

- PN. ABW-9279620-

# **National Family Health Survey**

**(MCH and Family Planning)**

**Delhi**  
**1993**  
**Summary Report**

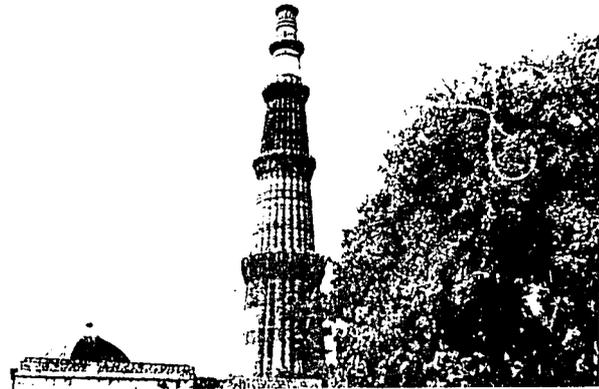
**Population Research Centre, Institute of Economic Growth, Delhi**

**International Institute for Population Sciences, Bombay**

**June 1995**

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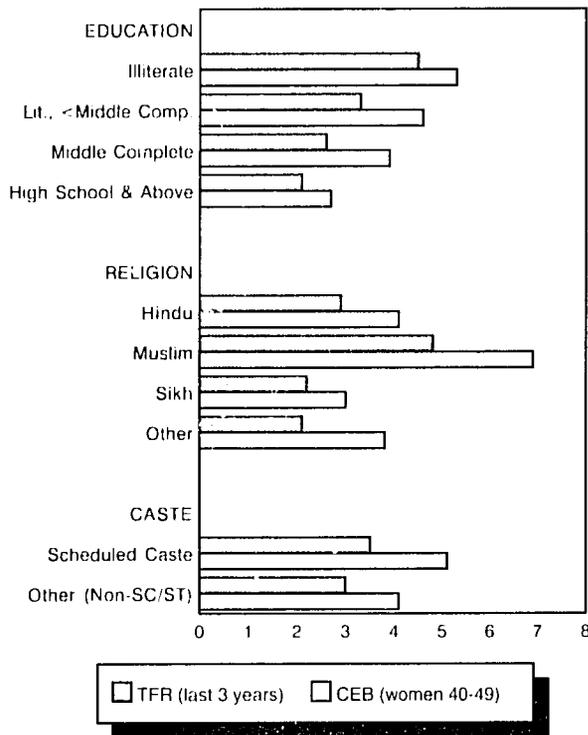


## BACKGROUND

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 the National Capital Territory of Delhi, which in this report is referred to as Delhi, the interviewers collected information from 3,457 ever-married women age 13-49 in urban and rural areas. The fieldwork was conducted between 8 February and 9 May 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, Institute of Economic Growth, Delhi; VIMARSH, The Consultancy Group, New Delhi; the East-West Center/Macro International, U.S.A; and the United States Agency for International Development (USAID), New Delhi. Funding for the survey was provided by USAID.

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



**FERTILITY AND MARRIAGE**

**Fertility Levels, Trends and Differentials**

- The fertility level has declined in Delhi. Women in their forties who have nearly completed childbearing have had an average of more than four children, but women who are currently in their childbearing years can be expected to have 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 Delhi for 1990-92 was 3.0 children per woman, 11 percent lower than the national average, but 11 percent higher than the urban average for India. Early childbearing in Delhi is relatively low; only 11 percent of total fertility is accounted for by births to women age 15-19. Bearing children late in life is not common. The contribution of fertility of women age 30 and over is only 22 percent. The prime childbearing ages in Delhi extend from age 20 to 29, during which 68 percent of births occur.

*At current fertility rates, women in Delhi will have an average of 3.0 children (11 percent lower than the national average, but 11 percent higher than the urban average for India).*

- The NFHS crude birth rate (CBR) of 26.7 per 1,000 population for the period 1990-92 is somewhat lower than 26.0 per 1,000 population as estimated by the Sample

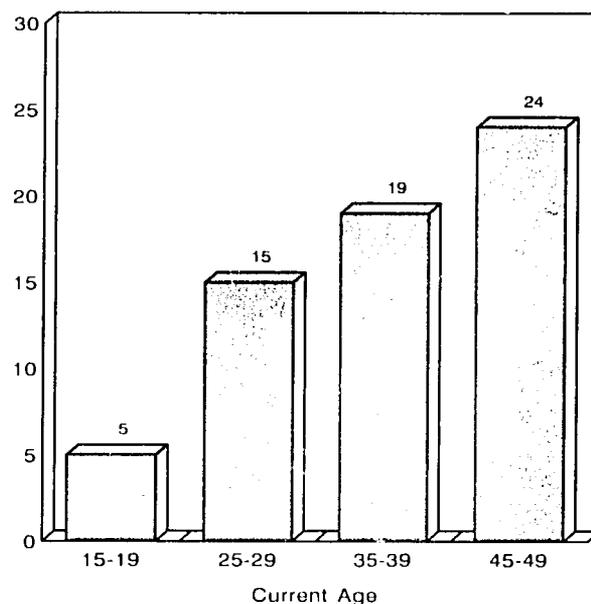
Registration System, maintained by the Office of the Registrar General for the year 1992.

- The fertility of illiterate women is substantially higher (4.5 children per woman) than the fertility of women with at least a high school education (2.1 children per woman). Differentials by religion are also substantial. Muslims have the highest fertility (TFR of 4.8), followed by Hindus (TFR of 2.9) and Sikhs (TFR of 2.2). Caste differentials are less prominent. Scheduled caste women have a higher TFR (3.5) than the non-SC/ST group (3.0).
- The median interval between births is just over 30 months, or about 2.6 years. Thirteen percent of second or higher order births occur within 18 months of the previous birth, and 30 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 in Delhi, but unlike in many other parts of India, marriages take place at relatively later ages. Only 19 percent of women are married at age 15-19 increasing to 70 percent by age 20-24, and further to 93 percent by age 25-29.
- The singular mean age at marriage for males and females is 24.3 and 20.9 years, respectively. The proportion marrying by age 15 declined from 24 percent for the 45-49 age cohort to 5 percent for the 15-19 age cohort. The median age at marriage for the more recent cohort of women age 20-24 is 19.7 years.

*Figure 2*  
Percentage of Women Married before Age 15, by Current Age



1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100






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*Marriage age is relatively high in Delhi, the median age at marriage for females is almost 20 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 is 15.9 years for illiterate women and 21.9 years for women who have completed high school, a difference of 6 years. Differences by religion are also substantial. Among women age 25-29, Sikhs marry almost two years later than either Hindus or Muslims. The scheduled caste women age 25-49 marry, on average, almost three years later than the women who do not belong to either scheduled castes or scheduled tribes.
- 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 Delhi, 29 percent of women age 20-24 were married below the legal minimum age at marriage. Awareness regarding the legal minimum age at marriage for men and women is also quite high in Delhi. Sixty-five percent of women could correctly report age 18 as the legal minimum age at marriage for females and little more than half could correctly report age 21 as the legal minimum age at marriage for males.

## Fertility Preferences

- Twenty-three percent of women say they do not want any more children and more than 45 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 69 percent of all currently married women in Delhi. Overall, a large majority (85 percent) of women want to either space their next birth or stop having children altogether. Only 27 percent of women say they want another child sometime in the future, and three-fifths of these women (17 percent of all women) say they would like to wait at least two years before having the next child.

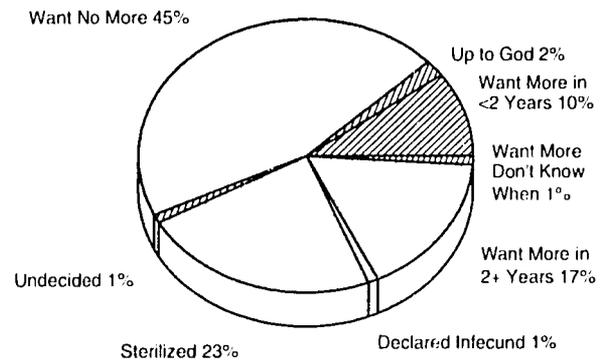
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*Eighty-five percent of currently married women want to either postpone their next birth or stop having children altogether.*

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- The desire for more children declines rapidly as the number of children increases. Nearly 86 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 18 percent for women who have two living children and 7 percent for those with three living children.

*Figure 3*  
Fertility Preferences Among Currently Married Women Age 13-49





- Interestingly, the desire for spacing children is very strong for women who have only one child, the desire for stopping childbearing altogether is strong for women with two or more children. Fifty-six percent of women with one child say that they would like to wait at least two years before having their second child and between 78-94 percent of women with two or more children would like to stop childbearing altogether, or they (or their husbands) have undergone sterilization.
- Among women who want another child, there is a preference for having a son as the next child. Thirty-three percent say they want a son, only 10 percent express a desire for a daughter, and the rest say that the sex of the child does not matter (40 percent) or that it is up to God (17 percent). The desire for a son is particularly strong among women with two or more children.
- In Delhi, a large majority of women (79 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 2.5 per couple, ranging from about 2.1 children for women with less than two children to 3.6 for those who already have six or more children.

### Knowledge of Family Planning Methods

- Knowledge of family planning is nearly universal in Delhi: 99 percent of currently married women know of at least one contraceptive method, and 94 percent know where they could go to obtain a modern method. Modern spacing methods are as much known to women as are the terminal methods. Every modern method of family planning except injections is known to more than 93 percent of women. A large majority of women in Delhi (more than 79 percent) also know where to obtain each modern method except injections.

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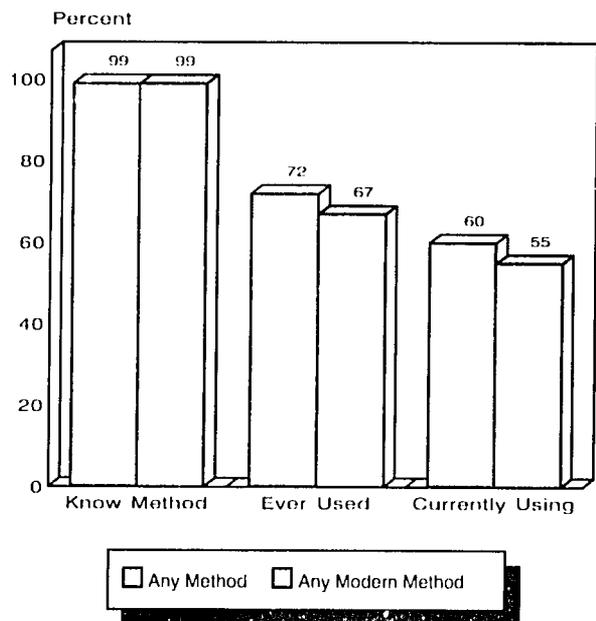
*Knowledge of at least one contraceptive method is nearly universal.*

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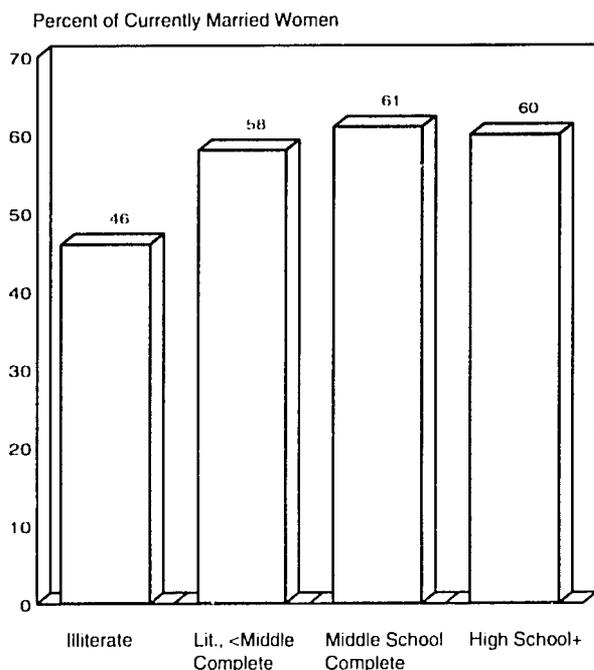
### Contraceptive Use

- Current use of any modern method of contraception among currently married women age 15-49 is 55 percent in Delhi and use of any traditional method is 6 percent. Unlike in many other states in India, the condom is as popular in Delhi as is female sterilization. Twenty-one percent of currently married women use condoms and another 20 percent are sterilized. Eight percent use IUDs and 3 percent use pills. Another 3 percent reported that their husbands are sterilized. Thus modern spacing methods are very popular in Delhi: more than one-half of total contraceptive prevalence is accounted for by modern spacing methods, 38 percent by sterilizations

*Figure 4*  
**Knowledge and Use of Family Planning**  
 (Currently Married Women Age 13-49)



*Figure 5*  
Current Use of Modern Contraceptive Methods  
by Education



(female and male sterilizations, combined) and the remaining 11 percent by traditional methods.

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*Sixty percent of married women currently use family planning and modern spacing methods are more popular than terminal methods.*

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- Illiterate women report less use of any contraceptive method than literate women. However, even among the illiterate, 50 percent use a method. The use rate for modern spacing methods generally increases and sterilization acceptance generally decreases with education. Muslims have a lower contraceptive prevalence rate (47 percent) than Hindus (61 percent) and Sikhs (66 percent). The practice of family planning does not differ much according to caste/tribe.
- The use of family planning methods is positively related to the number of living children a woman has, increasing from 13 percent for women with no children to 71 percent for women with three children, and then declining slightly to 68 percent for women who have four or more children. Furthermore, son preference is apparent in the contraceptive behaviour of women in Delhi: at each parity, the use of family planning methods is lowest for women with no sons. For instance, at parity three, more than 70 percent of women with at least a son practice family planning compared to 54 percent of women with all daughters.

- Sources other than the public sector sources are the major suppliers to modern method users in Delhi. The public sector (consisting of government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies 45 percent of users of all modern methods, while the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supplies 19 percent. Thirty-six percent of users obtain their methods from other sources, such as shops, friends and relatives. However, the public sector remains the major source of clinical methods, supplying 56 percent of IUD users and more than three-quarters of sterilization acceptors. On the other hand, private sector (including both the private medical sector and other sources) supplies 78 percent of pill users and 92 percent of condom users.

### Attitudes Toward Family Planning

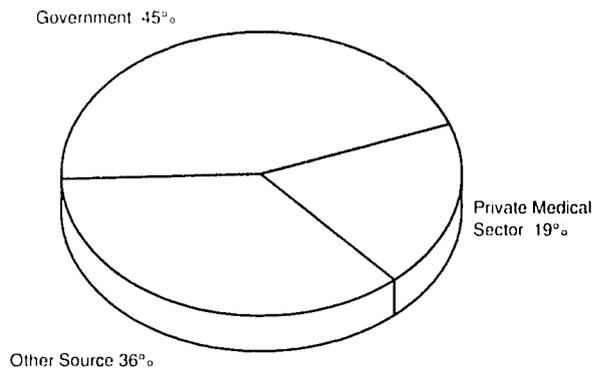
- Attitudes toward the use of family planning are generally positive in Delhi. A large majority of currently married nonsterilized women who know of a contraceptive method (88 percent) approve of family planning and 11 percent disapprove. More than three-fourths (77 percent) of women report that both they and their husbands approve of family planning.

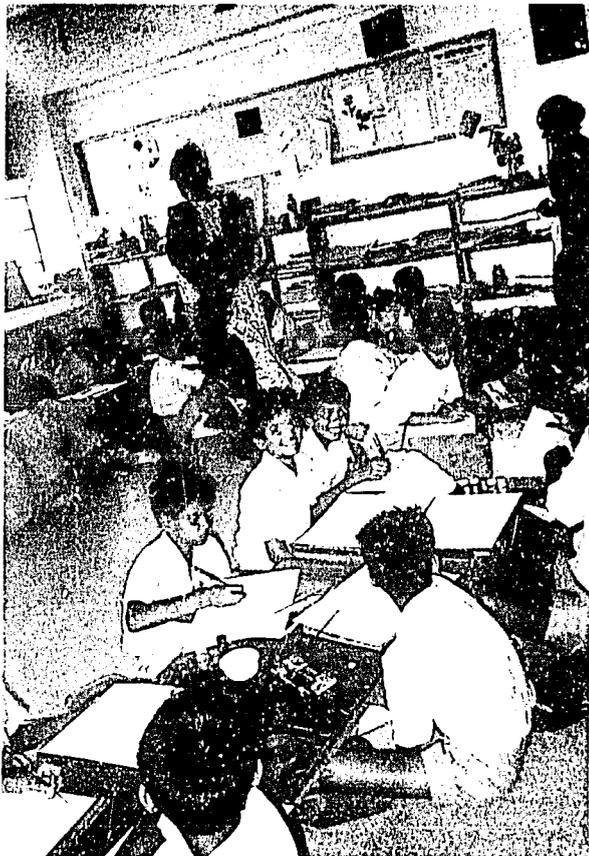
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*Eighty-eight percent of married women approve of family planning.*

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**Figure 6**  
Sources of Family Planning Among Current Users of Modern Contraceptive Methods





- Education of women as well as their husbands is an important determinant of approval of family planning. Overall, 78 percent of illiterate women approve of family planning compared with 94 percent of women who have completed high school. Joint approval by both husband and wife is 59 percent among illiterate women compared with 89 percent among women who have at least completed high school. Approval of family planning is somewhat similar among religious groups ranging from 83 to 91 percent. Approval does not vary much by caste/tribe.
- Eighty-seven percent of women who had ever used family planning report that both they and their husbands approve of family planning. However, among never users, 58 percent of women report that they and their husbands approve of family planning.
- Overall, almost one-half (48 percent) of currently married nonusers report that they do not intend to use contraception in the future, and 44 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 (78 percent) than among those age 30 or older (17 percent). In fact, 55 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 almost four out of five (79 percent) ever-married women in Delhi. This is not surprising given that Delhi is predominantly urban and 70 percent of households own televisions and 65 percent own radios.

- Slightly more than 75 percent of women say it is acceptable to have family planning messages on radio and television, and 14 percent say it is not acceptable and the rest (9 percent) are not sure. Younger women (under age 20) and older women (over age 39), and illiterate women are particularly less likely than other women to think it is acceptable to broadcast family planning messages on radio or television.

### Need for Family Planning Services

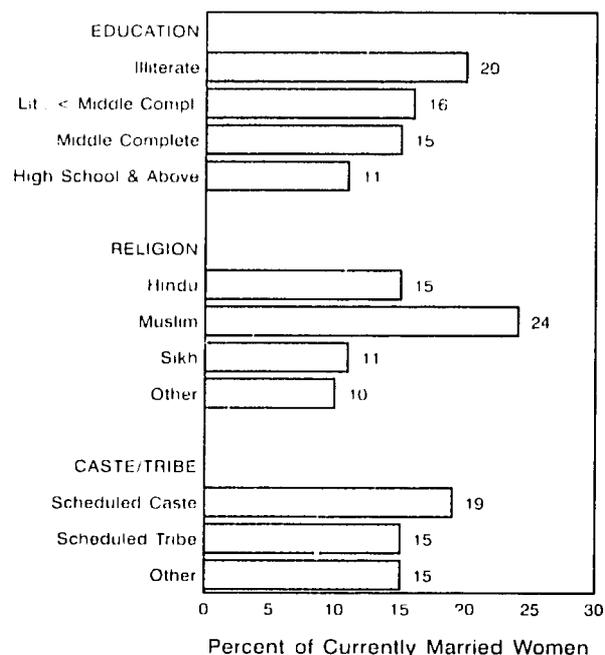
- Overall, 15 percent of women in Delhi have an unmet need for family planning. These are the women who are not using family planning even though they either do not want any more children or want to wait at least two years before having another child. The unmet need is the same for spacing births and for limiting births. 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 60 percent to 76 percent of married women.

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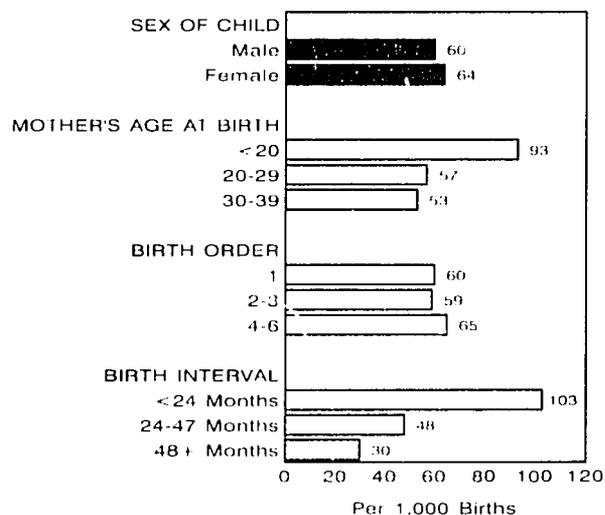
*Only 15 percent of married women have an unmet need for family planning.*

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*Figure 7*  
Unmet Need for Family Planning by Selected Characteristics



**Figure 8**  
**Infant Mortality Rates by Selected Demographic Characteristics**



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



NEONATAL AND CHILD MORTALITY

### Infant and Child Mortality

- The infant mortality rate in Delhi declined from 75 per 1,000 live births during 1978-82 (10-14 years prior to the survey) to 65 per 1,000 live births during 1988-92 (0-4 years prior to the survey). Despite the overall decline in the infant mortality rate, 1 in every 15 children born in the five years before the NFHS died within the first year of life and 1 in every 12 children died before reaching age five. Therefore, child survival programmes still need to be intensified to produce further reductions in the level of infant and child mortality.

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### *One in 15 children dies before reaching the age of one year.*

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- The infant mortality rate declines sharply with increasing education of woman overall, as expected, ranging from a high of 82 per 1,000 live births for illiterate women to a low of 29 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 1.41. The risk of dying between ages one and five (child mortality) is 56 percent higher for females than for males.

- The infant mortality rate is highest for children of mothers below age 20 (93 per 1,000 live births). Infant mortality is over three 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 (103 compared with 30 per 1,000 live births).

### Antenatal Care and Assistance at Delivery

- Most pregnant women receive antenatal care in Delhi. During the four years preceding the survey, mothers received antenatal care for 82 percent of births. Similarly, women received two doses of tetanus toxoid injection during pregnancy for 73 percent of births and iron/folic acid tablets for 75 percent of births.

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*Most pregnant women receive antenatal care.*

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- There are substantial differences in antenatal care by education. The proportion of births for which mothers received antenatal care ranges from 69 percent for births to illiterate mothers to 97 percent for births to mothers with at least a high school education.
- Only 44 percent of live births during the four years preceding the survey were delivered in health institutions, and 54 percent were delivered at home. However, over half (53 percent) the deliveries were attended by doctors and nurses/midwives, and 39 percent were attended by a Traditional Birth Attendant.

*Figure 9*  
Antenatal Care, Place of Delivery, and Assistance During Delivery

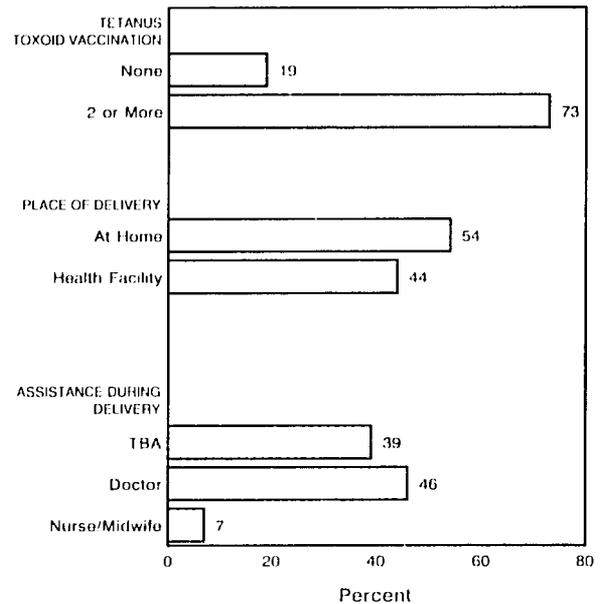
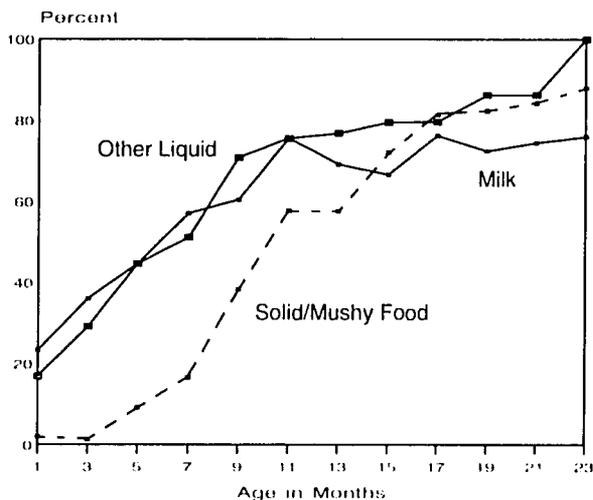


Figure 10

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




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*Fifty-four percent of babies are delivered at home, and a little more than half of deliveries are assisted by a doctor or a nurse/midwife.*

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### Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Delhi, with 96 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 (73 percent) of women who breastfeed squeeze the first milk from the breast before they begin breastfeeding their babies. Only 6 percent of the babies in Delhi are put to the breast within 1 hour of birth, and only 40 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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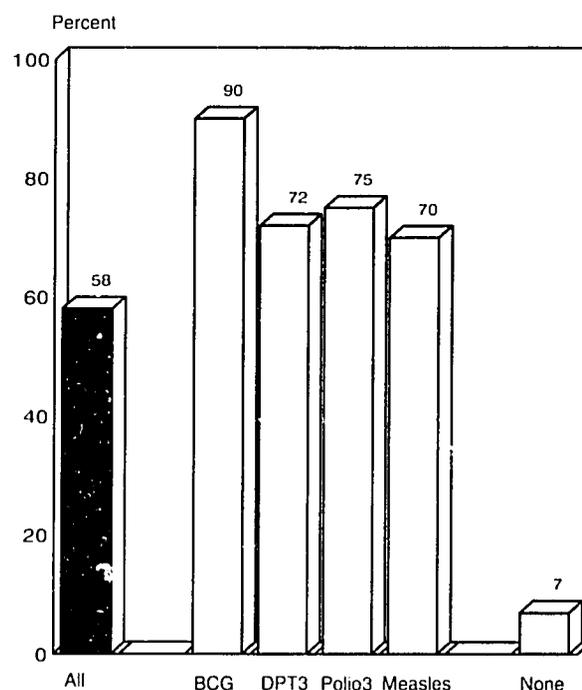
- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is not common in Delhi even for very young children. At age 0-1 months only 30 percent are exclusively breastfed, and the remaining 70 percent are given water or other supplements. On average, only 20 percent of infants under four months are given only breast milk (i.e., 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. In Delhi, only 28 percent of all children in this age group receive solid or mushy food in addition to breast milk.
- The use of bottles with nipples among breastfed children is quite common, increasing from 19 percent in the first two months after birth to 47 percent for children approaching one year of age. Since it is difficult to sterilize the nipple properly, the use of bottles with nipples exposes children to an increased risk of developing diarrhoea and other diseases.

### 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. Among children age 12-23 months, 58 percent are fully vaccinated against the six common childhood diseases. Ninety percent have been vaccinated against tuberculosis (BCG), more than 70 percent have received all three doses of DPT (72 percent) and polio (75 percent) vaccines, and 70 percent have been vaccinated against measles. However, 7 percent of children age 12-23 months did not receive any vaccination at all.

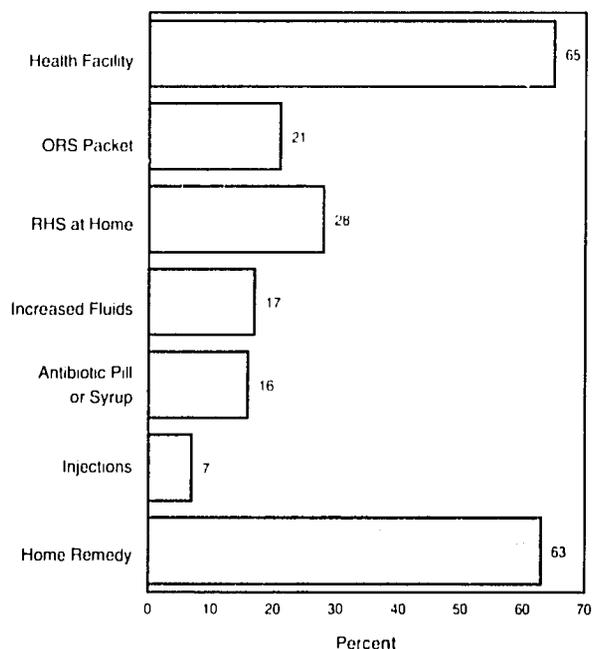


*Figure 11*  
Vaccination Coverage Among Children Age 12-23 Months





*Figure 12*  
Treatment of Diarrhoea in the Two Weeks Preceding the Survey (Children Under 4 Years)




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*Fifty-eight percent of young children are fully vaccinated against six serious but preventable childhood diseases.*

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- Boys are more likely to have been vaccinated against childhood diseases than girls. Sixty-five percent of boys compared to 50 percent of girls age 12-23 months are fully vaccinated. Muslim children are less likely to have received all vaccinations than are Hindu children. The proportion who have been fully vaccinated increases steadily from 43 percent of children of illiterate mothers to 76 percent of children of mothers with at least a high school education.

### **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), 11 percent had fever and 10 percent suffered from diarrhoea. Five percent of children had an episode of diarrhoea during the preceding 24 hours. Between 85 and 88 percent of children suffering from symptoms of acute lower respiratory infection and fever were taken to a health facility or provider for treatment, whereas only 65 percent of children suffering from diarrhoea were taken to a health facility for treatment.

- It is significant to note that 11 percent of children suffering from diarrhoea were not given any treatment at all, either at home or in a health facility. Moreover, 55 percent of children with diarrhoea were not given Oral Rehydration Salts (ORS) or the recommended home solution or increased fluids. However, nearly three-quarters of mothers who had births during the four years preceding the survey know about ORS packets, and 45 percent have ever used them.

### Nutritional Status of Children

- Both chronic and acute undernutrition are high in Delhi. Forty-two percent of all children under age four are underweight (low weight-for-age), and 43 percent are stunted (low height-for-age). The most serious nutritional problem measured, low weight-for-height (wasting) is also quite evident in Delhi, affecting one in every eight children.

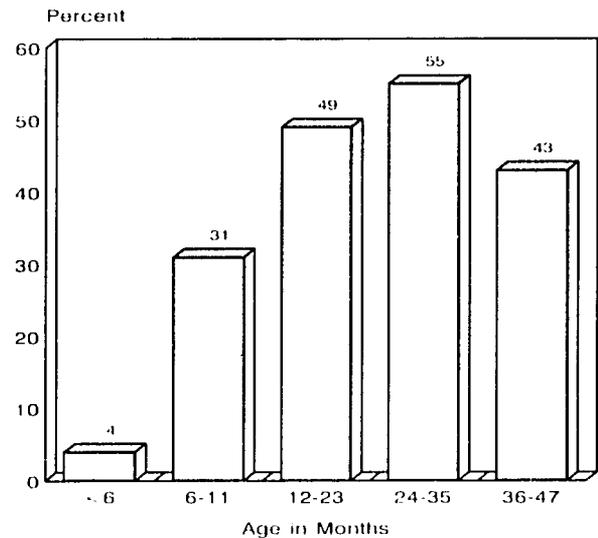
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*Four in ten children are underweight for their age and almost the same proportion are stunted for their age.*

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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. Boys and girls in Delhi do not differ much in their nutritional status, although girls are slightly better off than boys in all of the three measures of nutritional status.

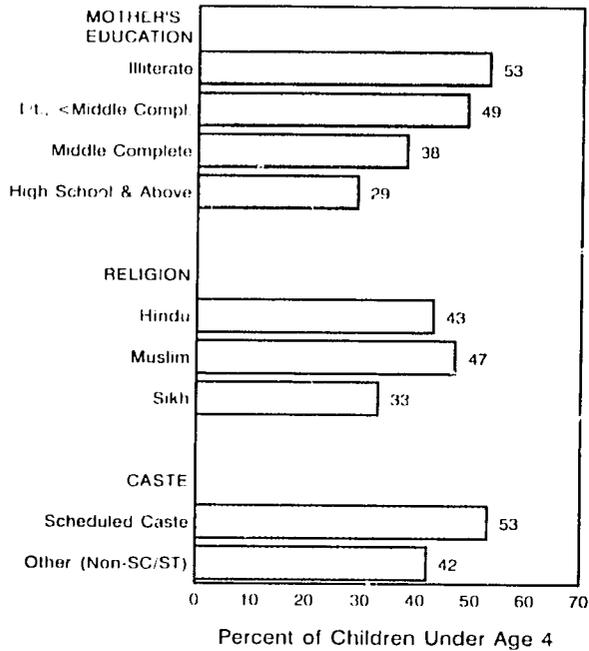
*Figure 13*  
Percentage of Children Under Age Four Who Are Underweight, by Age



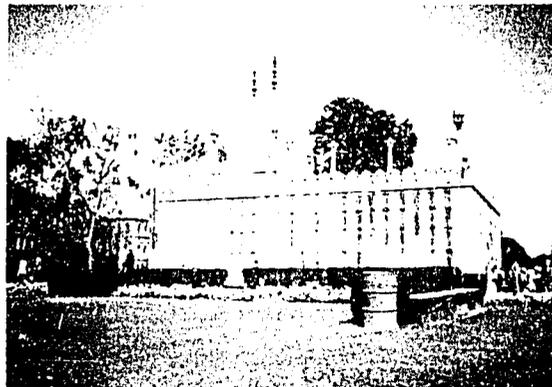
Note: Percentage of children more than 2 standard deviations below the median of the International Reference Population



*Figure 14*  
Chronic Undernutrition (Stunting) by Selected Characteristics



- The variability by educational level is striking. Children of illiterate mothers are nearly twice as likely to be undernourished as children of mothers with at least a high school education. But even among the latter group, 28 and 29 percent of the children are underweight and stunted, respectively. Undernutrition is substantially lower among Sikh children than children belonging to other religions. For instance, 30 percent of Sikh children are underweight compared to 42-44 percent of Hindu and Muslim children. A higher percentage of scheduled caste children are underweight and stunted than the non-SC/ST children.



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## KNOWLEDGE OF AIDS

- Knowledge of the existence of Acquired Immune Deficiency Syndrome (AIDS) is very limited, with only 36 percent of women age 13-49 indicating that they had ever heard of the illness. Women age 25-34, Sikh women, and women who do not belong to either scheduled castes or scheduled tribes are more likely to have heard of AIDS than others. The largest differentials in knowledge of AIDS are by educational level. Only 5 percent of illiterate women have heard of AIDS compared to 77 percent of women who have completed high school.




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*Only 36 percent of women age 13-49 have ever heard of AIDS.*

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- Among women who have heard of AIDS, the percentage with misconceptions about different ways of getting AIDS ranges from 17 percent who think that it can be contracted from shaking hands with someone with AIDS to 41 percent who think that AIDS can be contracted from kissing someone with AIDS. One-fifth of women who have heard of AIDS think it is curable, and 6 percent think that an AIDS vaccine exists. Fifty-two percent correctly think that AIDS can be avoided by practising safe sex, and two-fifths think that using condoms during sexual intercourse is a means of prevention.

## CONCLUSIONS

### Fertility and Family Planning

- Delhi has a total fertility rate of 3.0 children per woman, which is slightly higher than the all-India urban TFR of 2.7. The differentials in fertility by education and religion are substantial. The TFR among illiterate women is 4.5 compared with 2.1 for women who have completed high school. The TFR is 4.8 among Muslims, 2.9 among Hindus, 2.2 among Sikhs and 2.1 among women of other religions. The TFR of scheduled castes (3.5) is almost 20 percent higher than that of nonscheduled castes (3.0). The family planning programme in Delhi must therefore focus on Muslims, scheduled caste women and illiterate and less educated women in order to reduce the total fertility rate to replacement level.
- Sixty percent of currently married women practice family planning. If all women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate would increase from 60 percent to 75 percent of currently married women. The use of contraceptive methods is high in Delhi compared to the urban areas of India, due primarily to the higher use of spacing methods, especially the condom, which is used by 21 percent of women. Knowledge and use of both modern spacing methods and sterilization should be promoted among the subgroups of women that have lower rates of use of family planning, such as Muslim women (47 percent) and illiterate women (50 percent).

### Maternal and Child Health

- Delhi compares favourably with the urban areas of India in the provision of each of the antenatal care services covered in the NFHS. Four-fifths

of women received antenatal care for their births, and three-fourths received two or more tetanus toxoid vaccinations and folic acid tablets. However, only 44 percent of babies are delivered at a health facility or institution, and only 53 percent of deliveries are assisted by a doctor or nurse/midwife.

- Delhi has a higher percentage of children who have been fully vaccinated than in the urban areas of India, but still ranks below several states in the provision of vaccinations to children. Fifty-eight percent of children age 12-23 months have been fully vaccinated, and only 7 percent have received no vaccinations at all, compared with 51 percent fully vaccinated and 16 percent with no vaccinations in the urban areas of India. Ninety percent have been vaccinated against tuberculosis (BCG vaccine), 70 percent against measles, and more than 70 percent have received all three doses of the polio and DPT vaccines. Vaccination rates are higher among boys than girls, among Hindus than Muslims, among nonscheduled castes than scheduled castes, and among more educated than less educated women.
- Despite the success attained in delivery of maternal and child health services and the decline in infant mortality, 1 in every 12 children dies before reaching age five. Both the infant and under-five mortality rates declined by 12-13 percent during the last 15 years, but are higher than the rates for the urban areas of India (56 and 75 per 1,000 births, respectively). All of the mortality rates of infants and children estimated in the NFHS are closely associated with the level of education of mothers. For example, the infant mortality rate ranges from 82 per 1,000 live births to illiterate mothers to 29 per 1,000 live births to mothers with at least a high school education. Females have higher mortality rates than males for all infant and child mortality measures except

neonatal mortality. Child survival programmes need to be intensified for subgroups of the population to produce further improvement in the level of infant and child mortality. Substantial reductions in infant and child mortality could be attained by reducing or eliminating birth intervals of less than 24 months or births of order 4 and higher.

- Despite the successes in vaccination programmes and the comparatively low rates of child morbidity in Delhi, inadequate nutrition continues to pose a serious problem for preschool-age children: more than 40 per cent of all children under age four are underweight and/or stunted for their age. Mother's level of education is the single most important factor related to nutritional status of children. Children of illiterate mothers are almost twice as likely to be underweight or stunted as children of mothers with at least a high school education. Undernutrition is also higher among Muslims and Hindus than among Sikhs, and among scheduled castes than among others.
- Health programmes, including maternal and child health care programmes, should also devote more attention to improving the knowledge of AIDS and how to prevent it among the women of Delhi to assure that the gains made in health service delivery are not undermined by increasing morbidity and mortality due to AIDS.

### **Achievement of Programme Objectives**

- Delhi is comparable to the urban areas of India in its attainment of the major national objectives of the CSSM programme adopted in the Eighth Five Year Plan (1992-97). The objectives are to achieve an infant mortality rate of 50 per 1,000 live births (the infant mortality rate in

Delhi during 1988-92 was 65); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in Delhi during 1988-92 was 83); a crude death rate of 9 per 1,000 population (the crude death rate in Delhi was 11 during 1991-92); and a crude birth rate of 26 per 1,000 population (the crude birth rate in Delhi was 27 during 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Delhi received antenatal care for 80 percent of their pregnancies in 1989-92); 100 percent of deliveries by trained attendants (53 percent of deliveries in Delhi 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 Delhi, it was 70 percent during 1992-93).

- Delhi's achievements in use of family planning methods are due, to a large extent, to the balanced mix of public and private sources, especially nonmedical private sources, that provide spacing methods to users. However, the fertility rates could be reduced by promoting the use of family planning among subgroups of the population. Delhi's achievements in provision of health services to mothers and children are also commendable, but the infant and child mortality rates are still lower than those for the urban areas of India.

## 1991 Population Data

### Office of the Registrar General and Census Commissioner

Total population (millions)	9.4
Percent urban	89.9
Percent scheduled caste	19.1
Percent scheduled tribe	0.0
Decadal population growth rate (1981-91)	51.5
Crude birth rate (per 1,000 population)	24.7
Crude death rate (per 1,000 population)	6.3

## National Family Health Survey, 1993

### Sample Population

Ever-married women age 13-49	3,457
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### Background Characteristics of Women Interviewed

<b>Percent urban</b>	<b>92.2</b>
Percent illiterate	37.4
Percent completed secondary school or higher	36.9
Percent Hindu	81.6
Percent Muslim	10.0
Percent Christian	19.3
Percent Working	53.4

### Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	74.3
Percent of women 15-49 ever-married	77.6
Singulate mean age at marriage for females (in years)	20.9
Singulate mean age at marriage for males (in years)	24.3
Percent of women married to first cousin <sup>1</sup>	3.5
Median age at marriage among women age 25-49	18.3
Median months of breastfeeding <sup>2</sup>	20.9
Median months of postpartum amenorrhoea <sup>3</sup>	4.3
Median months of postpartum abstinence <sup>4</sup>	1.8

### Fertility

Total fertility rate <sup>5</sup>	3.0
Mean number of children ever born to women age 40-49	4.2

### Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	68.7
Want to delay next birth at least 2 years	16.6
Mean ideal number of children <sup>6</sup>	2.5
Percent of births in the last four years which were:	
Unwanted	13.2
Mistimed	15.7

### Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	99.0
Knowing a modern method	98.9
Knowing a source for a modern method	93.9
Ever used a method	72.2
Currently using any method	60.3

### Percent of currently married women currently using:

Pill	2.9
IUD	7.8
Injection	0.1
Condom	20.5
Female sterilization	20.0
Male sterilization	3.2
Periodic abstinence	3.1
Withdrawal	2.5
Other method	0.2

### Mortality and Health

Infant mortality rate <sup>6</sup>	65.4
Under-five mortality rate <sup>6</sup>	83.1
Percent of births <sup>7</sup> whose mothers:	
Received antenatal care from a doctor or health professional	79.8
Received 2 or more tetanus toxoid injections	72.5
Percent of births <sup>7</sup> whose mothers were assisted at delivery by:	
Doctor	45.7
Nurse/midwife	7.3
Traditional birth attendant	38.6
Percent of children 0-1 months who are breastfeeding	100.0
Percent of children 12-13 months who are breastfeeding	77.6
Percent of children 12-23 months who received <sup>8</sup> :	
BCG	90.1
DPT (three doses)	71.6
Polio (three doses)	75.0
Measles	69.6
All vaccinations	57.8
Percent of children under 4 years <sup>9</sup> who:	
Had diarrhoea in the 2 weeks preceding the survey	9.8
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	4.8
Had a fever in the 2 weeks preceding the survey	11.4
Are chronically undernourished (stunted) <sup>10</sup>	43.2
Are acutely undernourished (wasted) <sup>10</sup>	11.9

<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 three years preceding the survey

<sup>5</sup> Based on ever-married women age 13-49, excluding women giving non-numeric responses

<sup>6</sup> During the five years preceding the survey (1987-91)

<sup>7</sup> 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 in the period 1-47 months preceding the survey

<sup>10</sup> Stunting assessed by height-for-age; wasting assessed by weight for height; the percent undernourished are those more than 2 standard deviations below the median of the international reference population, recommended by the World Health Organization.