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Rajasthan Summary Report

National Family Health Survey 1992-93

Population Research Centre
Mohanlal Sukhadia University
Udaipur

International Institute for Population Sciences
Bombay

National Family Health Survey

(MCH and Family Planning)

Rajasthan

1992-93

Summary Report

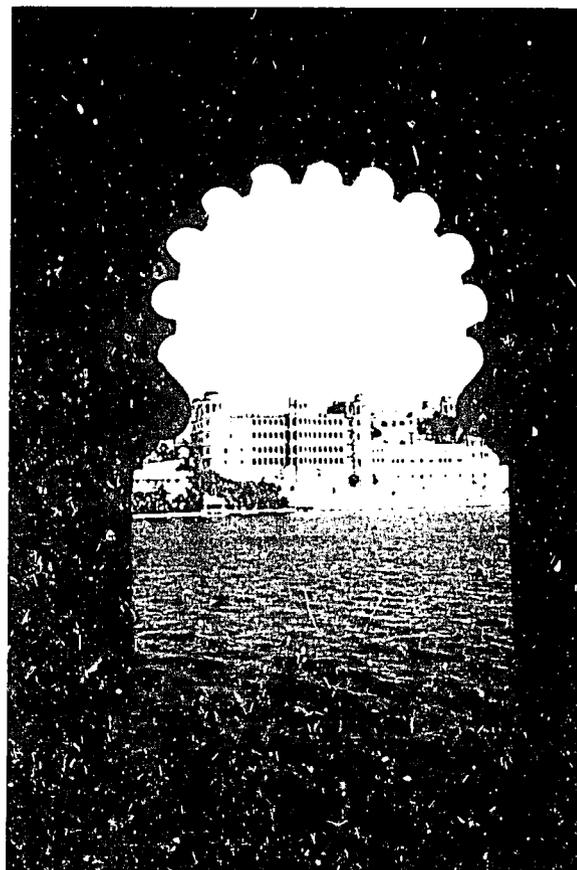
Population Research Centre, Mohanlal Sukhadia University, Udaipur

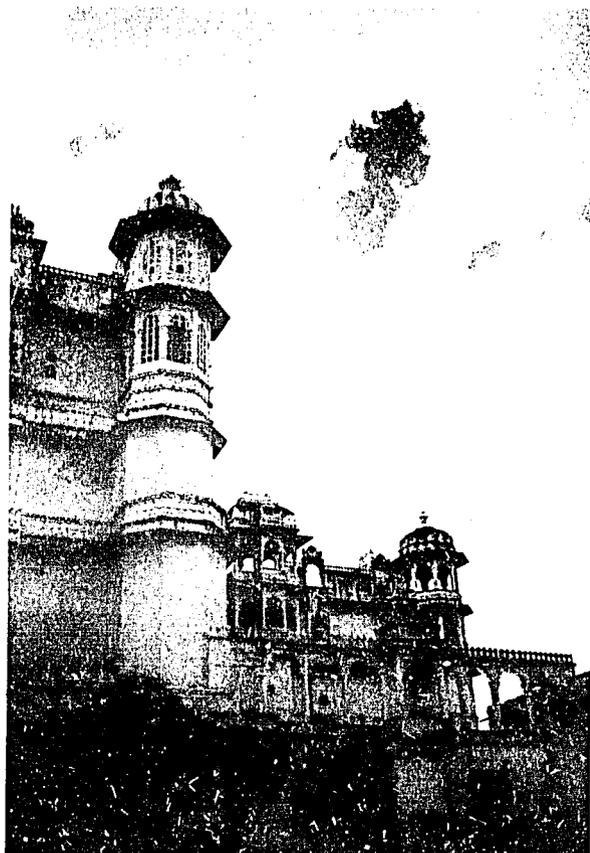
International Institute for Population Sciences, Bombay

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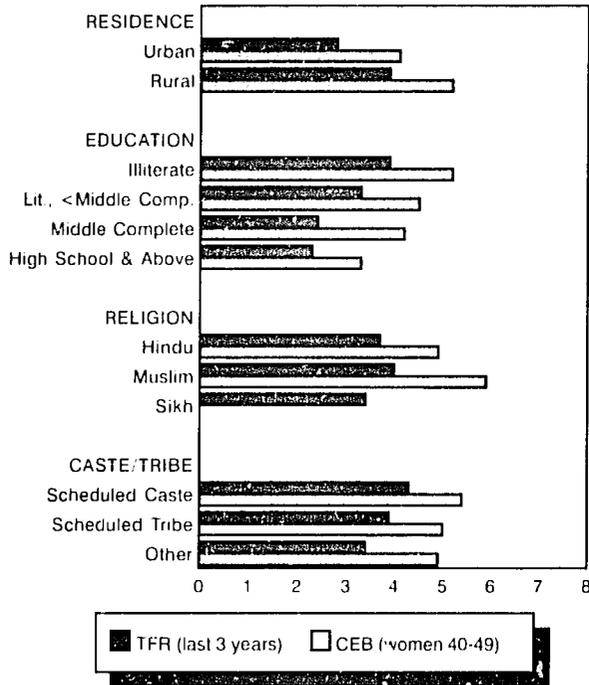


BACKGROUND

The National Family Health Survey (NFHS) is a nationally representative survey of ever-married women age 13-49. The NFHS covered the population of 24 states and the National Capital Territory of Delhi (the erstwhile Union Territory of Delhi) to provide a source of demographic and health data for inter-state comparisons. The primary objective of the NFHS was to provide national-level and state-level data on fertility, nuptiality, family size preferences, knowledge and practice of family planning, the potential demand for contraception, the level of unwanted fertility, utilization of antenatal services, breastfeeding and food supplementation practices, child nutrition and health, immunizations and infant and child mortality.

In Rajasthan, interviewers collected information from 5,211 ever-married women age 13-49 in urban and rural areas. The field work in Rajasthan was conducted between 6 December 1992 and 6 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, Mohanlal Sukhadia University, Udaipur; the Indian Institute of Health Management Research, Jaipur; the East-West Center/Macro International, USA; and the United States Agency for International Development (USAID), New Delhi. Funding for the survey was provided by the USAID.

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



Note: The mean (CEB) for the category Sikh is not shown because it is based on fewer than 25 cases



FERTILITY AND MARRIAGE

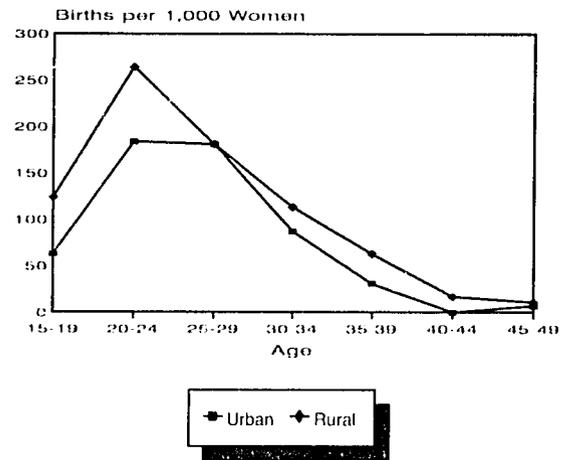
Fertility Levels, Trends and Differentials

- The fertility level has started to decline in Rajasthan, but fertility rates continue to be high. Women in their forties have had an average of five children, but women who are currently in their childbearing years can be expected to have fewer than four 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 3.6 children per woman, about 7 percent higher than the national average. As expected, the urban TFR (2.8 children per woman) is much lower than the rural TFR (3.9 children per woman). Under the present schedule of fertility, a woman in the rural areas would have, on an average, 1.1 more children in her childbearing years than a woman in the urban areas.
- The NFHS estimates may be compared with the 1991 estimates from the Sample Registration System maintained by the Office of the Registrar General. The TFR from the NFHS is 22 percent lower than the SRS estimate and the crude birth rate is 23 percent lower. A review of the information from NFHS birth histories suggests that there is a substantial amount of omission and displacement of births, leading to underestimation of recent fertility rates.
- Several population subgroups, particularly educated women, have taken the lead in reducing their fertility. The current fertility declines steadily from 3.9 children per woman for illiterate women to 2.3 children per woman for women with at least a high school education.

At current fertility rates, women in Rajasthan will have an average of 3.6 children (7 percent higher than the national average).

- Differences by religion are less pronounced. Muslims have the highest fertility, at 4 children per woman, followed by Hindus (3.7) and Sikhs (3.4). The fertility of members of other religious groups is very low at one child per woman. Scheduled castes have 10 percent higher fertility than scheduled tribes, which in turn, have 15 percent higher fertility than other groups.
- Early childbearing is relatively rare in Rajasthan. Only 14 percent of women in the 15-19 age group have ever had a child. Bearing children late in life is also not common. More than half of ever-married women currently age 45-49 had their last child before age 35 and only 13 percent had a child after age 39. Therefore, childbearing is highly concentrated between ages 20 and 34.
- The overall median interval between births is 33 months or about 2.8 years. One in every nine births occurs within eighteen months of the previous birth and nearly one-quarter of all births occur within 24 months. These are high-risk births with a relatively low probability of survival.

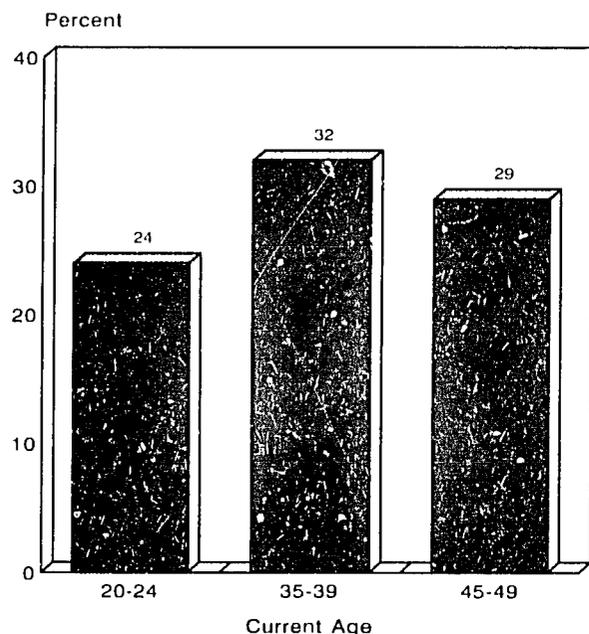
Figure 2
Age-Specific Fertility Rates by Residence



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



Figure 3
 Percentage of Women Married by Age 13, by
 Current Age



Marriage

- Marriage is virtually universal in Rajasthan and marriages in rural areas take place at relatively young ages. At age 15-19, 39 percent of women in Rajasthan are married. The proportion ever married at age 15-19 is much lower in urban areas (25 percent) than in rural areas (42 percent).
- Marriage at very young ages has been declining over time. The proportion marrying before age 13 declined from 29 percent in the 45-49 age cohort to 13 percent in the 15-19 age cohort. Similarly, the proportion marrying before age 15 declined from 50 percent in the 45-49 age cohort to 21 percent in the 15-19 age cohort. The median age at marriage has been rising in both urban and rural areas, but the rate of increase has been considerably faster in urban areas. Urban women marry nearly two years later than rural women.
- Differences by religion are notable, with Sikhs marrying at a median age of 18 years, which is three years later than Hindus and Muslims. The lowest median age at marriage is exhibited among women of scheduled tribes and scheduled castes, half of whom marry by age 14. The median age at marriage is increasing at a higher rate among scheduled tribes than among scheduled castes.

Marriages at very young ages have been declining over time, but the median age at marriage is still very low.

- 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 Rajasthan, 70 percent of married women age 20-24 were married below the legal age at marriage. A large majority of women are not even aware of what the legal minimum age at marriage is. Over 27 percent of ever-married women could correctly identify age 18 as the legal minimum age at marriage for women and only 18 percent could correctly identify 21 as the legal minimum age at marriage for men.
- Early age at marriage among children of ever-married women age 13-49 is also common in Rajasthan. Eighty-eight percent of male children and 87 percent of female children marry below the minimum legal age at marriage of 21 for males and 18 for females. In fact, 1 percent of male children and 2 percent of female children are married before age 10 years.



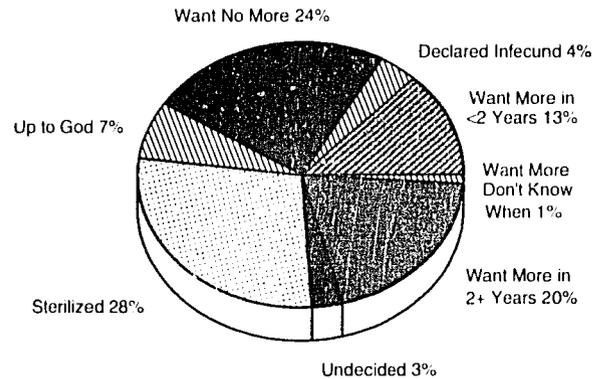


- The mean age at marriage for daughters of illiterate mothers is 13, whereas the mean age at marriage for daughters of mothers with at least a high school education is 20. The corresponding mean age at marriage for male children is 15 for those of illiterate mothers and 20 for those of mothers with at least a high school education.
- Mothers who marry at an early age are also likely to have daughters who marry at an early age. Seventy-three percent of daughters whose mothers married below age 10 are married below age 15 with a median age at first marriage of 12 years. However, only 43 percent of daughters whose mothers married at age 15-19 are married below age 15. The median age at first marriage among daughters of all mothers is 2 years higher in urban areas (15 years) than in rural areas (13 years).
- Twenty-seven percent of women approve of child marriages and the majority of them mention prevailing custom as the reason for their approval. Another 15 percent of women indicate that it is customary to have daughters married before they attain menarche. Eight percent stated that it is economical to arrange marriages when the children are young. The majority of women (73 percent) do not approve of child marriages, and the most frequently mentioned reason for the disapproval is the economic support that parents receive from children. Only 10 percent of women recognize that early marriage may result in high-risk pregnancies.

Fertility Preferences

- Nearly one-fourth of women say that they do not want any more children and more than one-fourth of women or their husbands are sterilized, so that they cannot have any more children. These two groups together constitute 52 percent of all currently married women in Rajasthan. Overall, 73 percent of women want to either space their next birth or stop having children altogether.
- The desire for more children declines rapidly as the number of living children increases. Seventy-three percent of women with no children say they want a child and only 2 percent say they do not want any children. The proportion who want another child drops to 42 percent for women who have two living children and 18 for those with three living children.
- The desire for spacing children is very strong for women who have fewer than three children. One-fourth of the women with no children say that they would like to wait at least two years before having their first child. Similarly, 55 percent of women with one child and 28 percent of women with two children would like to wait for at least two years before having their next child. Since 45 percent of all women have fewer than three living children, the strong expressed desire for spacing children among those women can not be ignored.

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





The desire for spacing is very strong among women who have fewer than three children.

- The focus of the family planning programme on permanent methods of contraception is evidently not satisfying the needs of a large segment of women in Rajasthan. The encouragement of spacing methods for women who want more children is likely to lower overall fertility and population growth, as well as to provide health benefits to both mothers and their children.
- Among women who want another child, there is a very strong preference for having a son as the next child. Two-thirds of women say they want a son, only 8 percent express the desire for a daughter, and the rest say that the sex of the child does not matter (14 percent) or that it is up to God (13 percent). The desire for a son is strong in both urban and rural areas and among high parity women.

FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is very high in Rajasthan; 87 percent of currently married women know of at least one modern method of contraception, and 76 percent know where they could go to obtain a modern method. Knowledge of male and female sterilization is most widespread. In comparison, the three officially sponsored spacing methods are less well known to respondents. The most familiar among the spacing methods are the pill and the IUD (more than half of women report knowledge of the pill and almost half report knowledge of the IUD). Only 38 percent of women know about condoms. One-fourth (28 percent) of women know at least one traditional method, with 24 percent reporting knowledge of periodic abstinence and 15 percent reporting knowledge of the withdrawal method.

Knowledge of at least one modern contraceptive method is very high in Rajasthan.

Contraceptive use

- Only 35 percent of currently married women in Rajasthan have ever used a contraceptive method. Modern methods have been used by 33 percent and traditional methods by 4 percent.

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

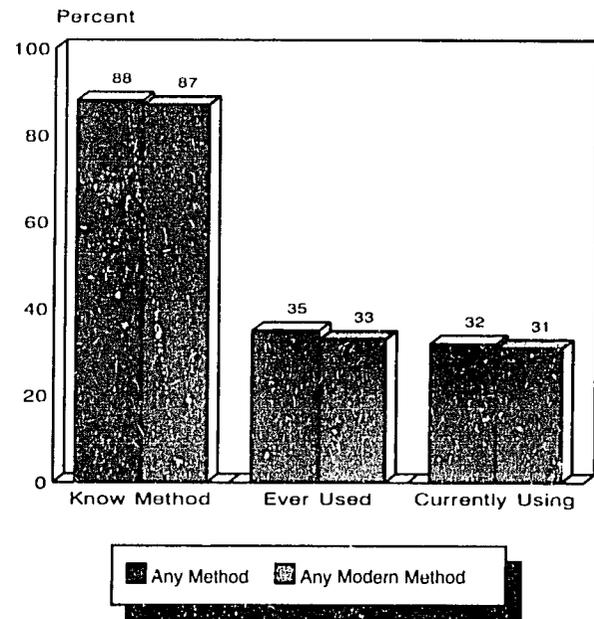
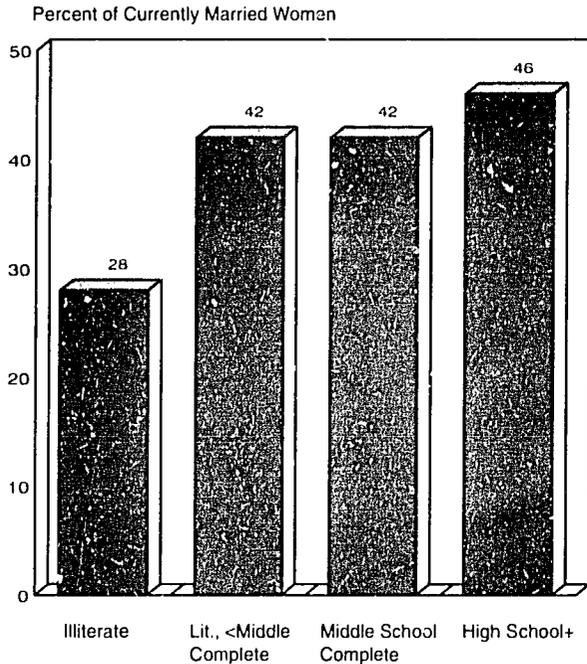


Figure 6
Current Use of Modern Contraceptive Methods
by Education



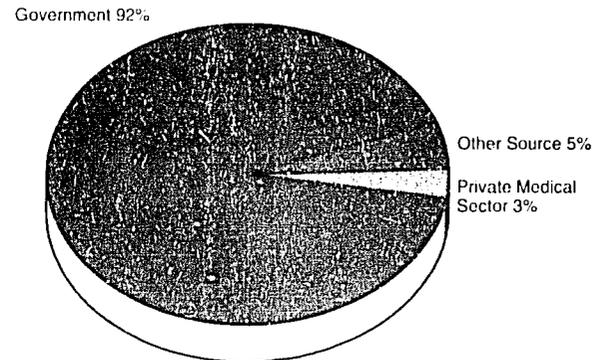
- Current use of contraceptives in Rajasthan is even lower, with only 32 percent of currently married women practising family planning (31 percent using modern methods and another 1 percent using traditional methods).

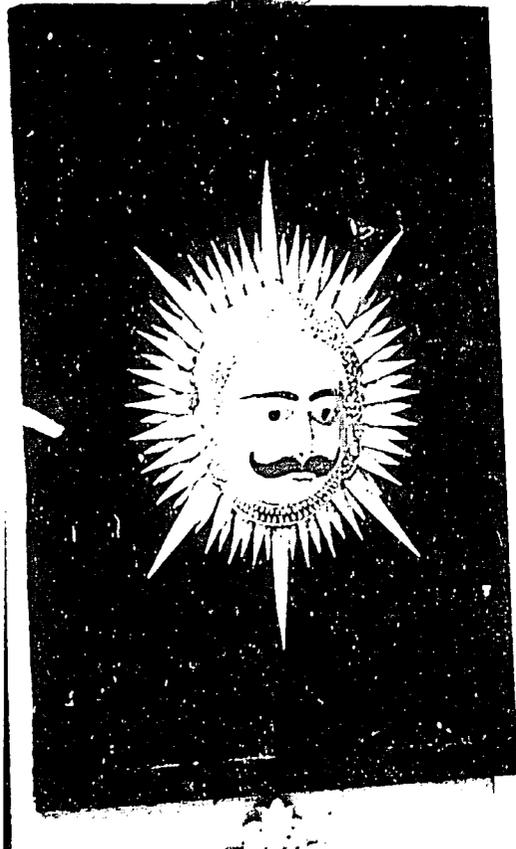
Only one-third of married women currently use family planning.

- Female sterilization is the most popular contraceptive method in Rajasthan, as in almost all Indian states. Female sterilization is used by 25 percent of currently married women, accounting for 80 percent of the contraceptive prevalence. Two percent of currently married women report that their husbands are sterilized. Another 2 percent report the use of condoms, but all the other methods of family planning are used by 1 percent or less of currently married women.
- Current use of contraception is higher in urban areas (47 percent) than in rural areas (28 percent). Current use of all modern methods of family planning, including terminal methods, is higher in urban areas than in rural areas, but the reverse is true for the use of traditional methods.

- There are large differentials in the current use of modern contraceptive methods by literacy and education of women. A strong positive relationship exists between education and the level of current use. Differentials in current use by education are most evident between illiterate women (29 percent) and women who have completed high school (47 percent).
- Religious differentials in the use of contraceptive methods are also quite substantial. The prevalence rate is lowest among Muslims; only 18 percent of Muslim women use any method compared with 32 percent among Hindus, 42 percent among Sikhs and 50 percent among women belonging to other religions. Contraceptive prevalence is lower among scheduled tribes (24 percent) and scheduled castes (29 percent) than among others.
- The public sector (consisting of government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies 92 percent of users of modern methods and the private medical sector (private hospitals or clinics, private doctors and pharmacies/drugstores) supplies only 3 percent. Five percent of users obtain their methods from other sources, such as shops, friends and relatives.
- The public sector is the source of supply for almost all contraceptive users (95 percent), in rural areas and the overwhelming majority (86 percent) of users in urban areas. Non-medical sources provide contraception to one-tenth of users of modern methods in urban areas.

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





Attitudes Toward Family Planning

- Attitudes toward the use of family planning are generally positive, but a substantial minority of women do not approve of family planning. Seventy-six percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning and 23 percent disapprove. Three-fifths of women perceive their husbands to be favourable toward family planning.
- Education of women as well as their husbands is an important determinant of approval of family planning by both husband and wife. Overall, 72 percent of illiterate women approve of family planning compared with 95 percent of women who have completed high school. Joint approval by both husband and wife is the lowest (53 percent) among illiterate women.
- Approval of family planning is substantially higher among Hindu couples than among Muslim couples, which is particularly revealing, since Muslims are much more likely to live in urban areas, where approval of family planning is very high. Approval is also lower among scheduled tribes and scheduled castes than among other groups, however, the differentials are small.

Nearly one-fourth of married women do not approve of family planning.

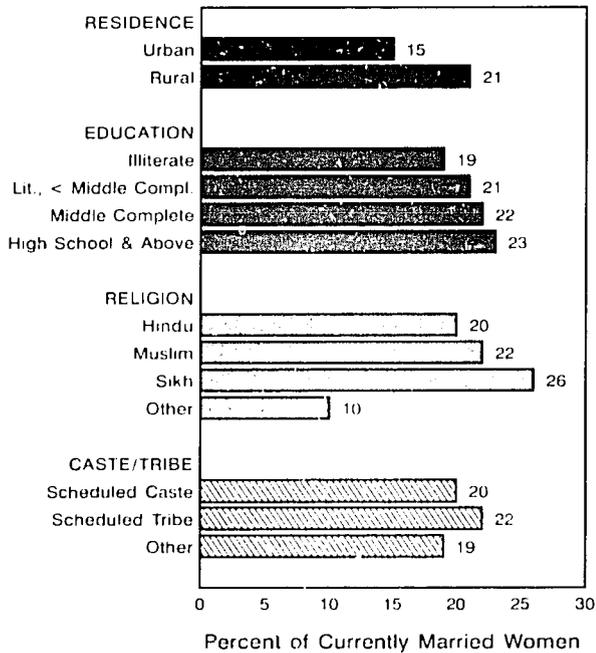
- Ninety-two percent of women who have ever used family planning report that they approve of family planning. Among never users, however, 73 percent of women approve of family planning. Among never users who approve of family planning, only 7 percent say their husbands do not approve of family planning.
- Overall, six out of ten currently married nonusers (59 percent) report that they do not intend to use contraception in the future. Only one in five say they will use in the future and another 21 percent are not sure about their intentions. Intended users of contraception have a strong preference for using female sterilization. Although only 10 percent of current users have adopted modern spacing methods, 16 percent of women who intend to use in the future prefer spacing methods.



Exposure to Family Planning Messages

- The efforts to disseminate family planning information through the use of electronic mass media succeeded in reaching only one-third of ever-married women in Rajasthan in the month preceding the survey. This is not surprising since only 17 percent of households in Rajasthan own televisions and only 33 percent own radios.
- Urban-rural differentials are substantial in media coverage. Family planning messages on radio or television reached 68 percent of women in urban areas compared with 25 percent of women in rural areas.

Figure 8
Unmet Need for Family Planning by Selected Characteristics



- More than half (55 percent) of women said it is acceptable to have family planning messages on radio and television, only 9 percent said it is not acceptable and the rest (36 percent) are not sure. Older women (over age 44), rural residents, illiterate women, Muslim women and women belonging to scheduled castes 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, one-fifth of women in Rajasthan have an unmet need for family planning. These are women who are not using family planning even though they either do not want any more children or want to wait for at least two years before having another child. The unmet need is slightly greater for spacing births (11 percent) than for limiting births (9 percent). Together with the 32 percent of currently married women who are using contraception, a total of 52 percent of currently married women have a demand for family planning.
- If all the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate could increase from 32 percent to 52 percent of married women.

Twenty percent of married women have an unmet need for family planning

MATERNAL AND CHILD HEALTH

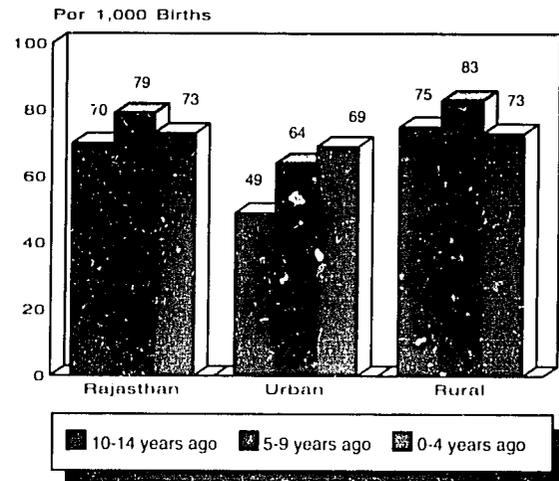
Infant and Child Mortality

- In Rajasthan, the infant mortality rates have decreased slightly in recent years. The infant mortality rate for the total population decreased from 79 per 1,000 live births during 1983-87 (5-9 years prior to the survey) to 73 per 1,000 live births during 1988-92 (0-4 years prior to the survey).
- One in every 14 children born in the five years before the NFHS died within the first year of life and 1 in every 10 children died before reaching age 5. Therefore, the child survival programme needs to be intensified to reduce the level of infant and child mortality.

The infant mortality rate has not improved much in the recent past. One in every 14 children dies before reaching the age of one year.

- The infant mortality rate in rural areas is slightly higher (73 per 1,000 live births) than in urban areas (69 per 1,000 live births). Children in rural areas of Rajasthan experience a 38 percent higher risk of dying before their fifth birthday than urban children.

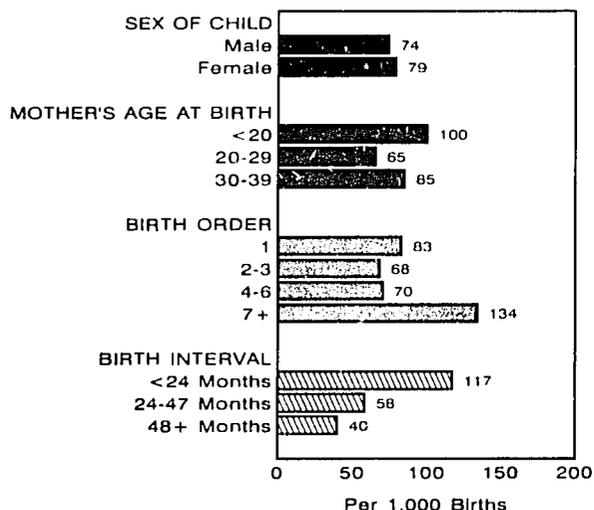
Figure 9
Infant Mortality Rates for Five-Year Periods by Residence



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

- Infant mortality declines considerably with increasing education of women, ranging from a high of 81 per 1,000 births to literate women who have not completed primary school to 36 per 1,000 births to women who have completed high school.
- There is higher female mortality at all stages of childhood except the neonatal stage (which reflects a substantial component of congenital conditions). The ratio of female to male postneonatal mortality is 1.20, similar to the ratio of all deaths under age 5. By far the largest differential, however, is in the female to male ratio of the child mortality rate (the probability of dying between the first and fifth birthday) which is 1.59. The findings confirm the disadvantageous position of the girl child in Rajasthan.
- Infant mortality is highest for children of mothers under age 20 (100 per 1,000 live births) and lowest for women in the prime childbearing years age 20-29 (65 per 1,000 live births). Infant mortality is nearly three times higher for children with a preceding birth interval of less than 24 months as for children with a preceding interval of 48 months or more (117 compared with 40 per 1,000 live births).

Children born after a short birth interval are at a much higher risk of dying than children after a longer birth interval.

Antenatal Care and Assistance at Delivery

- Utilization of both antenatal care and delivery services is poor in Rajasthan. Most pregnant women receive no antenatal care. During the four years preceding the survey, mothers received antenatal care for only 33 percent of births. Similarly, women received two tetanus toxoid injections for only 28 percent of births.
- There are substantial differences in antenatal care by residence and by education. The percentage of births for which mothers received antenatal care is 29 percent in rural areas and 51 percent in urban areas. Antenatal care ranges from 26 percent for children of mothers who are illiterate to 87 percent for children of mothers with at least a high school education.
- Most babies (87 percent) are delivered at home, 10 percent are delivered in public health facilities and 2 percent in private health facilities. Twenty-two percent of deliveries are assisted by a doctor or nurse/midwife, another 41 percent by a traditional birth attendant, and 36 percent by a relative or other person. Thus, a sizable proportion of deliveries are conducted by untrained persons, resulting in higher neonatal mortality rates.

Eighty-seven percent of babies are delivered at home and for two-thirds of the births mother do not receive any antenatal care.

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

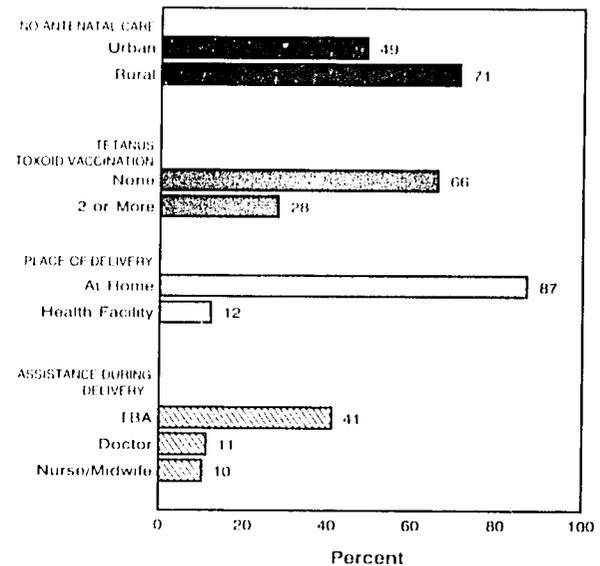
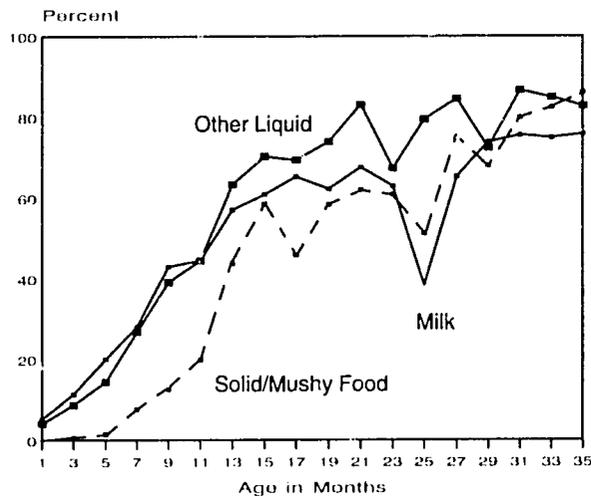


Figure 12
 Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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



Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Rajasthan, with 96 percent of all children having been breastfed. The practice of breastfeeding is high in all groups, ranging from 93 to 97 percent.
- Only 8 percent of children are breastfed within one hour of birth and 30 percent start breastfeeding within one day of birth. A substantial majority of women who breastfeed squeeze the first milk from the breast before they begin breastfeeding their babies, thereby, depriving the infant of an adequate amount of colostrum, which provides normal immunity against diseases and important nutrients to the child.

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

- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is quite common for very young infants, but even at age 0-1 month more than one-fifth of infants are given water or other supplements. On average, 66 percent of infants under four months are given only breastmilk (exclusively breastfed). The percentage of babies being exclusively breastfed drops off rapidly after the first few months of life, to 5 percent or less at age 14-15 months and older. Eighty-five 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. Although

solid or mushy food should be added to a child's diet by age 6-9 months to supplement breast milk, the majority of breastfeeding children do not receive solid or mushy food until they are 14-15 months old.

- The use of bottles with nipples is relatively rare, increasing from 3 percent in the first two months after birth to a high of 14 percent of children age 6-7 months, after which it declines slowly. However, as they approach four years of age, 4 percent of children use a bottle with a nipple.

Vaccination of Children

- Of children age 12-23 months, 46 percent have been vaccinated against tuberculosis (BCG vaccine), and nearly half have received at least one dose of polio and DPT vaccines. However, only about one-third have received all three doses of the polio (33 percent), DPT (30 percent) and the measles vaccines (31 percent).
- Only 21 percent of children are fully vaccinated and 49 percent have received no vaccinations at all. Forty-six percent of children in urban areas are fully vaccinated compared with 16 percent in rural areas. Boys are more likely to have been vaccinated against childhood diseases than girls. Children of lower birth orders and children of more educated women are more likely to be fully vaccinated than others.

Figure 13
Vaccination Coverage Among Children Age 12-23 Months

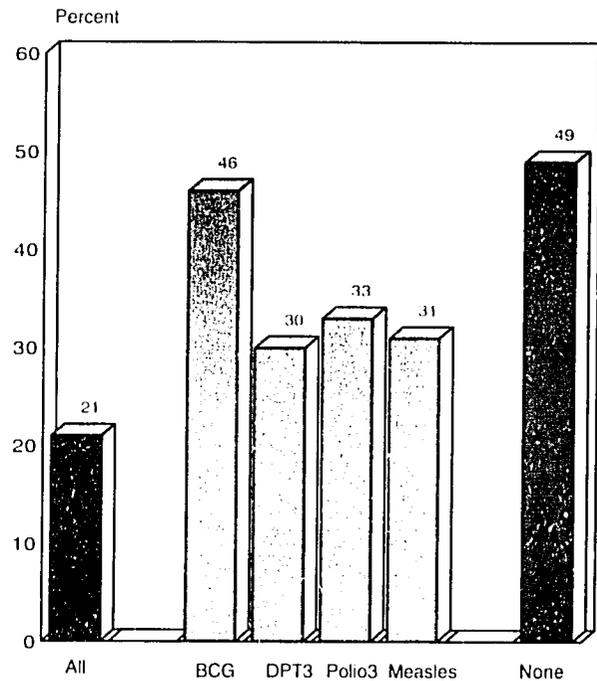
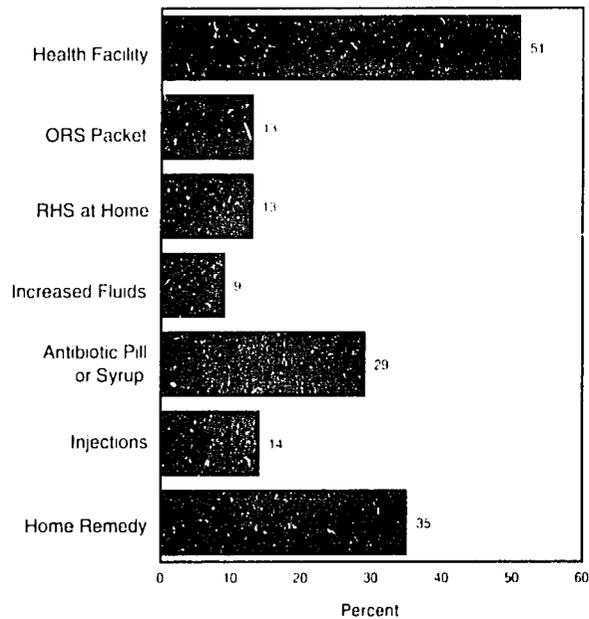


Figure 14
Treatment of Diarrhoea in the Two Weeks
Preceding the Survey (Children Under 4)



Half of the children age 12-23 months have not received any vaccination against six preventable childhood diseases.

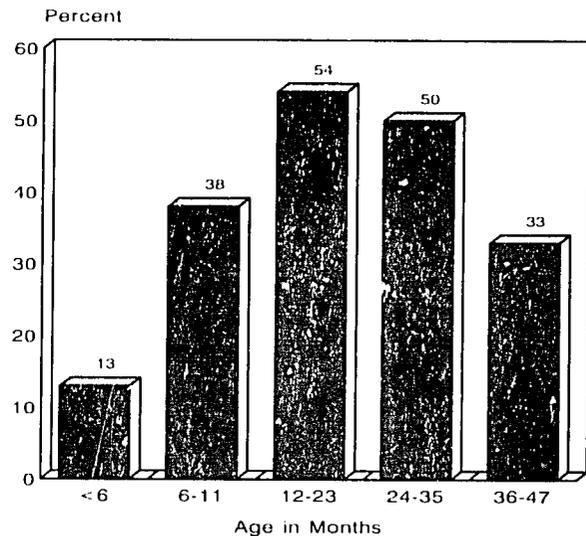
Child Morbidity and Treatment Patterns

- Five percent of children under four years of age suffered from acute respiratory tract infection (cough accompanied by fast breathing) during the two weeks preceding the survey. Fifty-four percent of these children were taken to a health facility or provider. Eleven percent of the children suffered from fever during the same period, and 62 percent of them were taken to a health facility or provider.
- Overall, 6 percent of children are reported to have had diarrhoea during the two weeks before the survey. Of these children who suffered from diarrhoea, 51 percent were taken to a health facility or provider; 13 percent were treated with ORS; 13 percent were treated with a home solution (sugar, salt and water) and 9 percent were given increased fluids. Seventy-three percent did not receive any type of oral rehydration treatment. Knowledge of ORS is limited in Rajasthan; 80 percent of mothers are not familiar with ORS packets and 92 percent have never used them.

Nutritional Status of Children

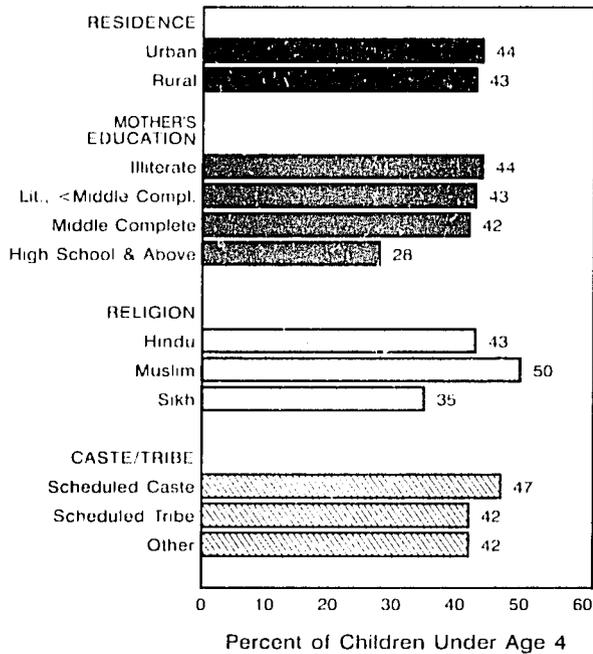
- Both chronic and acute undernutrition are quite high in Rajasthan. More than two-fifths of children under four years of age are underweight (42 percent) and stunted (43 percent). The percentage of children who are severely undernourished is also notable - 19 percent in the case of weight-for-age and 27 percent in the case of height-for-age. The most serious nutritional problem measured (wasting) is also quite evident in Rajasthan, affecting one in every five children.
- Interestingly, there is no evidence of female children being nutritionally disadvantaged. In fact, according to most of the indicators, boys are slightly more likely to be undernourished than girls.
- The percentage of children who are undernourished varies little by place of residence, except for wasting which is 11 percentage points higher in urban than in rural areas. Wasting is more prevalent among Hindu children than Muslim children, but Hindu children are less likely to be underweight and stunted than Muslim children. The rates of undernutrition are slightly higher among children from scheduled castes and scheduled tribes but the differentials are small.

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



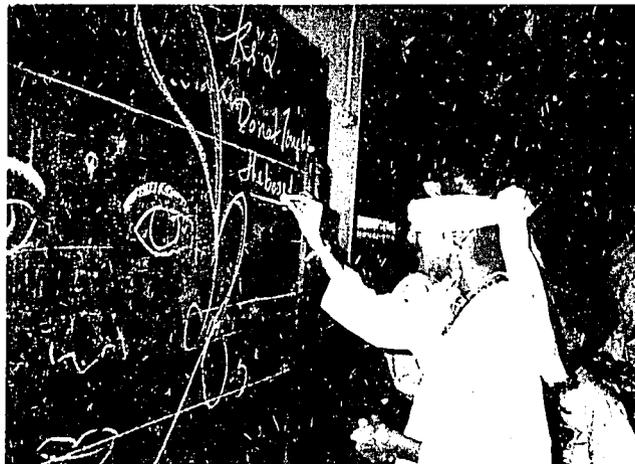
Note: Percentage of children more than 2 standard deviations below the median of the International Reference Population

Figure 16
Chronic Undernutrition (Stunting) by Selected Characteristics



More than two-fifths of children are underweight and stunted.

- Mother's education is negatively related to children's nutritional status. Among children of illiterate mothers, 44 percent are stunted and 44 percent are underweight, compared with 32 percent underweight and 28 percent stunted among children whose mothers have at least a high school education.



CONCLUSIONS

Fertility and Family Planning

- Although the total fertility rate in Rajasthan has declined in recent years, it still remains high at 3.6 children per woman. Currently, only one-third of currently married women use contraceptive methods. If all the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate could increase from 32 percent to 52 percent of married women. Most women who intend to use contraception in the future prefer to use female sterilization (80 percent). However, 16 percent of intended users prefer spacing methods compared with 10 percent of current users. This indicates that the potential demand for terminal methods will remain quite strong and the demand for spacing methods may increase in the future.
- Although the unmet need for family planning is substantial, 59 percent of the noncontracepting women do not intend to use contraception at any time in the future. The lack of intentions to use family planning in the future suggests that it will be difficult for the family planning programme to be successful without a strong Information, Education and Communication (IEC) component to motivate couples to use contraception. The accessibility and quality of services also need to be improved to overcome low motivation and to encourage continued use among contraceptive acceptors.

Maternal and Child Health

- Various indicators of maternal and child health show that in almost every respect the maternal

and child health programme in Rajasthan is not performing well. Infant mortality increased during the 5-9 years prior to the survey compared with 10-14 years prior to the NFHS, but declined again during the most recent 5 year period. One in ten children dies before reaching age five. Most babies (87 percent) are delivered at home and only one-fifth (22 percent) of the deliveries are assisted by a doctor or a nurse/midwife. Only 21 percent of children age 12-23 months have been fully vaccinated and 49 percent have not received any vaccination at all. Forty-three percent of children under 4 years of age are stunted, 42 percent are underweight, and 20 percent are wasted.

- The morbidity condition and nutritional status of children are not satisfactory. A substantial proportion of children suffering from fever, diarrhoea and ARI are not taken to a health facility or provider. The knowledge and use of oral rehydration salts (ORS) are very low. Greater publicity is needed to enhance people's awareness about ORS.
- Another practice which is crucial to the health of infants is breastfeeding. International recommendations say that infants should be given only breast milk up to 4-6 months of age. However, a large proportion of children under age four months are given supplements. Moreover, the timing of initiation of breastfeeding for an overwhelming majority of children is later than recommended. This is likely to deprive children of colostrum, which provides natural immunity against diseases and important nutrients to the child. Although solid or mushy foods should be added to a child's diet by age 6-9 months, a majority of breastfeeding children do not receive such food until they are 12-13 months old.

- The improvement of services is crucial to the success of the Child Survival and Safe Motherhood (CSSM) programme. The importance of a strong IEC package in the CSSM programme cannot be overemphasized. Such a package is necessary to inform couples about the importance of antenatal care and safe delivery conducted under hygienic conditions, the advantages of giving colostrum to babies, the correct timing for introducing supplementary food to a child's diet, the importance of immunization against preventable diseases, the use of oral rehydration therapy for children suffering from diarrhoea, the advantages of a small family and disadvantages of early childbearing and inadequate child spacing.
- The lack of exposure of most women to the electronic mass media and their inability to read, however, 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. The use of puppet shows and dance drama, which are already popular in the regional culture, may be a very effective means of communication in Rajasthan.

Status of Women

- Although there has been some progress in educational attainment in recent years, 82 percent of women in their childbearing years in Rajasthan are still illiterate. The education of women can play an important role in changing their attitudes and behaviour. Educational attainment is strongly associated with every important variable considered in the NFHS, including the age at marriage, fertility behaviour, current use of family planning, demand for family planning, utilization of antenatal care services, delivery in a health facility by doctors and nurses/midwives, vaccination of children against six serious but preventable diseases, infant and child mortality, and the nutritional status of children. Moreover, the status of women in Rajasthan is quite low and there is evidence of discrimination against females in several respects, such as lower female literacy, a lower school attendance rate for girls age 6-14 years, a sex ratio unfavourable to women, low age at marriage, higher female infant and child mortality rates, and lower child vaccination rates. Thus, programmes to elevate the status of women, particularly in education, are imperative in Rajasthan. The spread of education is a slow process and does not obviate the pressing need for a well managed, rigorous family welfare programme.

Achievement of Programme Objectives

- Major national objectives of the CSSM programme adopted in the Eighth Five Year Plan (1992-97) are to achieve an infant mortality rate of 50 per 1,000 live births (the infant mortality rate in Rajasthan during 1988-92 was 73); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in Rajasthan during 1988-92 was 103); a crude death rate of 9 per 1,000 population (the crude death rate in Rajasthan was 8 during 1991-92); and a crude birth rate of 26 per 1,000 population (the crude birth rate in Rajasthan was 27 during 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Rajasthan received antenatal care for only 33 percent of their pregnancies in 1988-1992); 100 percent of deliveries by trained attendants

(only 22 percent of deliveries were attended by a doctor or a nurse/midwife in 1988-1992); and a couple protection rate of 75 percent among couples in the reproductive ages (in Rajasthan only 32 percent of women practiced family planning during 1992-93).

- The above comparisons reveal the enormity of the task ahead for Rajasthan. With its 44 million population in 1991, Rajasthan accounts for 5 percent of the total population of India. If the national population growth goal of a Net Reproductive Rate equal to one is to be achieved by 2011-2016, it is imperative to increase efforts to improve the demographic and health situation in Rajasthan.



FACT SHEET - RAJASTHAN

1991 Population Data Office of the Registrar General and Census Commissioner

Total population (in millions)	44
Percent urban	22.9
Percent scheduled caste	17.3
Percent scheduled tribe	12.4
Decadal population growth rate (1981-91)	28.4
Crude birth rate (per 1,000 population)	35.0
Crude death rate (per 1,000 population)	10.1
Life expectancy at birth (years) ¹ :	
Male	57.8
Female	58.7

National Family Health Survey, 1992-93 Sample Population

Ever-married women age 13-49	5,211
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Background Characteristics of Women Interviewed

Percent urban	19.6
Percent illiterate	82.2
Percent attended secondary school or higher	5.4
Percent Hindu	92.4
Percent Muslim	5.6
Percent working	31.4

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	81.3
Percent of women age 15-49 ever married	83.7
Singulate mean age at marriage for females (in years)	18.4
Singulate mean age at marriage for males (in years)	22.7
Percent of women married to first cousins ²	1.0
Median age at marriage among women age 25-49	15.0
Median months of breastfeeding ³	24.2
Median months of postpartum amenorrhoea ⁴	8.0
Median months of postpartum abstinence ⁴	2.0

Fertility

Total fertility rate ⁵	3.6
Mean number of children ever born to women age 40-49	5.0

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	51.9
Want to delay their next birth at least 2 years	20.3
Mean ideal number of children ⁶	3.0
Percent of births in the last 4 years which were:	
Unwanted	7.6
Mistimed	6.0

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	87.5
Knowing a modern method	87.2

Knowing a source for a modern method	76.3
Ever used any method	34.9
Currently using any method	31.9
Percent of currently married women currently using:	
Pill	0.5
IUD	1.2
Injection	0.1
Condom	1.5
Female sterilization	25.3
Male sterilization	2.4
Periodic abstinence	0.4
Withdrawal	0.4
Other method	0.1

Mortality and Health

Infant mortality rate ⁷	72.6
Under-five mortality rate ⁷	102.6
Percent of births ⁷ whose mothers:	
Received antenatal care from a doctor or other health professional	23.0
Received 2 or more tetanus toxoid injections	28.3
Percent of births ⁷ whose mothers were assisted at delivery by:	
Doctor	11.4
Nurse/midwife	10.4
Traditional birth attendant	40.5
Percent of children 0-1 month who are breastfeeding	97.9
Percent of children 12-13 months who are breastfeeding	88.2
Percent of children 12-23 months who received ⁸ :	
BCG	45.7
DPT (three doses)	29.7
Polio (three doses)	32.8
Measles	51.2
All vaccinations	21.1
Percent of children under 4 years ⁹ who:	
Had diarrhoea in the 2 weeks preceding the survey	5.7
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	4.9
Had a fever in the 2 weeks preceding the survey	10.7
Are chronically undernourished (stunted) ¹¹	43.1
Are acutely undernourished (wasted) ¹¹	19.5

¹ 1986-91

² Based on ever-married women

³ Current status estimate based on births during the 48 months preceding the survey

⁴ Current status estimate based on births during the 36 months preceding the survey

⁵ Based on births to women age 15-49 during the 3 years preceding the survey

⁶ Based on ever-married women age 15-49, excluding women giving non-numeric responses

⁷ For the 5 years preceding the survey (1988-92)

⁸ For births in the period 1-47 months preceding the survey

⁹ Based on information from vaccination cards and mothers' reports

¹⁰ Children born 1-47 months preceding the survey

¹¹ 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