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Kerala Summary Report

National Family Health Survey 1992-93

Population Research Centre
University of Kerala
Thiruvananthapuram

International Institute for Population Sciences
Bombay

National Family Health Survey

(MCH and Family Planning)

Kerala

1992-93

Summary Report

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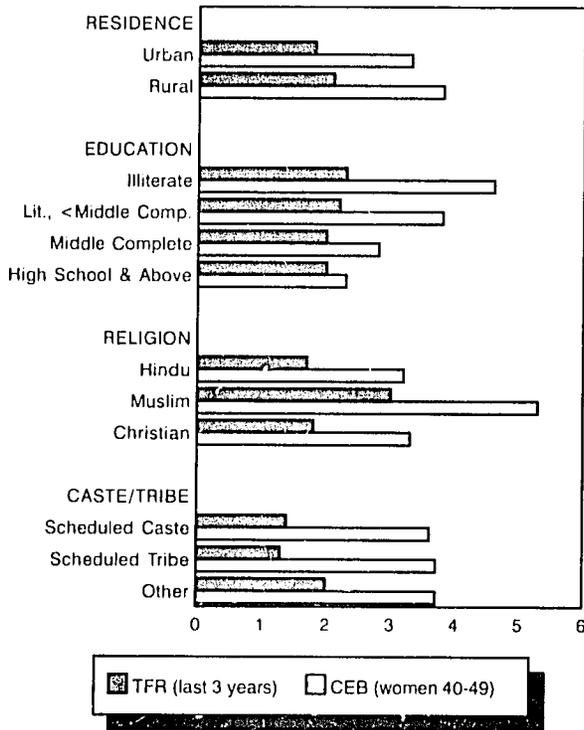


BACKGROUND

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 to provide a source of demographic and health data for interstate 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 Kerala, interviewers collected information from 4,332 ever-married women age 13-49 in urban and rural areas. The fieldwork in Kerala was conducted between October 1992 and February 1993. The survey was carried out as a collaborative project of the Ministry of Health and Family Welfare, Government of India, New Delhi; the Population Research Centre, University of Kerala, Thiruvananthapuram; the International Institute for Population Sciences, Bombay; the Centre For Development Research and Training, Madras; the United States Agency for International Development (USAID), New Delhi; and the East-West Center/Macro International, U.S.A. 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 in Kerala has declined considerably during the last two decades and is the lowest among the major states of India. Women in their forties have had an average of 3.6 children, and women who are currently in their childbearing years can be expected to have two 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 was 2.0 children per woman, 41 percent lower than the national average. As expected, the urban TFR (1.8 children per woman) was slightly lower than the rural TFR (2.1 children per woman). Under the present schedule of fertility, a woman in the rural areas would have, on average, 0.3 more children in her childbearing years (17 percent more children) than a woman in the urban areas.

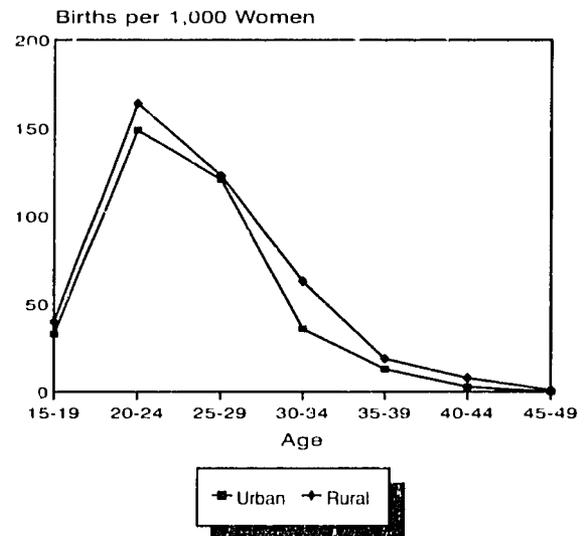
At current fertility rates, women in Kerala will have an average of 2 children (41 percent lower than the national average).



- 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 12 percent higher than the SRS estimate. The crude birth rates from the two sources are 19.6 and 18.3 per 1,000 for the NFHS and the 1991 SRS, respectively.

- Several population subgroups have taken the lead in reducing their fertility. Differentials with respect to education are the smallest and have narrowed the most. For women age 40-49, the mean number of children ever born to illiterate women is almost twice as high as the number born to those who completed high school. The total fertility rate for the three years preceding the survey is, however, only 18 percent higher for illiterate women (2.31 children) than for women who completed high school (1.95 children).
- Current Muslim fertility is higher than that of Hindus or Christians by more than one child. Interestingly, scheduled tribes and scheduled castes have the lowest fertility of any group examined in Kerala.
- Early childbearing is relatively rare in Kerala. Only 5 percent of women in the 15-19 age group have ever had a child. Bearing children late in life is also not common. Eighty percent of women currently age 45-49 had their last child before age 35 and 5 percent had a child after age 40. Therefore, childbearing is largely concentrated between ages 20 and 34.
- The overall median interval between births is 35 months, or about 2.9 years. One in every 10 births occurred within 18 months of the previous birth and slightly less than one-quarter of all births occurred within 24 months.

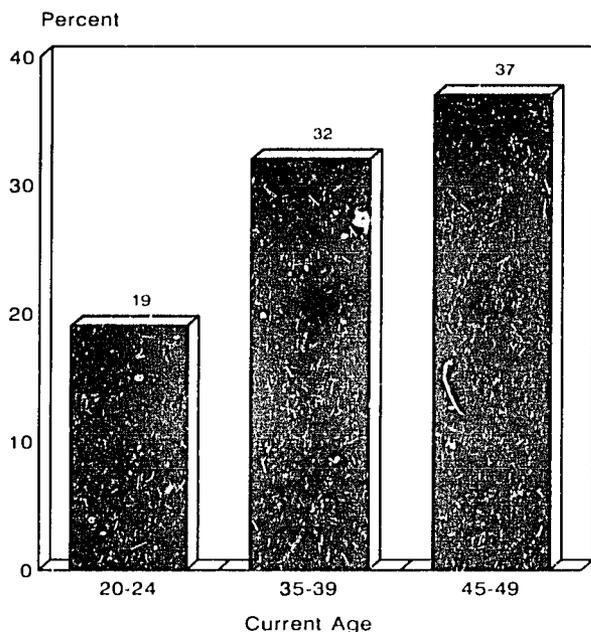
Figure 2
Age-Specific Fertility Rates by Residence



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



Figure 3
Percentage of Women Married by Age 18, by Current Age



Marriage

- Among women age 15-49, 30 percent have never married. At age 15-19, only 14 percent of women in Kerala are married. The proportion ever married at age 15-19 is much lower in urban areas (8 percent) than in rural areas (16 percent).
- Early marriage is very rare in Kerala. The proportion of women marrying below age 13 declined from 2 percent in the 45-49 age cohort to almost zero in the 15-19 age cohort. Similarly, the proportion marrying below 15 declined from 11 percent in the 45-49 age cohort to 1 percent in the 15-19 age cohort. Marriage of women below age 18 has become an exception rather than a rule in the state. The median age at marriage has been rising in both urban and rural areas, but the rate of increase has been slightly faster in urban areas. Urban women now marry nearly one year later than rural women.
- Differences by religion are notable, with Muslims marrying about 4 to 5 years earlier than Hindus and Christians. The median age at marriage for scheduled tribes is half a year lower than that of scheduled castes and one year lower than that of other 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 Kerala, it is clear that in the majority of marriages, these legal regulations are followed. Only 19 percent of women age 20-24 were married below the legal age at marriage. A large majority of women are aware of what the legal minimum age at marriage is. Sixty-five percent of ever-married women could correctly identify age 18 as the legal minimum age at marriage for

women but only 28 percent could correctly identify age 21 as the legal minimum age at marriage for men.

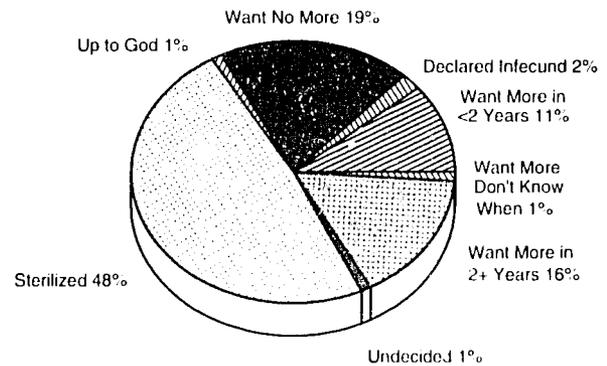
Fertility Preferences

- Nearly one-fifth of currently married women say they do not want any more children and almost half are sterilized so that they cannot have any more children. These two groups together constitute 68 percent of all currently married women in Kerala. Overall, 84 percent of women want to either space their next birth or stop having children altogether.

Eighty-four percent of married women want to either postpone their next birth at least two years or cease childbearing altogether.

- The desire for more children declines rapidly as the number of children increases. Eighty-six percent of women with no children say they want a child and less than 2 percent say they do not want any children. The proportion who want another child is 80 percent for women who have one living child, 13 percent for women who have two living children and 8 percent for those with three living children. Thus, the desire for two children is almost universal.

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





- Interestingly, the desire for spacing children is very strong for women who have fewer than two children. Ten percent of women with no children say that they would like to wait at least two years before having their first child. Similarly, 58 percent of women with one child and 8 percent of women with two children would like to wait at least two years before having their next child. Since 61 percent of all women have fewer than three living children, the strong expressed desire for spacing children among these women cannot be ignored.

The desire for spacing children is very strong even for women who have only one child.

- Son preference is not strong in Kerala. Thirty-four percent say they want a son for their next child, 21 percent say a daughter, 40 percent say that the sex of the child does not matter, and 5 percent say that it is up to God. The desire for a son is relatively stronger in urban areas and among higher parity women. Although some preference for sons exists both in urban and rural areas, women of Kerala consider a family of one son and one daughter to be ideal.

FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is universal in Kerala. Nearly all currently married women know of at least one contraceptive method, and 99 percent know where they could go to obtain a modern method. Knowledge of male and female sterilization is the most widespread. Similarly, knowledge of the three officially sponsored spacing methods is also quite high: 91 percent of currently married women know of condoms, 90 percent know of the IUD and 87 percent know of the pill. Injection is the least known method (13 percent). Seventy-three percent of women know at least one traditional method with 66 percent reporting knowledge of periodic abstinence and 51 percent reporting knowledge of the withdrawal method.

Knowledge of at least one modern contraceptive method is universal.

Contraceptive Use

- Seventy-five percent of currently married women in Kerala have ever used a contraceptive method. Modern methods have been used by 64 percent and traditional methods by 31 percent.
- Current use of contraception in Kerala is high, with 63 percent of currently married women practising family planning (54 percent using modern methods and another 9 percent using traditional methods).

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

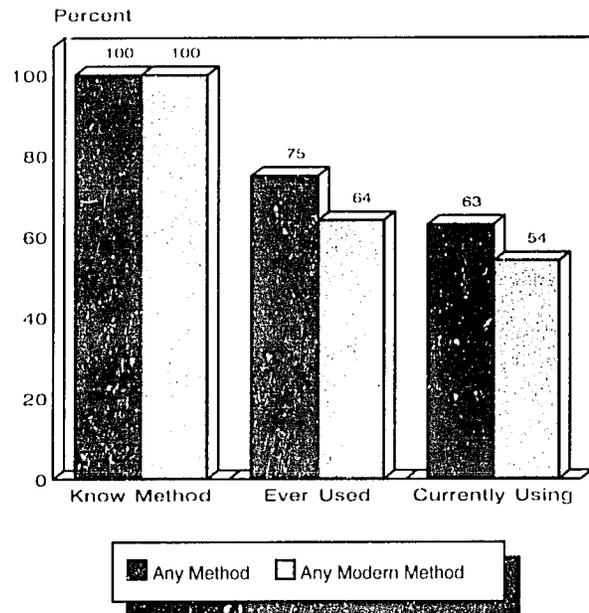
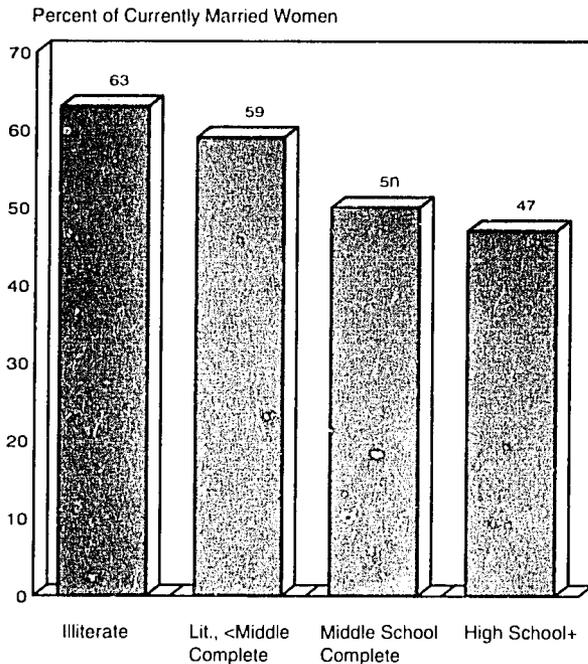


Figure 6
Current Use of Modern Contraceptive Methods
by Education



- Female sterilization is the most popular contraceptive method in Kerala, as in most Indian states. Female sterilization is used by 42 percent of currently married women, accounting for 66 percent of the contraceptive prevalence. Another 7 percent of currently married women report that their husbands are sterilized. Three percent use condoms and another 3 percent use IUDs. Among the traditional methods, periodic abstinence is more common than withdrawal.

Sixty-three percent of married women currently use family planning.

- Current use of contraception is slightly higher in urban areas (68 percent) than in rural areas (61 percent). Except for the IUD, current use of every single method of family planning, including terminal methods, is higher in urban areas than in rural areas. Injection is not used in Kerala.
- In most states in India the current use of modern contraceptive methods is positively related with the level of education of the woman. This relationship is reversed in Kerala, where a larger proportion of illiterate women use contraception, primarily female and male sterilization. The current use of modern spacing methods and traditional methods, however, increases with the level of education of women.
- Religious differentials in the prevalence of contraception are quite substantial. The prevalence rate for Hindus and Christians (72-73 percent) is nearly twice as high as the rate for Muslims (38 percent).

- The public sector (consisting of government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies three-fourths of users of modern methods, and the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supplies 20 percent. Both in urban and rural areas, the public sector is the main source of supply for the majority of contraceptives users (72 percent and 76 percent, respectively).

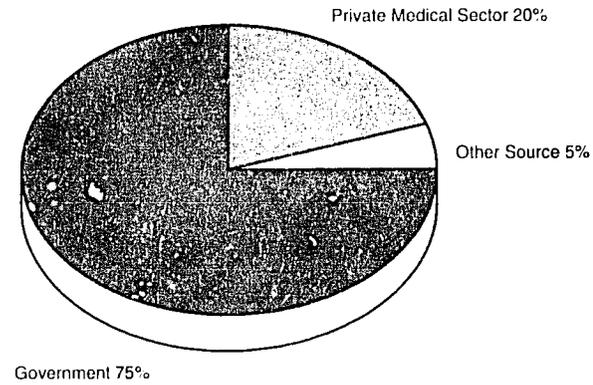
Attitudes Toward Family Planning

- Attitudes toward the use of family planning are very positive. Eighty-one percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning use and 18 percent disapprove. Sixty-three percent of women report that they and their husbands approve of family planning.

Eighteen percent of married women do not approve of 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, only 65 percent of illiterate women approve of family planning compared with 92 percent of women who have completed high school. Joint approval by both husband and wife is the lowest (42 percent) among illiterate women.

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





- Approval of family planning is much higher among Hindu and Christian couples than among Muslims, but there is no difference between scheduled castes, scheduled tribes and other groups.
- Ninety percent of women who have ever used family planning report that they approve of family planning. Among never-users, however, 27 percent of women do not approve of family planning. Among never-users who approve of family planning, only 19 percent say their husbands do not approve of family planning.
- Overall, 44 percent of currently married nonusers report that they do not intend to use contraception in the future. Only four in ten (41 percent) say that they will use in the future and another 15 percent are not sure about their intentions. A small proportion of intended users of contraception have a preference for using modern spacing methods, especially the IUD. Although only 6 percent of current users have adopted spacing methods, 15 percent of women who intend to use in the future prefer spacing methods. Three-fourths of the women prefer terminal methods, mainly female sterilization.

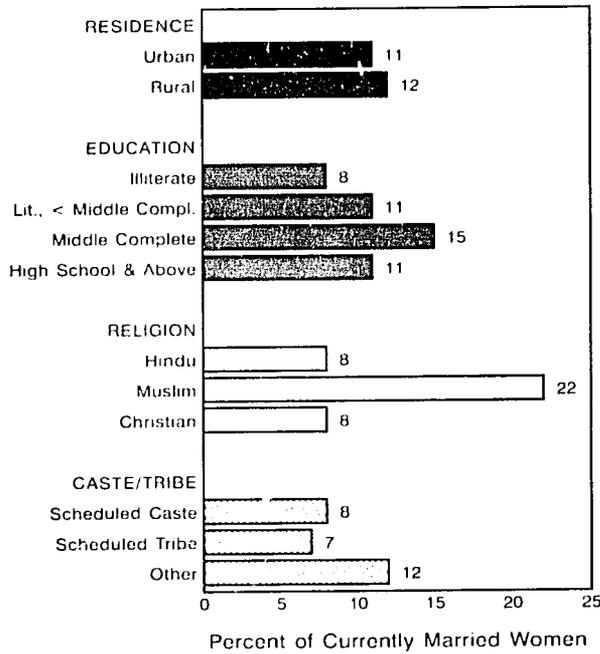
Exposure to Family Planning Messages

- The efforts to disseminate family planning information through electronic mass media succeeded in reaching over half (56 percent) of ever-married women in Kerala in the month preceding the survey. This is not surprising given that 19 percent of households in Kerala own televisions and 60 percent own radios.

- A smaller percentage of young women age 13-19 (42 percent) are exposed to family planning messages on radio and television than women age 20 and over (55-57 percent). Urban women (65 percent) are more likely to be exposed to family planning messages through the broadcast media than rural women (53 percent).
- Women's exposure to family planning messages on radio and television is positively related to educational attainment. The percentage of women who have heard a family planning message in the last month increases steadily with each level of education from 33 percent of illiterate women to 77 percent of women who have completed high school.
- Muslims, scheduled caste women, and scheduled tribe women are less likely to have been exposed to family planning messages on radio and television than Hindus, Christians and nonscheduled caste/tribe women.
- Eighty-seven percent of the women say it is acceptable to have family planning messages on radio and television, only 7 percent say it is not acceptable and 6 percent are not sure. These percentages vary little by background characteristics of women, except for illiterate women, Muslim women and scheduled tribe women who are less likely than others to approve of such messages.



Figure 8
Unmet Need for Family Planning by Selected Characteristics



Need for Family Planning Services

- Overall, 12 percent of women in Kerala 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 at least two years before having another child. The unmet need is slightly greater for spacing births (7 percent) than for limiting births (5 percent). Together with the 63 percent of currently married women who are using contraception, a total of 75 percent of currently married women have a demand for family planning.

Twelve percent of married women have an unmet need 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 could increase from 63 percent to 75 percent of married women.



MATERNAL AND CHILD HEALTH

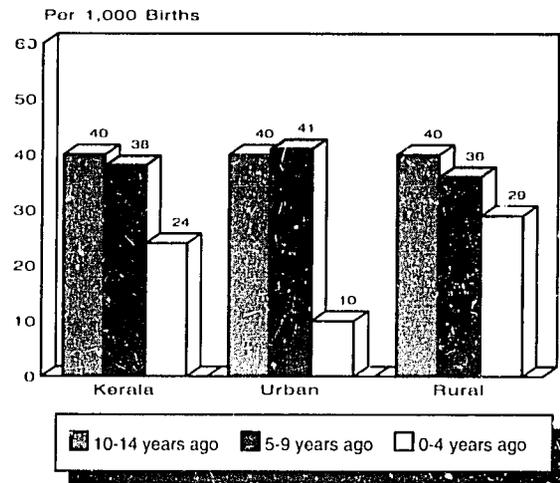
Infant and Child Mortality

- Infant mortality rates have declined considerably in Kerala in recent years, particularly in urban areas. The infant mortality rate for the total population declined from 40 per 1,000 live births during 1978-82 (10-14 years prior to the survey) to 24 per 1,000 live births during 1988-92 (0-4 years prior to the survey), an annual rate of decline of nearly 1.6 infant deaths per 1,000 live births. In urban areas the infant mortality rate declined from 40 to 10 per 1,000 live births during the same period.

Two in 100 children die before reaching the age of one year.

- The child mortality rate declined from 19 per 1,000 during 1978-82 to 8 per 1,000 during 1988-92 and the under-five mortality rate declined from 58 to 32 per 1,000 during the same period. Three in every 100 children died before reaching age five. Therefore, child survival programmes still need to be intensified to produce further improvements in the level of infant and child mortality.

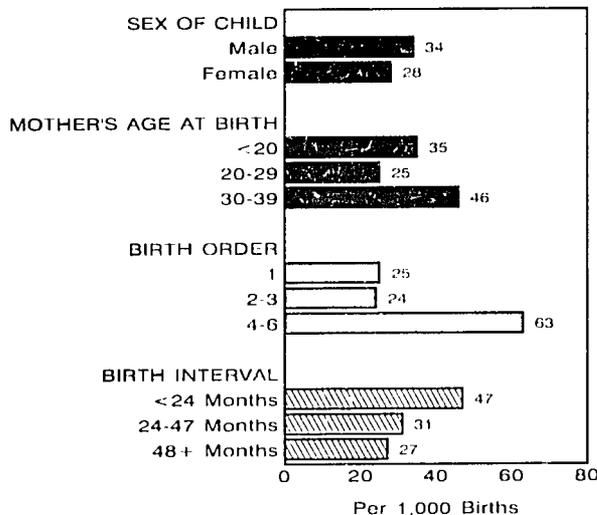
Figure 9
Infant Mortality Rates for Five-Year Periods
by Residence



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



Figure 10
 Infant Mortality Rates by Selected Demographic Characteristics



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



- The infant mortality rate was higher in rural areas, 33 per 1,000 live births, than in urban areas, 26 per 1,000 live births, in the 10-year period preceding the survey. Infant mortality declines very sharply with increasing education of women, as expected, ranging from a high of 60 per 1,000 live births to illiterate women to a low of 15 per 1,000 live births to women with at least a high school education.
- According to all of the mortality measures, male children have higher mortality rates than female children. These findings confirm the higher status of the girl child in Kerala than in many other Indian states.
- Mortality rates in Kerala exhibit a U-shaped pattern with respect to age of mother at birth, with children of both younger and older mothers at more risk of dying than others. The infant mortality rate was higher for children of mothers under age 20 (35 per 1,000) and age 40 and over (46 per 1,000) for the 10-year period before the survey than for other children. The infant mortality rate was also higher for children with a preceding birth interval of less than 24 months (47 per 1,000) than for children with a preceding interval of 48 months or more (27 per 1,000).

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

Antenatal Care and Assistance at Delivery

- Utilization of both antenatal care and delivery services is very high in Kerala. During the four years preceding the survey, mothers received antenatal care for 97 percent of births. There are marginal differences in antenatal care by residence. Antenatal care ranges from 89 percent for mothers who are illiterate to 100 percent for mothers with at least a high school education. Similarly, women received at least two tetanus toxoid injections for 90 percent of births.

Eighty-eight percent of babies are delivered in health facilities and 97 percent of women receive antenatal care.

- Most deliveries (88 percent) occur in medical institutions (39 percent in public health facilities and 49 percent in private facilities). Ninety percent of deliveries are assisted by a doctor or nurse/midwife, and another 8 percent by a traditional birth attendant. Seventy-two percent of home deliveries are attended by a traditional birth attendant.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Kerala, with 98 percent of all children having been breastfed. The practice of breastfeeding is high in all groups, ranging from 94 to 100 percent.
- Only 14 percent of children are breastfed within one hour of birth, but 78 percent start breastfeeding within one day of birth. Nearly half of women who breastfeed squeeze the first milk from the breast before they begin

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

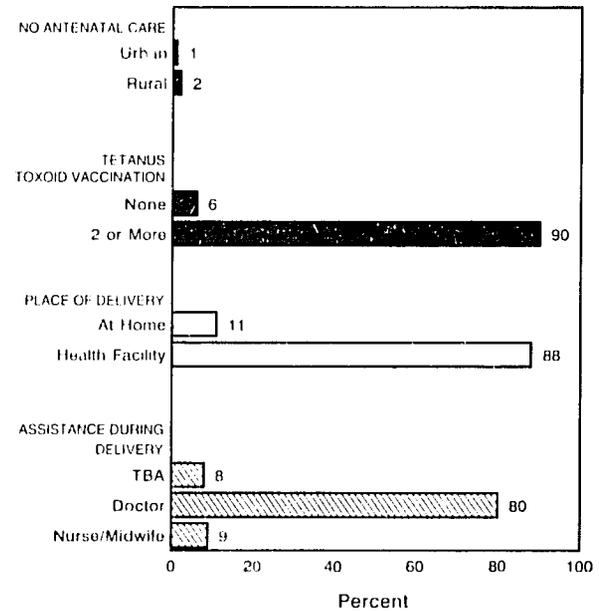
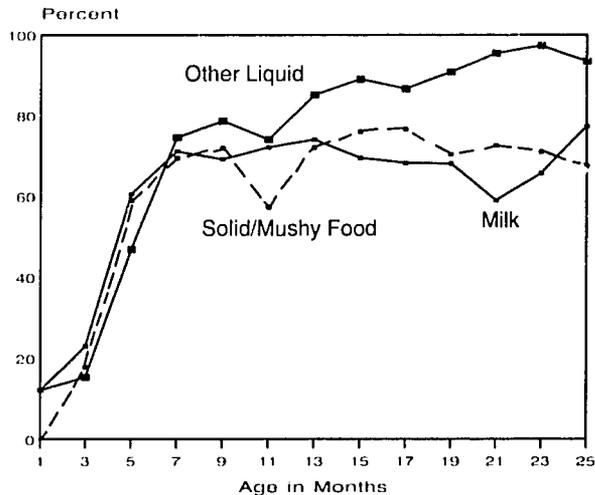


Figure 12
 Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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



breastfeeding their babies, thereby depriving the infant from receiving an adequate amount of colostrum, which provides natural immunity against diseases and important nutrients to the child.

A substantial proportion 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 children, but even at age 0-1 months, about one-fourth of babies are given water or other supplements. On average, 59 percent of infants under four months are given only breast milk (exclusively breastfed). The percentage of babies being exclusively breastfed drops off rapidly after the first few months of life, to less than 4 percent at age 6-7 months and older ages. 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.
- The use of bottles with nipples is relatively rare, increasing from 10 percent in the first two months after birth to a high of 33 percent for children age 4-5 months, after which it declines slowly to less than 2 percent for children approaching four years of age.

Vaccination of Children

- Of children age 12-23 months, 86 percent have been vaccinated against tuberculosis

(BCG vaccine), three-fourths have received all the three doses of polio and DPT vaccines and 61 percent have been vaccinated against measles. Fifty-four percent of children age 12-23 months are fully vaccinated, and 11 percent have received no vaccinations at all. The percentage fully vaccinated is almost the same in urban and rural areas, but only 5 percent of urban children have received no vaccinations compared with 13 percent of rural children. The proportion who received all vaccinations increases with education of the mother, ranging from 35 percent for children of illiterate mothers to 74 percent for children of mothers with at least a high school education. The proportion of children fully vaccinated is lower among Muslims than among Hindus and Christians.

Eleven percent of young children have not received any vaccinations against six preventable childhood diseases.

Child Morbidity and Treatment Patterns

- Ten 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. Eighty-one percent of these children were taken to a health facility or provider. Thirty-five percent of the children suffered from fever during the same period, and 74 percent of them were taken to a health facility or provider.
- Overall, 9 percent of children are reported to have had diarrhoea during the two weeks before the survey. Of these children who

Figure 13
Vaccination Coverage Among Children Age 12-23 Months

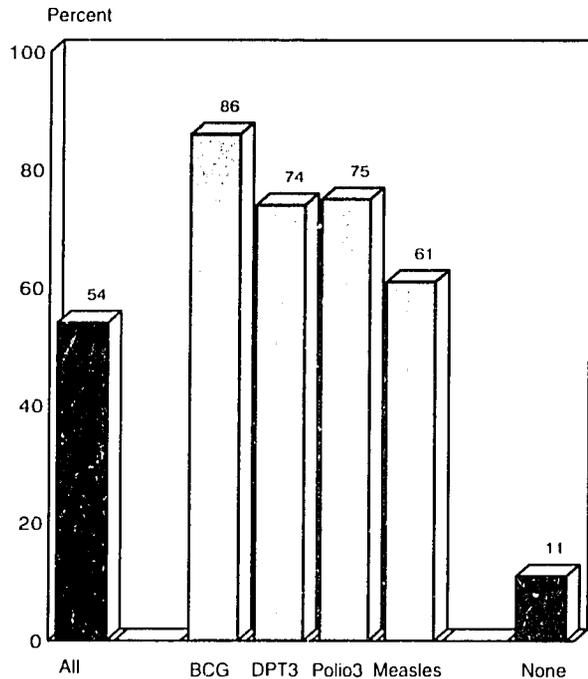


Figure 14
Treatment of Diarrhoea in the Two Weeks Preceding the Survey (Children Under 4)

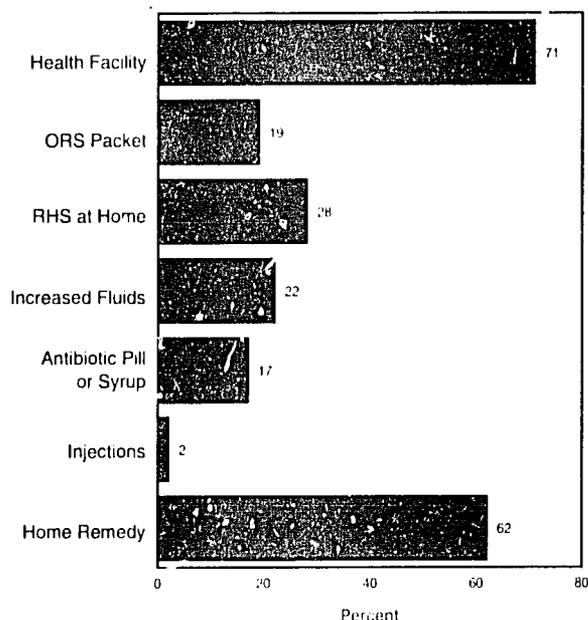
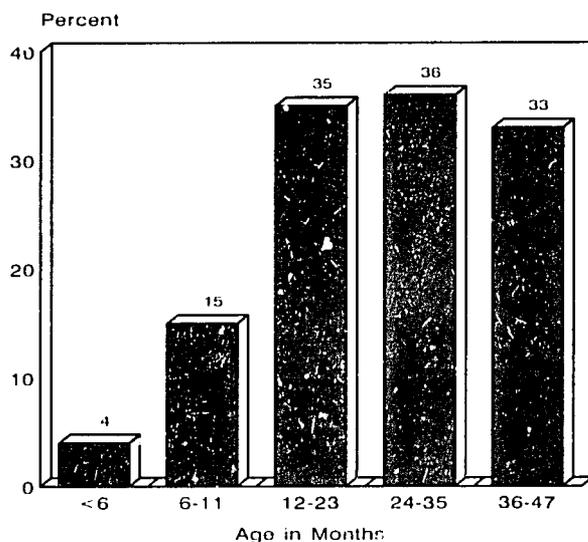


Figure 15
Percentage of Children Under Age Four Who Are Underweight, by Age



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

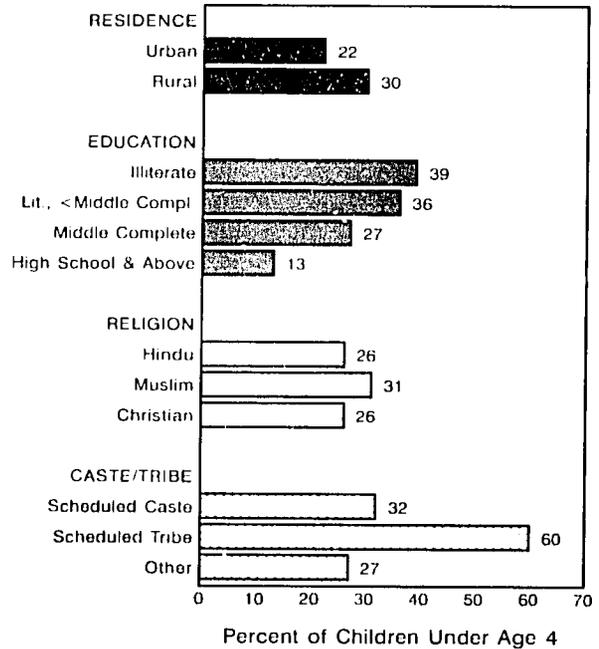
suffered from diarrhoea, 71 percent were taken to a health facility or provider; 47 percent were treated with a solution prepared from ORS packets or a recommended home solution (sugar, salt and water); and only 8 percent did not receive any type of oral rehydration treatment. Knowledge of ORS is well diffused in Kerala; 71 percent of mothers are familiar with ORS packets, but only 40 percent have ever used them.

Nutritional Status of Children

- Both chronic and acute undernutrition are moderate in Kerala. Twenty-nine percent of children are underweight, 27 percent are stunted and 12 percent are wasted. The proportion of children who are severely undernourished is 6 percent in the case of weight-for-age and 9 percent in the case of height-for-age.
- There is little difference in the rate of undernutrition by gender, but there are differences by birth order and birth interval. Higher order births are more likely to be underweight and stunted than lower order births. First-born children and those born within an interval of less than 48 months are more likely to be undernourished than those born within an interval of 48 or more months.

- Undernutrition is higher in rural areas than in urban areas by 34 percent according to weight-for-age and 38 percent according to height-for-age. Differentials by education of the mother and caste are more substantial. The percentage of children who are undernourished is highest for illiterate mothers (40 percent are underweight or stunted and 15 percent are wasted) and the rates decrease steadily to 16 percent underweight, 13 percent stunted and 10 percent wasted for children of mothers with at least a high school education. Religious differentials are minimal, but scheduled tribe children are much more likely to be undernourished than other children.

Figure 16
Chronic Undernutrition (Stunting) by Selected Characteristics



CONCLUSIONS

Fertility and Family Planning

- At current fertility levels (TFR of 2.0 children), Kerala has reached replacement level fertility. Sixty-three percent of currently married women use contraceptive methods. The use of spacing methods is very low and the majority of women who intend to use family planning in the future prefer terminal methods, especially female sterilization. However, since a sizeable proportion of women want to space their children, increasing attention should be paid to effective spacing methods as part of a balanced programme to satisfy the contraceptive needs of women in Kerala.
- The unmet need for family planning in Kerala is 12 percent. If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate could increase from 63 percent to 75 percent of currently married women.

Maternal and Child Health

- Kerala is faring quite well in most aspects of maternal and child health. The state ranks first among all of the states of India in antenatal care received by mothers and delivery in health institutions by a doctor or nurse/midwife. Kerala's infant and child mortality rates are the lowest among the major states of India. Most villages in Kerala have health facilities in the village so that women do not have to travel to avail themselves of services. There are some aspects of health programmes that are relatively weaker than others such as vaccination of children, nutrition of children under 4 years of age and infant feeding practices. Forty-five percent of children have not received all of the necessary vaccinations and although the

rate of undernutrition is half that of most states in India, a quarter of children are undernourished. More emphasis on educating mothers concerning the importance of complete vaccination of each child and infant feeding and proper nutrition would improve the weaknesses in child health. Some segments of the population including Muslims, scheduled castes and tribes should be targeted to insure they benefit from the existing programmes to the same extent as others. This may require tailoring information, education and communication regarding health and family planning to their special needs.

Status of Women

- The status of women in Kerala is quite high, which is reflected by a high female literacy rate (86 percent), a high school attendance rate for girls age 6-14 (95 percent), a sex ratio favourable to women (1036), a relatively high mean age at marriage (22 years), low female infant and child mortality rates (28 and 10 per 1,000, respectively), low female mortality rates in the reproductive age group (1 per 1,000), and high antenatal care (97 percent of births).

Only 16 percent of married women in their childbearing years are illiterate.

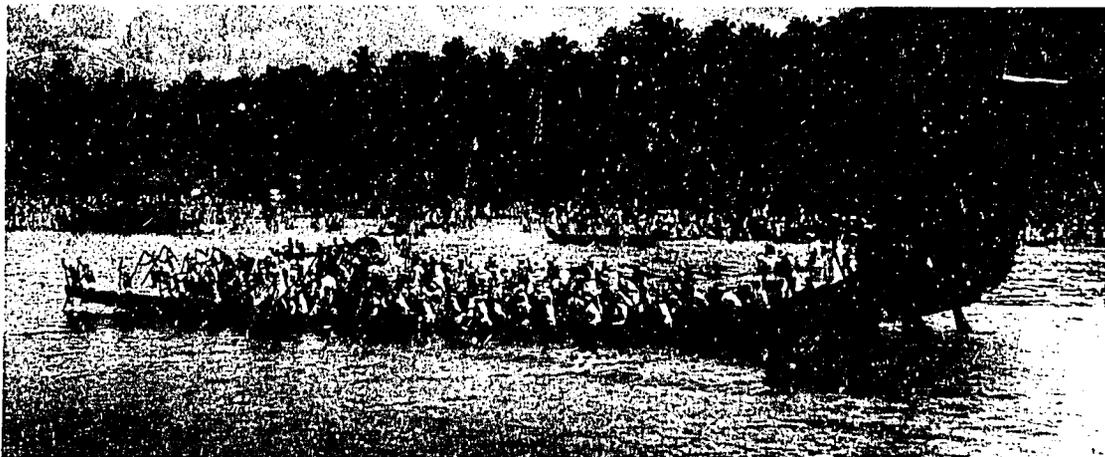
Achievement of Programme Objectives

- Kerala has achieved almost all of the major national objectives of the CSSM programme adopted in the Eighth Five Year Plan (1992-97) without high levels of industrialization, urbanization and economic growth. The objectives are to achieve an infant mortality rate of 50 per 1,000 live births (the infant mortality rate in Kerala during 1988-92 was 24); an

under-five mortality rate of 70 per 1,000 live births (under-five mortality in Kerala during 1988-92 was 32); a crude death rate of 9 per 1,000 population (the crude death rate in Kerala was 6 during 1991-92); and a crude birth rate of 26 per 1,000 population (the crude birth rate in Kerala was 20 during 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Kerala received antenatal care for 97 percent of their births in 1988-92); 100 percent of deliveries by trained attendants (89 percent of deliveries in Kerala 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 Kerala, it was 54 percent during 1992-93).

- Kerala's achievements in family planning and maternal and child health are due to some factors that could not be easily emulated by other states and some factors that serve as examples to other states. In the former

category, are the large villages which are close together, making it easier to provide women with access to health facilities; a long tradition of providing primary education to a large majority of the population; and a strong emphasis on fulfilling the basic needs of people through land reform and provision of basic infrastructure such as electricity, sanitation, roads and banking and credit facilities. In the latter category, Kerala devotes a large percentage of its budget to health and education; female education and employment is emphasized with striking results: the private sector plays an important role in the provision of health services; and the administrative service has developed and carried out crucial programmes in family planning, health and housing that focus on community needs. The overall approach recognizes the importance of providing primary education, housing, health, and basic infrastructure to the majority of the population in order to insure progress in health and family planning.



FACT SHEET - KERALA

1991 Population Data Office of the Registrar General and Census Commissioner

Total population (millions)	29.1
Percent urban	26.4
Percent scheduled caste	9.9
Percent scheduled tribe	1.1
Decadal population growth rate (1981-91)	14.3
Crude birth rate (per 1,000 population)	18.3
Crude death rate (per 1,000 population)	6.0
Life expectancy at birth (years) ¹ :	
Male	66.8
Female	72.3

National Family Health Survey, 1992-93

Sample Population

Ever-married women age 13-49	4,332
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Background Characteristics of Women Interviewed

Percent urban	28.1
Percent illiterate	16.0
Percent attended high school or higher	21.3
Percent Hindu	54.3
Percent Muslim	26.5
Percent working	24.7

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	64.6
Percent of women age 15-49 ever married	70.3
Singulate mean age at marriage for females (in years)	22.1
Singulate mean age at marriage for males (in years)	28.1
Percent of women married to first cousins ²	6.4
Median age at marriage among women age 25-49	19.8
Median months of breastfeeding ¹	23.5
Median months of postpartum amenorrhoea ¹	5.4
Median months of postpartum abstinence ¹	4.8

Fertility

Total fertility rate ⁴	2.0
Mean number of children ever born to women age 40-49 ...	3.6

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	67.6
Want to delay their next birth at least 2 years	16.1
Mean ideal number of children ⁵	2.6
Percent of births in the last 4 years which were:	
Unwanted	2.4
Mistimed	16.8

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	99.7
Knowing a modern method	99.7

Knowing a source for a modern method	98.7
Ever used any method	75.0
Currently using any method	63.3
Percent of currently married women currently using:	
Pill	0.5
IUD	2.7
Injection	0.0
Condom	2.9
Female sterilization	41.8
Male sterilization	6.5
Periodic abstinence	6.0
Withdrawal	2.9
Other methods	0.1

Mortality and Health

Infant mortality rate ⁶	23.8
Under-five mortality rate ⁶	32.0
Percent of births ⁷ whose mothers:	
Received antenatal care from a doctor	
or other health professional	97.3
Received 2 or more tetanus toxoid injections	89.8
Percent of births ⁷ whose mothers were assisted at delivery by:	
Doctor	80.4
Nurse/midwife	9.3
Traditional birth attendant	8.3
Percent of children 0-1 month who are breastfed	100.0
Percent of children 12-13 months who are breastfed	87.1
Percent of children 12-23 months who received: ⁸	
BCG	86.1
DPT (three doses)	73.7
Polio (three doses)	75.2
Measles	60.5
All vaccinations	54.4
Percent of children under 4 years ⁹ who:	
Had diarrhoea in the 2 weeks preceding the survey	9.2
Had a cough accompanied by rapid breathing	
in the 2 weeks preceding the survey	9.7
Had a fever in the 2 weeks preceding the survey	35.4
Are chronically undernourished (stunted) ¹⁰	27.4
Are acutely undernourished (wasted) ¹⁰	11.6

¹ 1986-90

² Based on ever-married women

³ Current status estimate based on births during the 36 months preceding the survey (48 months for breastfeeding)

⁴ Based on births to women age 15-49 during the 3 years preceding the survey

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

⁶ For the 5 years preceding the survey (1988-92)

⁷ For births in the period 1-47 months preceding the survey

⁸ Based on information from vaccination cards and mothers' reports

⁹ Children born 1-47 months preceding the survey

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