users of all modern methods, and the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supplies only 3 percent. Seven 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 an overwhelming majority of contraceptive users (93 percent), and in urban areas, the public sector is the source of supply for 75 percent of users. As expected, non-medical sources provide contraception for a sizeable percentage of users (19 percent) in urban areas, where the use of condoms is most common.

### Attitudes Toward Family Planning

- Attitudes toward the use of family planning are very positive, and only a small minority of women do not approve of family planning. As many as 92 percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning use and only 8 percent disapprove. Women perceive their husbands to be about equally 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. Joint approval by both husband and wife is the lowest (67 percent) among illiterate women and even more so when the husband is illiterate (63 percent).

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





- Approval of family planning is almost universal among urban women and it is only slightly lower (91 percent) among rural women. Approval is lowest among scheduled tribe women (84 percent).
- Nearly all women who have ever used family planning report that they approve of family planning. Even among never users, 90 percent approve of family planning. Among never users who approve of family planning, only 6 percent say their husbands do not approve of family planning.
- Overall, 4 out of 10 currently married non-users report that they do not intend to use contraception in the future. One-half say that they will use in the future. Only 9 percent are not sure about their intentions. Intended users of contraception have a strong preference for using terminal methods, especially female sterilization. However, while only 15 percent of current users are using spacing methods, 29 percent of women who intend to use in the future prefer spacing methods.

### **Exposure to Family Planning Messages**

- The effort to disseminate family planning information through the electronic mass media succeeded in reaching 45 percent of ever-married women in Himachal Pradesh in the month preceding the survey. This is not surprising given that 32 percent of households in Himachal Pradesh own televisions and 50 percent own radios.
- Urban-rural differentials in media coverage are substantial. Family planning messages on radio or television reached 82 percent of women in urban areas, but only 41 percent of women in rural areas.

- More than four-fifths (84 percent) of women say it is acceptable to have family planning messages on radio and television, while only 7 percent say it is not acceptable and the rest (9 percent) are not sure. 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

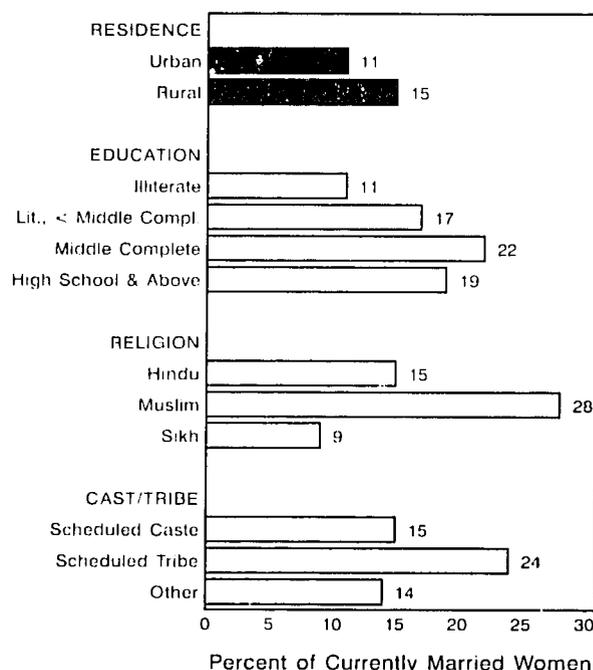
- Overall, 15 percent of women in Himachal Pradesh have an unmet need for family planning. These are women who are not using family planning although they either do not want any more children or want to wait at least two years before having another child. The unmet need is slightly greater for spacing births (9 percent) than for limiting births (6 percent). Together with the 58 percent of currently married women who are using contraception, a total of 73 percent of currently married women have a demand for family planning. 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 58 percent to 73 percent of married women. Eighty percent of the demand for family planning in Himachal Pradesh is met by the current programmes.

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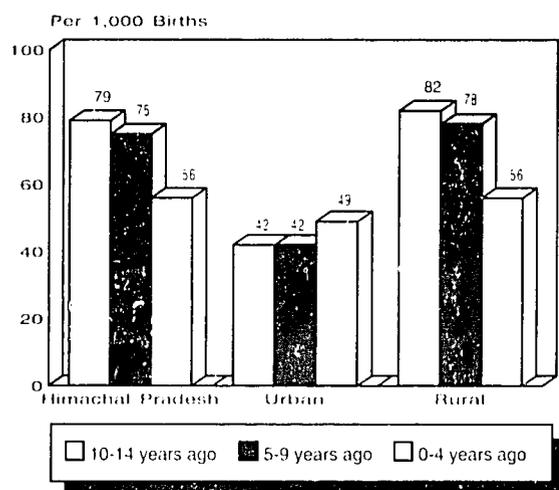
*Fifteen percent of women have an unmet need for family planning.*

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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

### Infant and Child Mortality

- Infant mortality rates have declined substantially in Himachal Pradesh in recent years. The infant mortality rate for the total population declined from 79 per 1,000 during 1978-82 (10-14 years prior to the survey) to 56 per 1,000 during 1988-92 (0-4 years prior to the survey), an annual rate of decline of two infant deaths per 1,000 live births.

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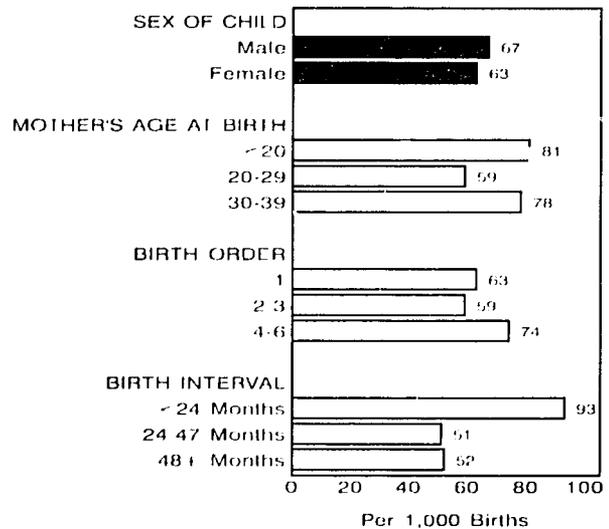
*Over the recent past, the infant mortality rate has declined at an average annual rate of two infant deaths per 1,000 live births.*

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- Despite the rapid overall decline in infant mortality (29 percent over a 10-year period), 1 in every 18 children born in the five years before the NFHS died within the first year of life. Therefore, child survival programmes still need to be intensified to produce further improvements in the level of infant and child mortality.
- Infant mortality rates are nearly one and a half times higher in rural areas than in urban areas, 67 per 1,000 live births compared to 45 per 1,000 live births in the 10-year period preceding the survey. Children in rural areas of Himachal Pradesh experience a 68 percent higher risk of dying before their fifth birthday than urban children.

- Infant mortality declines sharply with increasing education of women, as expected, ranging from a high of 73 per 1,000 live births for illiterate women to a low of 39 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 slightly higher for males than for females. The ratio of female to male postneonatal mortality is 1.11. By far the largest differential, however, is in the child death rate, reflecting mortality risks between ages one and five. The female to male ratio here is 1.44. These ratios indicate that there is higher female mortality at all stages of childhood except the neonatal stage. The findings confirm the disadvantageous position of the girl child in Himachal Pradesh.
- Infant mortality is higher for children of mothers under age 20 (81 per 1,000 live births) and age 30-39 (78 per 1,000 live births). The lowest infant mortality rate, 59 per 1,000 live births in the 10 years before the survey, is for women in the prime child-bearing years (20-29 years old). Infant mortality is about 1.8 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 (93 compared with 52 per 1,000 live births).

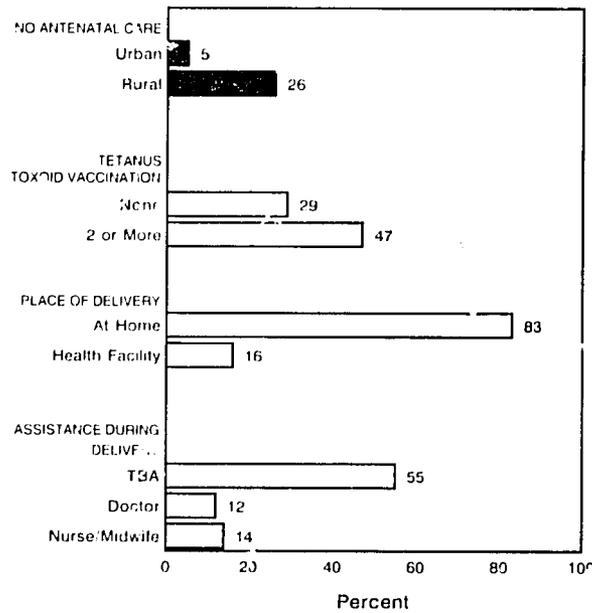
*Figure 10*  
Infant Mortality Rates by Selected Demographic Characteristics



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



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



### Antenatal Care and Assistance at Delivery

- Utilization of antenatal care in Himachal Pradesh is fairly high but that of delivery services is poor. Most pregnant women receive antenatal care. During the four years preceding the survey, mothers received antenatal care for three-fourths of births, iron/folic acid tablets for 72 percent of births and at least two tetanus toxoid injections for 47 percent of births.

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*Mothers receive antenatal care for three-quarters of births.*

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- There are some differences in antenatal care by residence and by education. The percentage of births for which the mothers received antenatal care is 75 percent in rural areas and 94 percent in urban areas. Antenatal care ranges from 59 percent for mothers who are illiterate to 97 percent for mothers with at least a high school education.
- Most births (83 percent) are delivered at home, 14 percent are delivered in public health facilities and 2 percent in private health facilities. Twenty-six percent of deliveries are assisted by a doctor or nurse/midwife, the largest proportion (55 percent) by a traditional birth attendant, and 19 percent by a relative or other person. Thus, a sizeable proportion of deliveries are conducted by untrained persons resulting in higher neonatal mortality rates.

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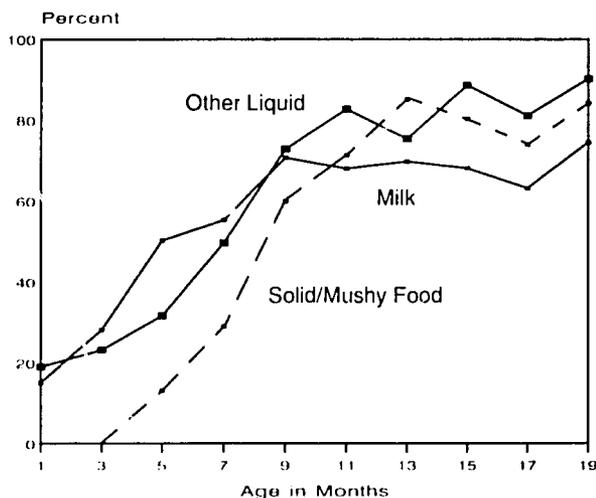
*Eighty-three percent of deliveries took place at home and only 26 percent were attended by a doctor or a nurse/midwife.*

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### Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Himachal Pradesh, with 96 percent of all children having been breastfed. The practice of breastfeeding is high in all groups, ranging from 94 to 100 percent.
- Only 12 percent of children are breastfed within one hour of birth and 42 percent started breastfeeding within one day of birth. 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 more than half of babies are given water or other supplements. Only 36 percent of infants under four months are exclusively breastfed (given only breast milk). The percentage of babies being exclusively breastfed drops off rapidly after the first few months of life and is negligible after 7 months of age. Sixty-one percent of infants under four months receive full breastfeeding, which includes those who are exclusively breastfed and those who receive breast milk and plain water only.

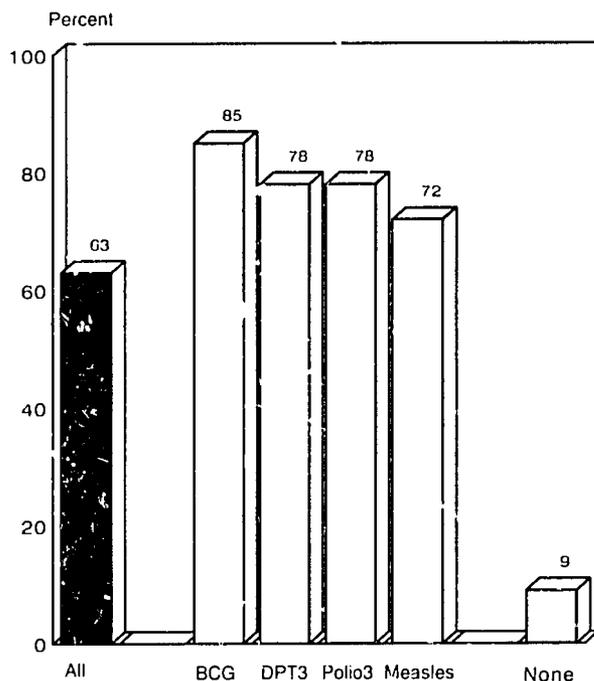
**Figure 12**  
Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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




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*More than 60 percent of breastfed babies under 4 months of age are fed water and other supplements which may jeopardize their nutritional status.*

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- The use of bottles with nipples is not very common for breastfeeding children, increasing from 9 percent in the first month of birth to a high of 33 percent for children age 4-5 months, after which it declines before reaching another high of 38 percent at age 20-23 months.

### Vaccination of Children

- Eighty-five percent of children age 12-23 months have been vaccinated against tuberculosis (BCG vaccine) and 90 percent have received at least one dose of polio and DPT vaccines. More than three-fourths have received all three doses of the polio and DPT vaccines (78 percent each), and a slightly lower proportion of children have been vaccinated against measles (72 percent).
- Sixty-three percent of children age 12-23 months are fully vaccinated, and only 9 percent have received no vaccinations at all. Eighty-two percent of children in urban areas are fully vaccinated, compared with 61 percent in rural areas. Boys are somewhat more likely to have been fully vaccinated against childhood diseases than girls.

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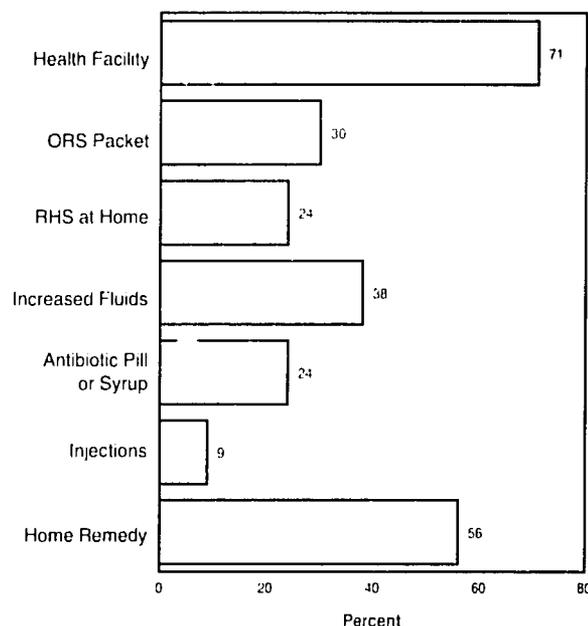
*Sixty-three percent of young children (age 12-23 months) are fully vaccinated.*

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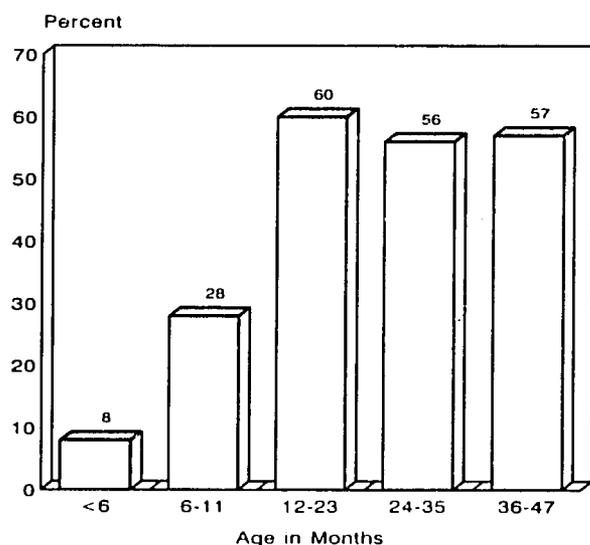
### Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 6 percent of children under age 4 had symptoms of acute respiratory infection (cough accompanied by fast breathing). Seventy-eight percent of these children were taken to a health facility or provider, and 91 percent received some form of treatment.
- Over the same period, 20 percent of children suffered from fever, which may be a sign of malaria or other illness. Eighty-two percent of them were taken to a health facility or provider.
- Twenty percent of the children had diarrhoea during the two weeks before the survey. Seventy-one percent of them were taken to a health facility or provider; 30 percent were treated with a solution prepared from ORS packets; 24 percent were treated with a home solution (sugar, salt and water); 38 percent received increased fluids; and 38 percent were not given any type of oral rehydration treatment.
- Knowledge and use of ORS packets are quite widespread compared to most states in India: 69 percent of mothers are familiar with ORS packets, and 47 percent have also used them.

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



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



Note: Percentage of children more than 2 standard deviations below the median of the International Reference Population

### Nutritional Status of Children

- In the NFHS, children under four years of age were weighed to assess their nutritional status. Based on this measure, undernutrition of children under 4 years of age was found to be high in Himachal Pradesh. Forty-seven percent of all children are underweight for their age, and 13 percent are severely underweight.

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*Forty-seven percent of all children are undernourished.*

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Undernutrition is one and a half times higher in rural areas than in urban areas, and severe undernutrition is almost three times as high. A higher proportion of scheduled caste children and even more of scheduled tribe children are undernourished than those of non-scheduled castes and tribes. Undernutrition declines steadily with an increase in education of the mother, from 53 percent of children of illiterate mothers to 28 percent of children of mothers with at least a high school education.

## Fertility and Family Planning

- There is evidence of a steady decline in the total fertility rate in recent years and the TFR currently is 3.0 children per woman in Himachal Pradesh. Currently, 58 percent of currently married women use a contraceptive method. 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 58 percent to 73 percent of married women. Twenty-nine percent of 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 effective spacing methods as part of a balanced programme to satisfy the contraceptive needs of women in Himachal Pradesh.

## Maternal and Child Health

- Various indicators of maternal and child health show that in some respects Himachal Pradesh is faring well while in others it is not. Despite the rapid decline in infant mortality (29 percent over a 10-year period), 1 in 14 children still die before reaching age 5. Most babies (83 percent) are delivered at home, and only 26 percent of deliveries are assisted by a doctor or a nurse/midwife. Sixty-three percent of children age 12-23 months are fully immunized and 9 percent have not received any vaccinations at all. A little less than half of all young children are undernourished and 13 percent are severely undernourished.

- Further improvement of services will add to the success of the Child Survival and Safe Motherhood (CSSM) programme. A stronger IEC package in the CSSM programme is needed. Such a package is necessary to inform couples about the importance of antenatal care and safe delivery conducted under hygienic conditions by trained medical professionals, the advantages of giving colostrum to babies and the correct timing for introducing supplementary food to a child's diet. The lack of exposure of many women to electronic mass media and their inability to read, particularly in rural areas, indicate that alternative communication strategies will have to be employed, such as the distribution of video cassettes with culturally appropriate programmes that can be shown on community television sets. From a policy perspective, the combination of convincing women to reduce family size and to space their births in intervals of at least two years will have the greatest effect in lowering infant and child mortality.

## Status of Women

- Himachal Pradesh has one of the highest female literacy rates in India. Moreover, a continuing rapid improvement in female literacy can be expected because almost 90 percent of schoolage girls are currently attending school. Although there has been sustained progress in educational attainment in recent years, one-half of women in their childbearing years are illiterate. The education of women can play a major role in shaping the attitudes and behaviour of women. The sex ratio in Himachal Pradesh is higher than in all other states in India, but other indicators suggest discrimination against females in several respects, such as lower

female literacy, lower child immunization rates, a higher female child mortality rate, and higher severe malnutrition. Thus, programmes to further elevate the status of women in Himachal Pradesh are imperative. In particular, continuing efforts to promote school attendance among girls and young women is an important instrument for improving their status. Better delivery of health services to women would increase family planning use and improve maternal and child health.

### **Achievement of Programme Objectives**

- Many of the demographic and health indicators show that Himachal Pradesh has progressed further than other Hindi-speaking states. In fact, its characteristics are generally closer to Punjab and Jammu than to other states in the Hindi belt.
- 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 Himachal Pradesh during 1988-92 was 56 per 1,000 live births); an under-five mortality rate of 70 (under-five mortality in Himachal Pradesh during 1988-92 was 69); a crude death rate of 9 per 1,000 population (the crude death rate in Himachal Pradesh was 8 per 1,000 population during 1991-92); and a crude birth rate of 26 per 1,000 (the crude birth rate in Himachal Pradesh was 28 during 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Himachal Pradesh received antenatal care for 75 percent of their pregnancies in 1989-92); 100 percent of deliveries by trained attendants (only 26 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 Himachal Pradesh 54 percent of couples were using contraception in 1992).
- Himachal Pradesh has achieved the national objectives in terms of the under-five mortality rate and the crude death rate, and has almost achieved them in terms of the infant mortality rate and the crude birth rate. Himachal Pradesh is also above the national average in the percentage of children who are fully vaccinated against childhood diseases and the percentage of women who receive antenatal care and iron/folic acid tablets when pregnant. More effort is needed, however, to meet the national targets for birth delivery in medical institutions and assistance at delivery by trained medical staff. Improvements in such medical services and provision of modern spacing methods for family planning are imperative if national goals are to be achieved, including the goal of a Net Reproduction Rate equal to 1.0 in 2011-2016.



## FACT SHEET-HIMACHAL PRADESH

**1991 Population Data****Office of the Registrar General and Census****Commissioner**

Total population (millions) .....	5.2
Percent urban .....	8.7
Percent scheduled caste .....	25.3
Percent scheduled tribe .....	4.2
Decadal population growth rate (1981-91) .....	20.8
Crude birth rate (per 1,000 population) .....	27.9
Crude death rate (per 1,000 population) .....	8.8

**National Family Health Survey, 1992****Sample Population**

Ever-married women age 15-49 .....	2,962
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**Background Characteristics of Women Interviewed**

Percent urban .....	9.7
Percent illiterate .....	49.7
Percent attended secondary school or higher .....	13.4
Percent Hindu .....	97.2
Percent Muslim .....	1.2
Percent working .....	47.7

**Marriage and Other Fertility Determinants**

Percent of women age 15-49 currently married .....	75.9
Percent of women age 15-49 ever married .....	77.6
Singulate mean age at marriage for females (in years) .....	20.4
Singulate mean age at marriage for males (in years) .....	25.0
Percent of women married to first cousin <sup>1</sup> .....	0.5
Median age at marriage among women age 25-49 .....	17.7
Median months of breastfeeding <sup>2</sup> .....	21.7
Median months of postpartum amenorrhoea <sup>3</sup> .....	7.6
Median months of postpartum abstinence <sup>3</sup> .....	2.6

**Fertility**

Total fertility rate <sup>4</sup> .....	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 or are sterilized .....	71.5
Want to delay their next birth at least 2 years .....	15.9
Mean ideal number of children <sup>5</sup> .....	2.4
Percent of births in the last 4 years which were:	
Unwanted .....	10.5
Mistimed .....	13.3

**Knowledge and Use of Family Planning**

Percent of currently married women:	
Knowing any method .....	99.1
Knowing a modern method .....	98.9
Knowing a source for a modern method .....	97.5
Ever used any method .....	67.6
Currently using any method .....	58.4

**Percent of currently married women currently using:**

Pill .....	0.5
IUD .....	2.7
Condom .....	5.3
Female sterilization .....	32.6
Male sterilization .....	13.2
Periodic abstinence .....	1.7
Withdrawal .....	2.2
Other method .....	0.1

**Mortality and Health**

Infant mortality rate <sup>6</sup> .....	55.8
Under-five mortality rate <sup>6</sup> .....	69.1
Percent of births <sup>7</sup> whose mothers:	
Received antenatal care from a doctor	
or other health professional .....	73.6
Received 2 or more tetanus toxoid injections .....	47.4
Percent of births <sup>7</sup> whose mothers were assisted at delivery by:	
Doctor .....	12.0
Nurse/midwife .....	13.6
Traditional birth attendant .....	55.0
Percent of children 0-1 month who are breastfeeding .....	98.1
Percent of children 12-13 months who are breastfeeding .....	83.4
Percent of children 12-23 months who received <sup>8</sup> :	
BCG .....	84.5
DPT (three doses) .....	78.2
Polio (three doses) .....	77.7
Measles .....	71.5
All vaccinations .....	62.9
Percent of children under 4 years <sup>9</sup> who:	
Had diarrhoea in the 2 weeks preceding the survey .....	19.6
Had a cough accompanied by rapid breathing	
in the 2 weeks preceding the survey .....	6.4
Had a fever in the 2 weeks preceding the survey .....	19.9
Are undernourished (underweight) <sup>10</sup> .....	47.0
Are severely undernourished (underweight) <sup>10</sup> .....	12.9

<sup>1</sup> Based on ever-married women<sup>2</sup> Current status estimate based on births during the 48 months preceding the survey<sup>3</sup> Current status estimate based on births during the 36 months preceding the survey<sup>4</sup> Based on births to women age 15-49 during the 3 years preceding the survey<sup>5</sup> Based on ever-married women age 15-49, excluding women giving non-numeric responses<sup>6</sup> For the 5 years preceding the survey (1988-92)<sup>7</sup> For births in the period 1-47 months preceding the survey<sup>8</sup> Based on information from vaccination cards and mothers' reports<sup>9</sup> Children born 1-47 months preceding the survey<sup>10</sup> Undernourishment assessed by weight-for-age; undernourished children are those more than 2 standard deviations below the median of the International Reference Population, recommended by the World Health Organization and severely undernourished children are those more than 3 standard deviations below the median of the International Reference Population.