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National Family Health Survey

(MCH and Family Planning)

India

1992-93

Summary Report

International Institute for Population Sciences
Bombay

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Additional information on the National Family Health Survey may be obtained from the International Institute for Population Sciences, Govandi Station Road, Deonar, Bombay - 400 088 (Telephone 5564883, 5563254, 5563255, 5563256; Fax 5563257; E-mail iips.nfhs@access.net.in)

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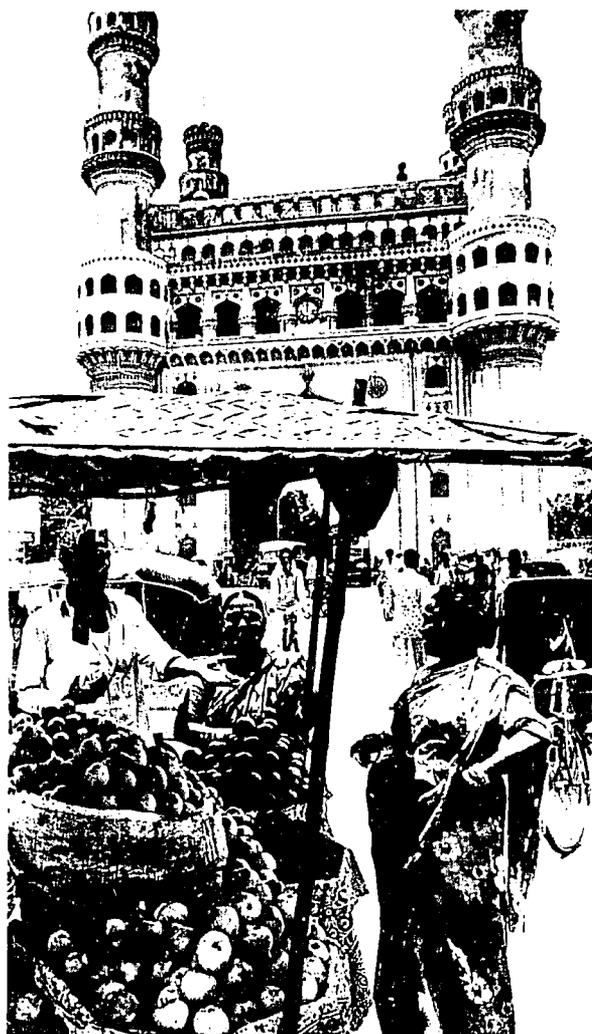




BACKGROUND

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 demographic and health data for interstate comparisons. The main objective of the survey was to collect reliable and up-to-date national-level and state-level data on fertility, nuptiality, fertility 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 NFHS, a total of 88,562 households were covered, and the interviewers collected information from 89,777 ever-married women age 13-49 (23,455 in urban areas and 66,322 in rural areas). The fieldwork was conducted in three phases between April 1992 and September 1993. The survey was carried out as a major component of the Project to Strengthen the Survey Research Capabilities of the Population Research Centres in India, initiated by the Ministry of Health and Family Welfare, Government of India, and funded by the United States Agency for International Development. The International Institute for Population Sciences, Bombay, was designated as the nodal agency for providing coordination and technical guidance to the NFHS. The data collection for the NFHS was undertaken by seven Consulting Organizations in collaboration with the concerned Population Research Centres in each state. The East-West Center/Macro International, United States of America, provided technical assistance for all of the survey operations.



POPULATION AND LIVING CONDITIONS

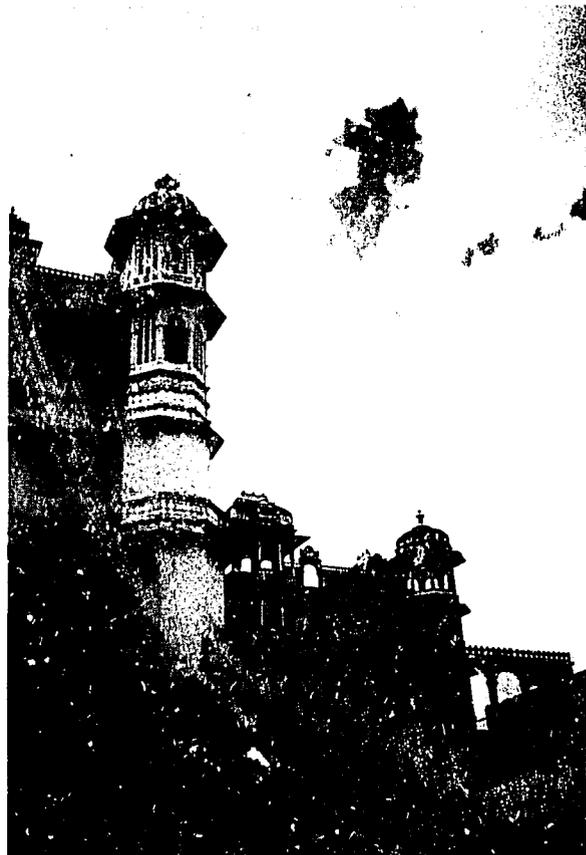
- The households covered in the survey included 500,492 residents. Twenty-six percent of the surveyed population live in urban areas. The young age structure of the population highlights the momentum of the future population growth of the country; 38 percent of household residents are under age 15, with their reproductive years still in the future. Persons age 65 or older constitute 5 percent of the population. The sex ratio of the *de jure* population is 944 females per 1,000 males, which is slightly higher than the sex ratio of 927 observed in the 1991 Census.
- In the survey households, 57 percent of all females age 6 and above are illiterate, and only 9 percent have a secondary education or higher. Literacy and educational levels are much higher in urban than in rural areas: 67 percent of women in cities and towns are literate, compared with only 34 percent in villages. Female literacy also varies widely among the states ranging from more than 80 percent in Kerala and Mizoram to less than 30 percent in Rajasthan and Bihar. Despite the rapid gains that have been made in literacy and educational attainment over time, universal education is still far from becoming a reality. In the country as a whole, only 68 percent of children age 6-14 (76 percent of males and 59 percent of females) attend school. School attendance is almost universal in Kerala, Goa, Himachal Pradesh, Mizoram

More than half of females are illiterate.

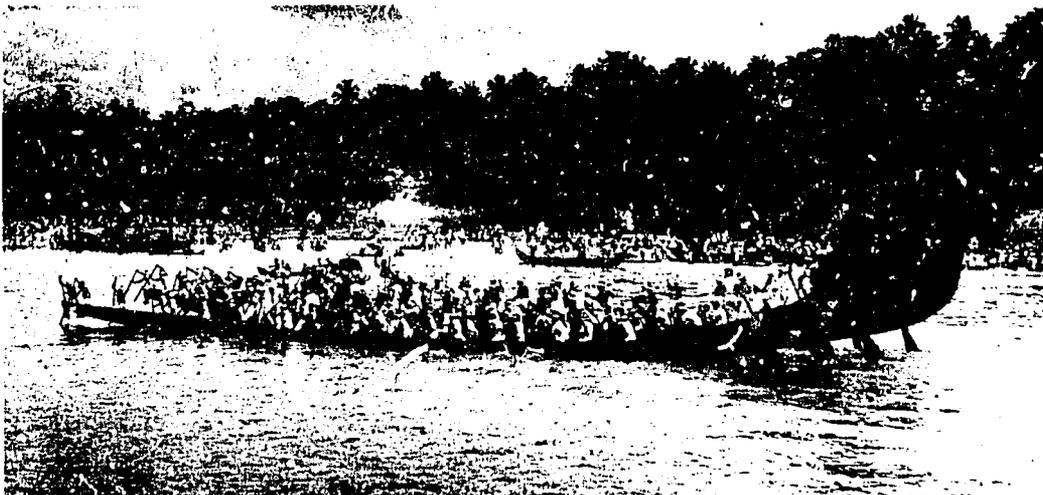
and Manipur, where more than 90 percent of school-age children are in school. However, more than half of girls age 6-14 in Bihar (62 percent), Rajasthan (59 percent) and Uttar Pradesh (52 percent) are not attending school.

- Eighty-two percent of household heads are Hindus, 11 percent are Muslims, and another 3 percent are Christians. Thirteen percent of household heads belong to scheduled castes and 9 percent are members of scheduled tribes.
- Nearly half the households in the country do not have electricity, and only one-third get piped water for drinking. Urban households are much more likely to have these amenities than rural households. Over two-thirds of all households and 87 percent of rural households do not have any toilet facility. Almost one half of households live in poor quality houses (made from low-quality materials throughout, including the roof, walls and floor), and less than one-quarter live in houses constructed from high-quality materials. Thirty-six percent of rural households do not own any agricultural land, only 32 percent own a radio and only 9 percent have a television.

Only 9 percent of rural households own televisions and 32 percent own radios.



- The percentage of households with electricity is lowest in Bihar (17 percent), closely followed by Assam (20 percent), Orissa (28 percent) and Uttar Pradesh (32 percent). Toilet facilities are inadequate in almost all states; Delhi (which is mostly urban), Kerala, and several small northeastern states are the only states where more than 70 percent of households have some form of toilet facility. A majority of households use piped water or water from a handpump for drinking in all states outside of the northeastern region except for Kerala, where more than 60 percent of households obtain their drinking water from wells (which are often within the houses).



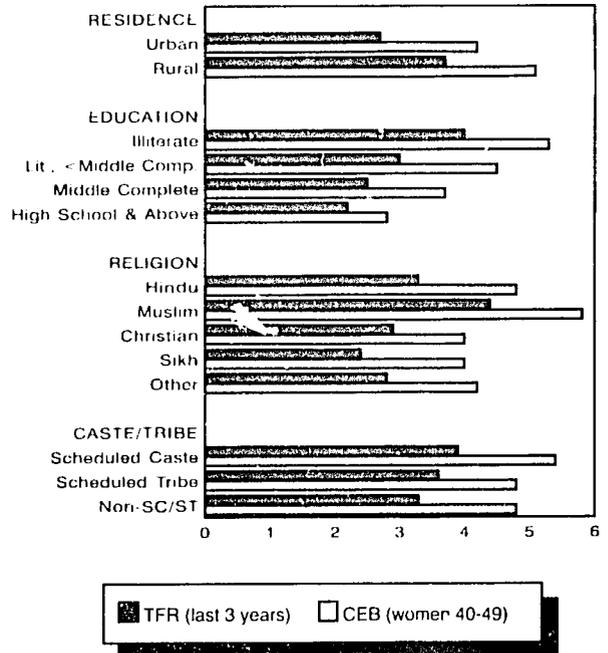
FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

- Fertility in India has been declining over time. The NFHS crude birth rate of 28.7 per 1,000 population for the period 1990-92 is 15 percent lower than the crude birth rate from the Sample Registration System 10 years earlier. The total fertility rate (TFR), which represents the average number of children a woman would bear if she experienced current fertility rates throughout her reproductive years, is 3.4 children per woman. According to this measure, fertility in India is similar to that in Bangladesh, lower than in any other South Asian country except Sri Lanka and nearly one child lower than the TFR of all less developed countries combined (excluding China). The NFHS TFR is slightly lower than the TFR of 3.7 for 1990-92 estimated from the Sample Registration System maintained by the Office of the Registrar General, India.

At current fertility rates, women in India will have an average of 3.4 children.

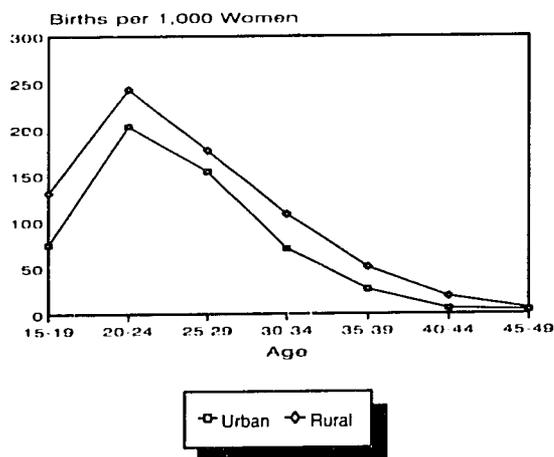
Figure 1
Total Fertility Rate (TFR) and Mean Number of Children Ever Born (CEB)





- The NFHS rural TFR (3.7 children per woman) is 36 percent higher than the urban TFR (2.7 children per woman). In other words, according to the present schedule of fertility, rural women will have, on average, one child more in their reproductive years than urban women. Women with at least a high school education have a TFR of 2.2 children per woman (which is almost as low as the replacement level), whereas illiterate women have a TFR of 4.0, which is 87 percent higher.
- Muslims have considerably higher fertility than any other religious group. Muslim women have a TFR of 4.4, which is 1.1 children higher than the TFR for Hindu women. The total fertility rate is below three children per woman for Christians, Sikhs and women from other religions (primarily Buddhists and Jains). Even after controlling for the level of education among women, religious differentials in fertility persist. Scheduled caste women have a higher TFR (3.9) than scheduled tribe women (3.6) and non-SC/ST women (3.3).

Figure 2
Age-Specific Fertility Rates by Residence



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

- Childbearing in India is concentrated in the age group 15-29, which contributes more than three-fourths of total fertility. Current fertility is characterized by a substantial amount of early childbearing: 17 percent of total fertility is accounted for by births to women age 15-19. The fertility level declines sharply beyond age 30 and childbearing is negligible for women in their forties.

Childbearing is concentrated in the age group 15-29 years.

The contribution of women age 15-19 to total fertility is 17 percent.

- There are wide variations in fertility levels among the states. Fertility is considerably below the national average in South India (Andhra Pradesh, Karnataka, Kerala and Tamil Nadu) and West India (Goa, Gujarat and Maharashtra), where two states (Kerala and Goa) have reached below-replacement fertility. Goa has a unique pattern of childbearing, with very low fertility before age 25 as a result of a high average age at marriage and the late initiation of childbearing. At the other end of the spectrum, fertility is four children per woman or higher in Uttar Pradesh, Bihar, Haryana and Arunachal Pradesh, and the TFR also exceeds the national average in Madhya Pradesh. Meghalaya, Rajasthan and Assam. With a TFR of 4.8, Uttar Pradesh stands out as having especially high fertility (more than 40 percent higher than the national average).
- The NFHS also collected data on cohort fertility, as measured by the number of children ever born to women of different ages. Women age 45-49 at the time of the survey had borne an average of 5.1 children per woman. This is much higher than current fertility as measured by the total fertility rate of 3.4, because most of the fertility experienced by these older women occurred considerably further back in time, when fertility rates were much higher. In other words, fertility levels in India have fallen substantially in the recent past.

Figure 3
Total Fertility Rate (TFR) for Major States

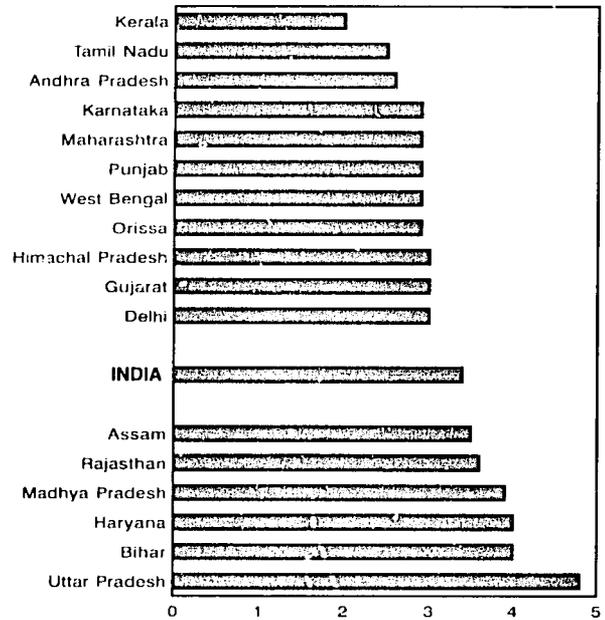
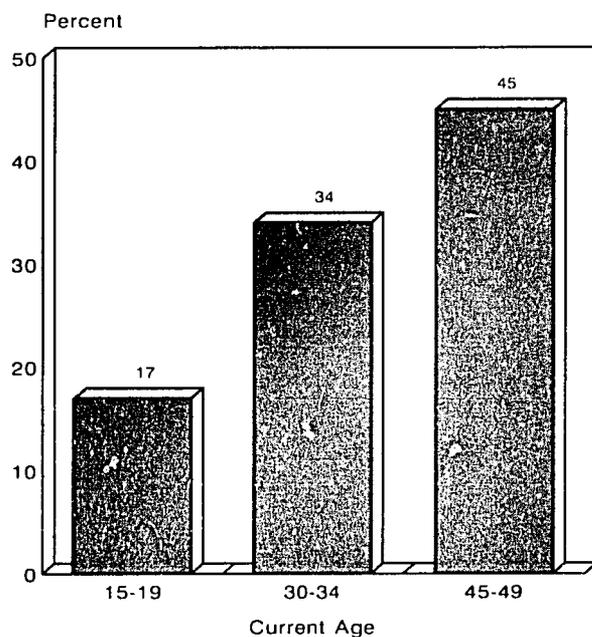




Figure 4
Percentage of Women Married before Age 15 by Current Age



- The median interval between births is 32 months, or about 2.7 years. One in every eight births occurs within 18 months of the previous birth, and 27 percent occur within 24 months. The likelihood of survival is relatively low for children born less than 24 months following a previous birth.

Marriage

- Marriage is nearly universal in India. At the time of the survey, 39 percent of women age 15-19 were married and 95 percent of women age 25-29 were married. The proportion ever married at age 15-19 is lower in urban areas (22 percent) than in rural areas (46 percent). At age 15-19, more than 50 percent of women in Madhya Pradesh and Bihar are currently married, compared with only 3 percent of women in Goa.

- The singulate mean age at marriage for males and females is 25.0 and 20.0 years, respectively. It has increased steadily over time from 15.9 years in 1961 to 20.0 years in 1992-93 for females and from 21.9 to 25.0 years in the same period of time for males. There has also been a dramatic decline in the proportion of women marrying at young ages. The proportion of women marrying before age 13 has declined from 27 percent of those age 45-49 to 7 percent of those age 15-19, and the proportion marrying before age 15 has declined from 45 percent of women age 45-49 to 17 percent of those age 15-19. Even now,

Marriages at very young ages have been declining dramatically over time.

however, marriage at young ages is not infrequent: 6 percent of urban women and 21 percent of rural women age 15-19 married before age 15. The trend in the age at marriage is similar in urban and rural areas, although urban women marry about three years later than rural women. The median age at marriage for the more recent cohort of women age 20-24 is 19.7 years in urban areas and 16.5 years in rural areas.

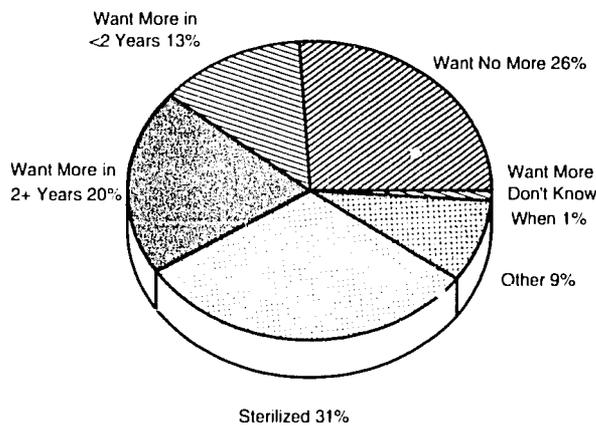
The median age at marriage for girls in rural areas is still very low.

- The age at marriage increases sharply with the education of women. Among women age 25-29, the median age at marriage rises from 15.3 years for illiterate women to 21.7 years for women who have completed high school, a difference of more than six years. Differences by religion also exist, with Christians and Sikhs marrying about four years later than Hindus. There is no difference in the median age at first marriage between Hindus and Muslims. The lowest median age at marriage is exhibited by scheduled caste women, half of whom have married by age 15. Scheduled tribe women marry almost one year later than scheduled caste women and half a year earlier than non-SC/ST women. The median age at marriage for women age 25-49 is highest in Goa at 21.7 years and is around 15 years in Madhya Pradesh, Rajasthan, Uttar Pradesh, Bihar and Andhra Pradesh.





Figure 5
Fertility Preference Among Currently Married Women Age 13-49



- 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. Despite this Act, 54 percent of women age 20-24 married below the legal minimum age at marriage. The proportion of women age 20-24 who got married before age 18 is higher in rural areas (63 percent) than in urban areas (33 percent). A large majority of women are not even aware of the legal minimum age at marriage for men and women. Only about one-third of women could correctly report age 18 as the legal minimum age at marriage for females and only one-fifth could correctly report age 21 as the legal minimum age at marriage for males.

More than one half of women age 20-24 married before age 18.

Fertility Preferences

- Slightly more than one-quarter of women say they do not want any more children, and 31 percent of women (or their husbands) are sterilized so that they cannot have any more children. These two groups together constitute 57 percent of all currently married women in the country. Overall, 78 percent of women want to either space their next birth or stop having children altogether. Only one-third of women say they want another child sometime in the future, and almost three-fifths of these women (20 percent of all women) say they would like to wait at least two years before having the next child.

Seventy-eight 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-four percent of women with no children say they want a child and less than 3 percent say they do not want any children. The proportion who want another child drops to 32 percent for women with two living children and 15 percent for those with three living children.
- Interestingly, the desire for spacing children is very strong for women who have fewer than three children. Twenty-one percent of women with no children say that they would like to wait at least two years before having their first child. The proportion who want to wait at least two years more than doubles to 54 percent among women with one child. Similarly, 23 percent of women with two children would like to wait at least two years before having their next child. Since nearly 50 percent of all women have fewer than three living children, the strong expressed desire for spacing among these women cannot be ignored.

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





- The percentage of women who want to have another child varies considerably across states from a high of 53 in Arunachal Pradesh and Meghalaya to a low of 25 in Himachal Pradesh and Punjab. In every state except Andhra Pradesh and Maharashtra, the majority of women who want another child would like to wait two years or more to have their next child.
- Among women who want an additional child, far more express a preference that the next child be a son than a daughter. Forty-nine percent say they want a son, only 11 percent express a desire for a daughter, and the rest say the sex of the child does not matter (24 percent) or that it is up to God (16 percent). The preference for a son is widespread, but it is stronger in rural areas than in urban areas, and it is also stronger among high parity women than among low parity women.
- The ideal number of children is moderate in India, an average of three children among currently married women giving a numeric response to the question on ideal family size. The mean ideal number of children ranges from 2.4 to 2.6 children for women with fewer than three children to 4.0 for women who already have six or more children.

The ideal family size for married women is 2.9 children.

- The total fertility rate for India would drop by 22 percent if all unwanted pregnancies could be eliminated. A reduction of this magnitude would bring the TFR down more than halfway between its current level and the replacement level of approximately 2.1 children per woman. This underlying fact (based on women's stated preferences) provides a clear opportunity for improving the results of the family welfare programme. If women's expressed needs can be satisfied, then the quality of their lives and their children's lives will improve and considerable progress will be made toward achieving India's population goals.

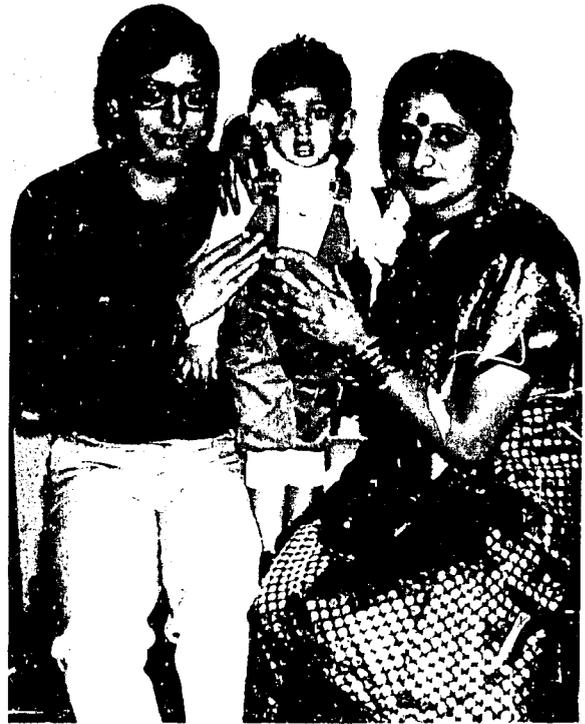
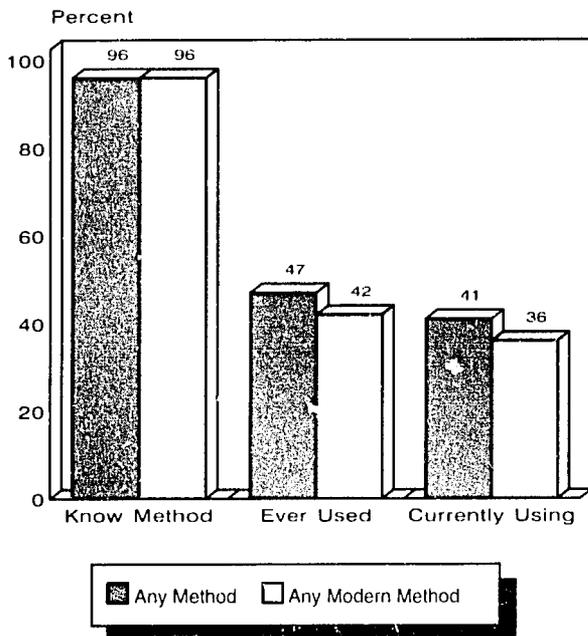


Figure 6
Knowledge and Use of Family Planning
 (Currently Married Women Age 13-49)



FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is nearly universal in India: 96 percent of currently married women know of at least one contraceptive method, and 89 percent know where they could go to obtain a modern method. Knowledge of a family planning method is high in every major state, ranging from 88 percent in Rajasthan and Madhya Pradesh to almost 100 percent in Punjab and Kerala. Knowledge about contraceptive methods is much higher for male and female sterilizations than for any other methods. Almost one-quarter of currently married women do not know any modern temporary methods (pills, IUDs, injections and condoms). Not only are modern temporary methods less well known, but knowledge about where to obtain these methods is also more limited.

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

Contraceptive Use

- Forty-one percent of currently married women age 15-49 in India practice family planning; 37 percent use a modern contraceptive method and 4 percent use a traditional method. Female sterilization is by far the most popular method. Twenty-seven percent of currently married women are sterilized and another 3 percent reported that their husbands are

Only 41 percent of married women currently use family planning.

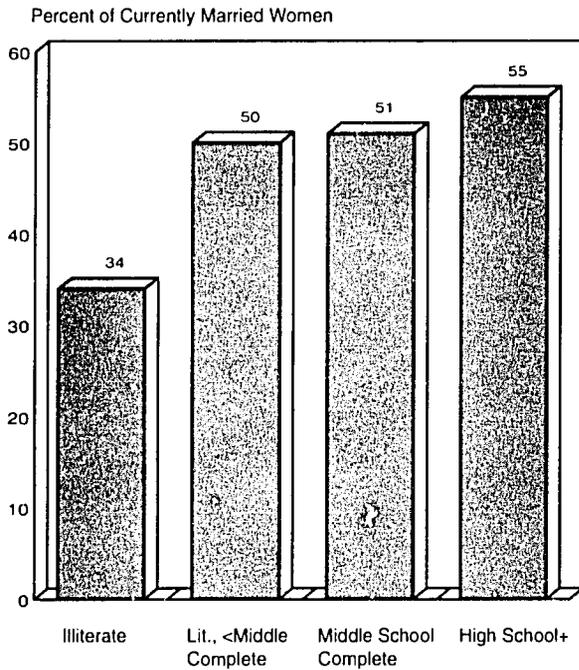
sterilized. Female and male sterilizations together account for 76 percent of current contraceptive prevalence. Despite women's strong expressed desires to space their children, modern temporary contraceptive methods are used by less than 6 percent of currently married women (the condom and IUD by 2 percent each, and the pill by 1 percent).

Female sterilization is the most commonly used method of family planning.

- Contraceptive use before the first child is rare. Overall, only 7 percent of contraceptors initiated use of contraception before having any children, and another 19 percent started after the first child. More than one-third of women who have ever used family planning did not initiate use until they had at least four living children.
- More than four-fifths of sterilization acceptors never used any other method of contraception before sterilization. Almost three-fourths of sterilized couples had the sterilization before the wife was age 30, and the median age of the woman at the time of sterilization is 27 years.



Figure 7
Current Use of Contraceptive Methods by Education



- Contraceptive use is appreciably higher in urban areas (51 percent) than in rural areas (37 percent). Current use of every method of family planning except male sterilization is higher in urban areas than in rural areas. A much higher proportion of urban couples (12 percent) than rural couples (3 percent) use modern temporary methods.
- The contraceptive use rate is higher among literate women (more than 50 percent) than among illiterate women (34 percent). Contraceptive use is higher among Buddhists, Jains and Sikhs (51-63 percent) than among Hindus and Christians (42-48 percent) and the use rate is lowest among Muslims (28 percent). Current use of contraceptives is also lower among women from scheduled castes (35 percent) and scheduled tribes (33 percent) than among other women (42 percent).
- Current use is positively related to the number of living children a woman has, increasing from 4 percent for women with no children to 59 percent for women with three children, and then declining slightly to 52 percent for women who have four or more living children. Furthermore, contraceptive use in India reflects a preference for sons, with current use at each parity lowest for women with no sons and highest for women with two or more sons. The sterilization rate is highest (around 60 percent) for women with either 2 sons and 1 daughter or three sons. Despite the preference for sons, a substantial minority of higher parity women with no living sons use contraception.

Sixty percent of women with either two sons and one daughter or three sons are sterilized.

- There are large interstate variations in contraceptive use. A majority of currently married women are current users of modern contraceptives in Kerala, Himachal Pradesh, Maharashtra, Punjab, Delhi and Mizoram. At the other extreme, current use rates are less than 25 percent in Uttar Pradesh and Bihar (the two most populous states), as well as Assam and most of the other northeastern states. Female sterilization is the most commonly used contraceptive method in every state except Delhi (where condoms are slightly more popular) and Tripura (where periodic abstinence is used as much as female sterilization). The contraceptive method mix is particularly skewed in Andhra Pradesh, where 95 percent of users are sterilized. Traditional methods of contraception are relatively common in Tripura, Assam and West Bengal.

Less than 25 percent of women in Uttar Pradesh, Bihar and Assam are currently using a modern method of family planning.

- The public sector (predominantly government/municipal hospitals and Primary Health Centres) is the most important source of contraception, supplying 79 percent of the current users of modern methods. The private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supplies only 15 percent. Six percent of current users obtain their contraceptives from other sources, such as shops, friends or relatives. The source of modern contraceptive methods varies dramatically according to the method used.

Figure 8
Current Use of Any Contraceptive Method for Major States

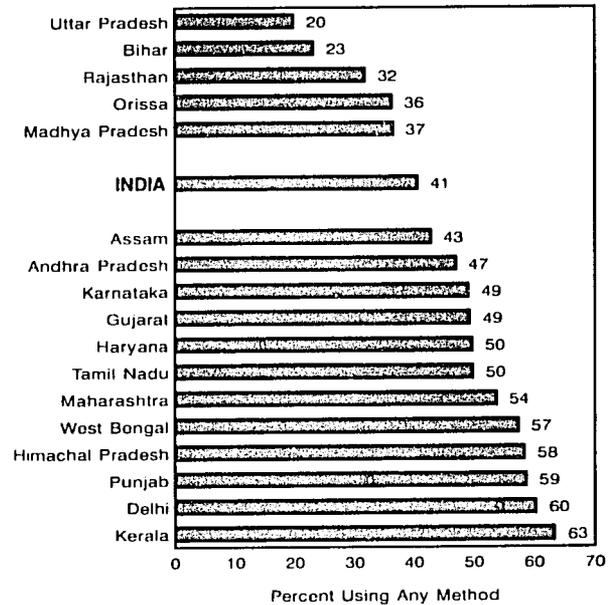
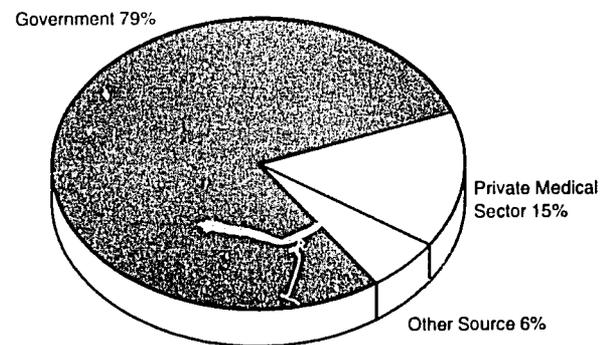


Figure 9
Sources of Family Planning Among Current Users of Modern Contraceptive Methods





- The government is the source for over 85 percent of all users of sterilization and 63 percent of IUD users but only 31 percent of pill users and 15 percent of condom users. In rural areas, the public sector is the source of supply for the overwhelming majority of users of modern methods (87 percent), while in urban areas the public sector is the source of supply for 62 percent of users.

Attitudes Toward Family Planning

- Attitudes toward the use of family planning are generally positive in India. Seventy-seven percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning and 22 percent disapprove. There is a substantial amount of consensus between individual husbands and wives regarding the approval of family planning. Nearly three-fifths (58 percent) of women report that both they and their husbands approve of family planning and 12 percent say that they both disapprove.

Only 22 percent of married women do not approve of family planning.

- The education of women as well as their husbands is an important determinant of the approval of family planning. Overall, 70 percent of illiterate women approve of family planning compared with 94 percent of women who have completed at least high school. Joint approval by both the husband and the wife is 48 percent among illiterate women compared with 85 percent among women who have at least a high school education. Urban women are more likely to approve of family planning

than rural women (86 percent compared with 74 percent). Approval of family planning is lower among Muslim women (69 percent) than among women belonging to other religious groups.

- Joint approval by both the husband and the wife is very low in Uttar Pradesh (42 percent), Meghalaya (44 percent) and Bihar (46 percent). In contrast, more than three-fourths of couples in Delhi, Haryana, Himachal Pradesh, Jammu, Punjab, Assam, Tripura and Andhra Pradesh approve of family planning.
- Nearly three out of five currently married nonusers of contraception say they do not intend to use contraception at any time in the future. Intentions to use family planning in the future are low for all current nonusers, regardless of their number of children. More than half of the nonusers who do not intend to use family planning in the future say they do not intend to use because they want more children. Not surprisingly this reason is more common among women under age 30 (80 percent) than among those age 30 or older (19 percent). Among women who intend to use contraception in the future, there is a strong preference for using female sterilization, which is preferred by 59 percent of potential users. However, 31 percent of women express a preference for modern temporary methods, even though these methods are being used by only 6 percent of current contraceptive users. Among the temporary methods, the pill is the most preferred method.

Nearly three-fifths of current nonusers do not intend to use contraception in the future.





Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching only two out of five (42 percent) ever-married women in the country. This is not surprising given that only 21 percent of households in India own televisions and 39 percent own radios. Urban-rural differentials in media coverage are substantial. The percentage of women exposed to family planning messages on the radio or television is more than twice as high in urban areas (68 percent) than in rural areas (33 percent). Exposure to media messages on family planning is lowest in Assam, Orissa and Bihar.
- Two-thirds of women say it is acceptable to have family planning messages on the radio and television, only 8 percent say it is not acceptable and the rest (23 percent) are not sure. Rural women, illiterate women and scheduled tribe women are less likely than other women to think it is acceptable to broadcast family planning messages on the radio and television.

Need for Family Planning Services

- Twenty percent of currently married women in India have an unmet need for family planning, that is, they are not using contraception even though they do not want any more children or want to wait at least two

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

years before having their next child. This finding suggests that approximately 30 million women in India have a need for family planning that is not being satisfied by current programmes. The unmet need for spacing is slightly greater than the unmet need for limiting, 11 percent compared with 9 percent. If all of the women with an unmet need were to use family planning, the contraceptive prevalence rate would increase from 41 percent to 60 percent of married women.

If all of the women with an unmet need for family planning were to adopt it, the current use rate would increase from 41 percent to 60 percent.

- The total unmet need for family planning ranges from 10 percent in Andhra Pradesh to 30 percent in Uttar Pradesh. The unmet need for spacing is greater than the unmet need for limiting in every state except Delhi, Punjab, Nagaland, Tripura and Goa.

Figure 10
Unmet Need for Family Planning by Selected Characteristics

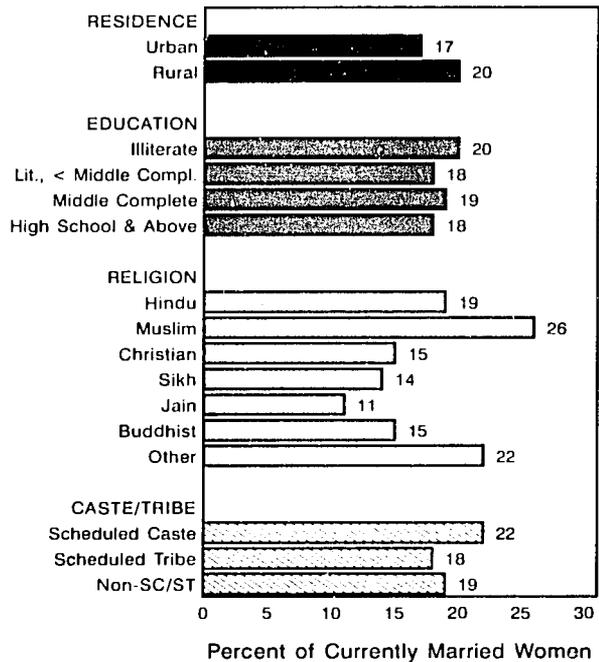
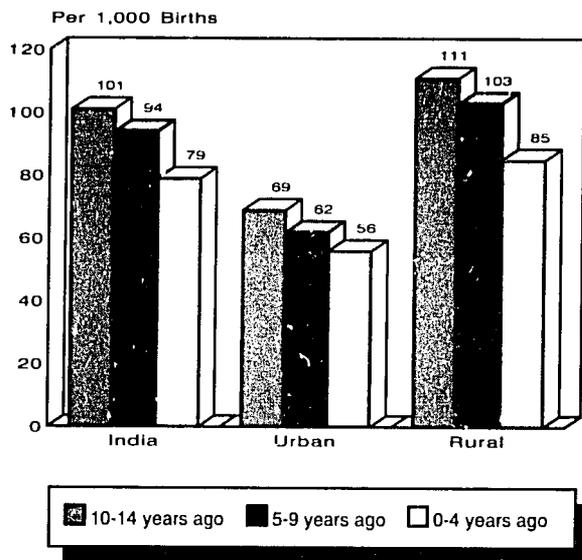


Figure 11
Infant Mortality Rates for Five-Year Periods by Residence



MATERNAL AND CHILD HEALTH

Infant and Child Mortality

- Infant mortality rates declined substantially in India during the 15 years prior to the NFHS. The infant mortality rate for the total population declined from 101 per 1,000 live births during 1978-82 (10-14 years prior to the survey) to 79 per 1,000 live births during 1988-92 (0-4 years prior to the survey), an annual rate of decline of more than two infant deaths per 1,000 live births. Despite this decline, 1 in every 13 children still dies within the first year of life and 1 in every 9 children dies 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.

Infant and child mortality have declined substantially in the last 15 years, but 1 in 13 children dies before reaching the age of one year.

- The infant mortality rate is 52 percent higher in rural areas than in urban areas. The infant mortality rate declines sharply with increasing education, ranging from a high of 101 per 1,000 live births for illiterate women to a low of 37 per 1,000 live births for women with at least a high school education. Hindus have higher infant and child mortality than Muslims, and other religious groups have substantially lower rates.

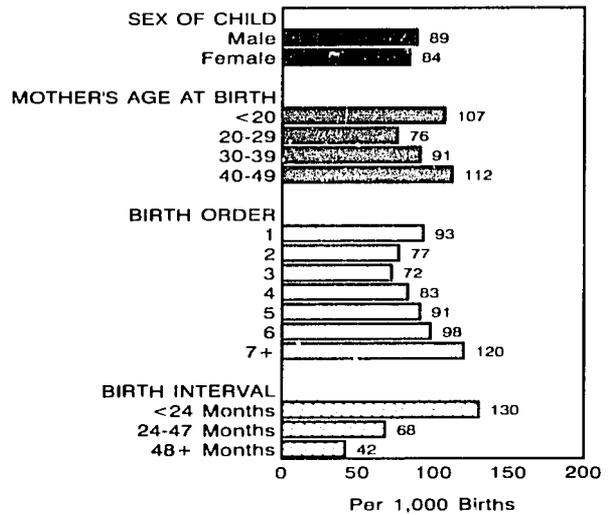
- During the neonatal period, males have a higher risk of dying than females. Post-neonatal mortality, on the other hand, is 13 percent higher for females than for males. The risk of dying between ages one and five (child mortality) is 43 percent higher for females than for males.

Between age 1 and 5 years, females experience 43 percent higher mortality risks than males.

- Children of both very old and very young mothers have a higher risk of dying than children whose mothers are in the prime reproductive ages. Infant mortality is highest for children of mothers age 40-49 (112 per 1,000 live births) and under age 20 (107 per 1,000 live births). Children born shortly after the birth of a previous child have an especially high risk of dying in infancy. Infant mortality is three times as high for children with a preceding interval of less than 24 months than for children with a preceding interval of 48 months or more (130 compared with 42 per 1,000 live births).

Mortality risks are higher among births to women under age 20 and births following a birth interval of less than 24 months.

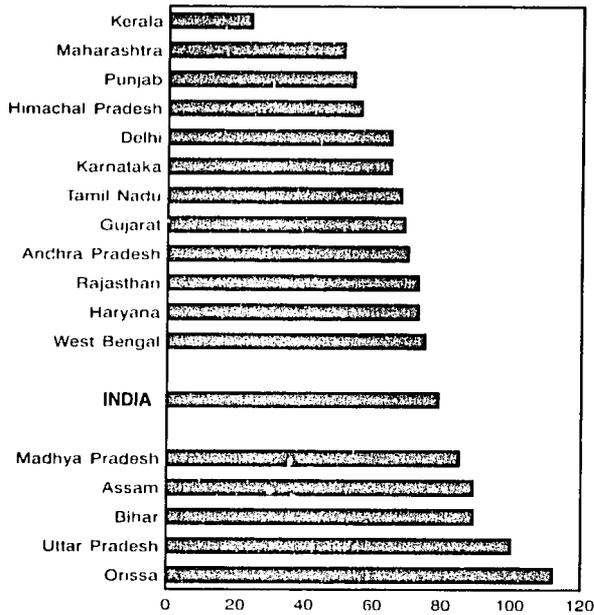
Figure 12
Infant Mortality Rates by Selected Demographic Characteristics



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



Figure 13
Infant Mortality Rates for Major States



- Infant and child mortality rates vary substantially across states. Among the major states, infant mortality ranges from 24 per 1,000 live births in Kerala to 112 per 1,000 live births in Orissa. Other major states with infant mortality rates above the national average are Uttar Pradesh (100), Bihar and Assam (89 each), and Madhya Pradesh (85).

Orissa has the highest infant mortality rate of any state in India.

Maternal Mortality

- The NFHS provides the first direct national estimate of maternal mortality in India. The maternal mortality rate is estimated to be 437 maternal deaths per 100,000 live births. According to this estimate, over 100,000 women in India die every year from causes related to pregnancy and childbirth.

Antenatal Care and Assistance at Delivery

- Utilization of both antenatal care and delivery services is poor in India. A sizeable proportion of women receive no antenatal care. During the four years preceding the survey, mothers received antenatal care for only 62 percent of births. Women received two tetanus toxoid injections for 54 percent of births and iron/folic acid tablets for 51 percent of births.



- There are substantial differences in antenatal care by residence and by education. Mothers received antenatal care for 81 percent of births in urban areas and 57 percent of births in rural areas. The proportion receiving antenatal care ranges from 50 percent for births to illiterate mothers to 95 percent for births to mothers with at least a high school education.
- Only one-quarter of births during the four years preceding the survey were delivered in health facilities, and 74 percent were delivered at home. Overall, 34 percent of deliveries were attended by doctors or nurses/midwives and another 35 percent were attended by a Traditional Birth Attendant. Thirty percent were attended only by friends, relatives, or neighbours.

Seventy-four percent of babies are delivered at home and only 34 percent of deliveries are assisted by a doctor or a nurse/midwife.

- Antenatal care is nearly universal in Kerala (97 percent), Goa (97 percent) and Tamil Nadu (94 percent). Among the major states, Punjab, Andhra Pradesh, Karnataka, Maharashtra and Delhi have also achieved antenatal care coverage for more than 80 percent of births. Utilization of antenatal care services is lowest in Rajasthan, where only 31 percent of births during the last four years were to mothers who received antenatal care. There are large interstate variations in the proportion of institutional deliveries as well, ranging from 87-88 percent in Kerala and Goa to 11-12 percent in Rajasthan, Assam, Bihar and Uttar Pradesh.

Figure 14
Antenatal Care, Place of Delivery, and Assistance During Delivery

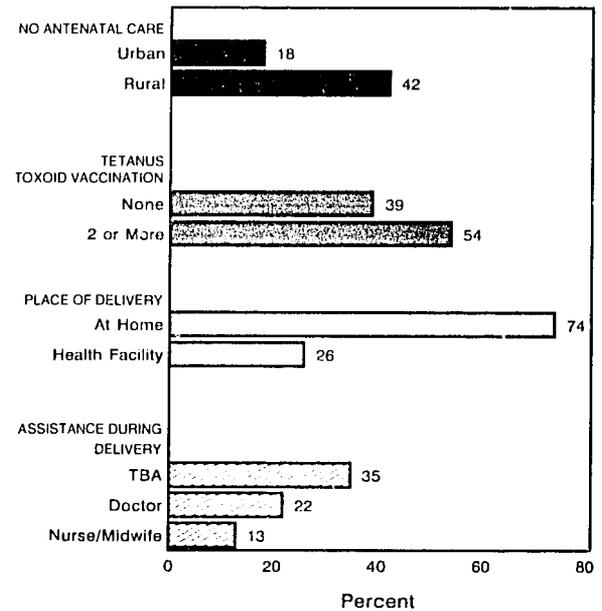
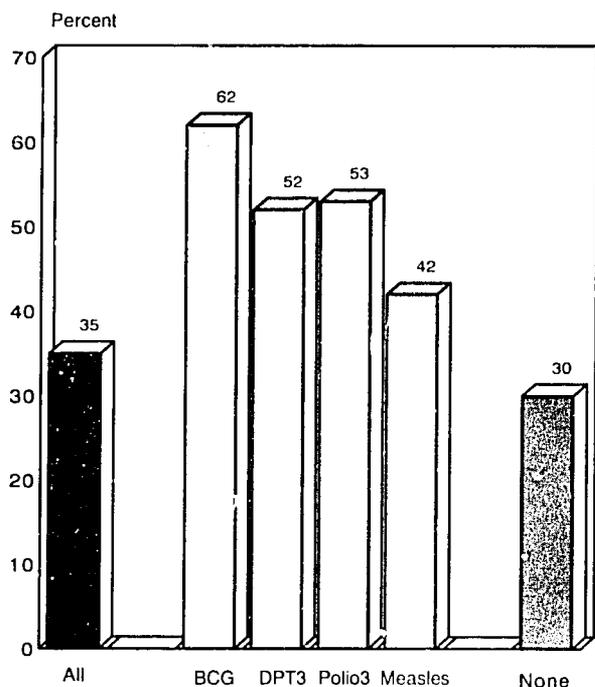


Figure 15
Vaccination Coverage Among Children Age 12-23 Months



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. The UIP has met with only limited success in India. Among children age 12-23 months, 35 percent are fully vaccinated against the six common childhood diseases, another 35 percent have received some of the recommended vaccinations and 30 percent have not received any vaccinations. Sixty-two percent have been vaccinated against tuberculosis (BCG), slightly more than one half have received all three doses of DPT (52 percent) and polio (53 percent) vaccines, and 42 percent have been vaccinated against measles.

Only 35 percent of young children are fully vaccinated and 30 percent have not received any vaccination at all.

- Fifty-one percent of children in urban areas are fully vaccinated, compared with 31 percent in rural areas. Boys are slightly more likely to be vaccinated against childhood diseases than girls (37 percent compared with 34 percent). The coverage rate for all vaccinations is 60 percent or more among Jain, Buddhist and Sikh children. The proportion of children fully vaccinated increases from 24 percent of children of illiterate mothers to 70 percent of children of mothers with at least a high school education. More than 60 percent of children age 12-23 months have received all required vaccinations

in Goa, Jammu, Tamil Nadu, Maharashtra, Himachal Pradesh and Punjab. On the other hand, only 10-21 percent of children in Bihar, Uttar Pradesh and Rajasthan have been fully vaccinated.

Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 7 percent of children under age four had symptoms of acute respiratory infection (cough accompanied by fast breathing), 20 percent were sick with a fever, and 10 percent had diarrhoea. For each medical condition, 61-66 percent of children were taken to a health facility or provider.
- Knowledge and use of Oral Rehydration Salt (ORS) packets for the treatment of diarrhoea are not widespread. Overall, 57 percent of mothers are not familiar with ORS, and 74 percent have never used it. Moreover, only 31 percent of young children with recent episodes of diarrhoea were treated with ORS or with a recommended home oral rehydration fluid.

Knowledge and use of ORS are not widespread.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in India, with 95 percent of all children born in the four years preceding the survey having been breastfed. On average, children are breastfed for slightly over two years. It is recommended that the first breast milk should be given to children because it contains colostrum, which provides natural immunity and important nutrients to children. However, a substantial

Figure 16
Percentage of Children Age 12-23 Months Who Have Received All Vaccinations for Major States

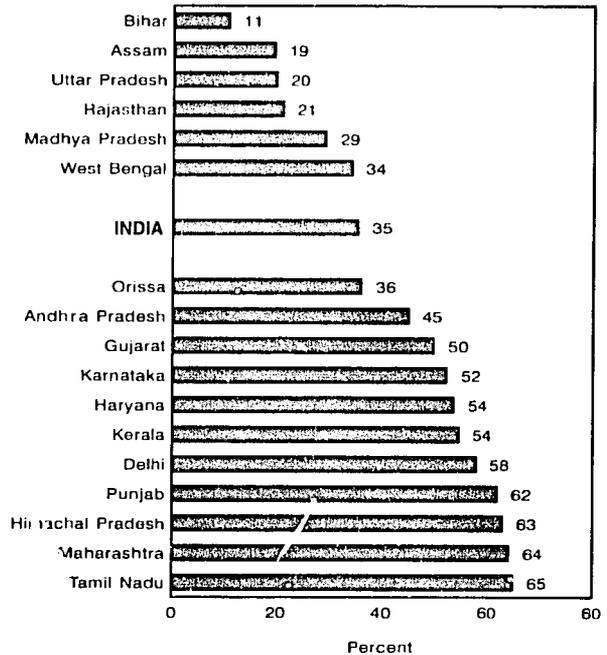


Figure 17
Treatment of Diarrhoea in the Two Weeks Preceding the Survey (Children Under 4 Years)

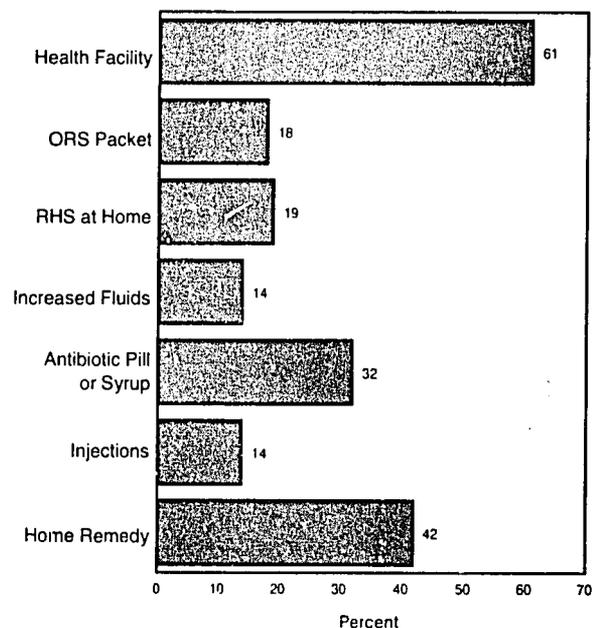
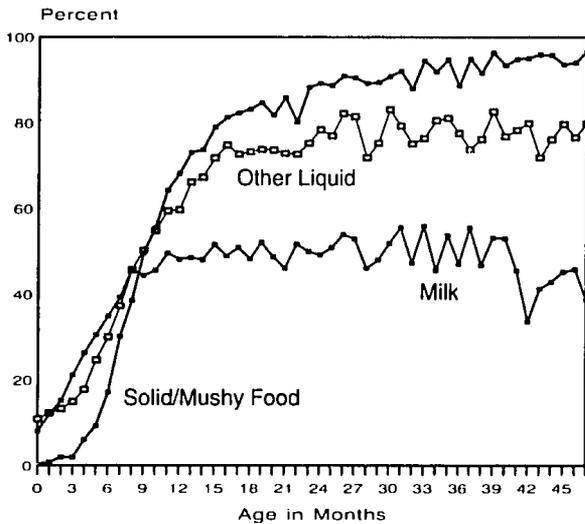


Figure 18
 Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



majority (64 percent) of mothers squeeze the first milk from the breast before they begin breastfeeding their babies. Among the most recent births, only 10 percent of children were breastfed within one hour of birth and only 26 percent were breastfed within 24 hours of birth.

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 children, but even at age 0-1 month, 30 percent of infants are given water or other supplements. On average, 51 percent of infants under four months are given only breast milk (i.e., are exclusively breastfed). The percentage of babies who are exclusively breastfed drops off rapidly after the first few months of life, to less than 10 percent of children age 8 months or older.
- At 6-9 months of age, infants need adequate and appropriate complementary solid foods in addition to breast milk in order to prevent undernutrition. In India, less than one-third of infants age 6-9 months receive solid or mushy food in addition to breast milk.

Only about one-third of children are given solid/mushy food in addition to breast milk at the recommended age of 6-9 months.

- The use of feeding bottles with nipples exposes children to an increased risk of developing diarrhoea and other diseases, because it is often difficult to sterilize the nipple properly. The use of bottles with nipples among breastfed children is relatively rare in India, increasing from 4 percent in the first month after birth to a high of 15 percent for children age 5-6 months, after which it declines slowly to near zero for children approaching four years of age.

Nutritional Status of Children

- Chronic and acute undernutrition are high in India. More than half (53 percent) of all children under age four are underweight and a similar proportion (52 percent) are stunted. Moreover, 21-29 percent of children are severely undernourished according to the weight-for-age and height-for-age measures. One in every six children is excessively thin (wasted).

More than half of all children are underweight and a similar proportion are stunted.



Figure 19
Percentage of Children Under Age Four Who Are Underweight by Age

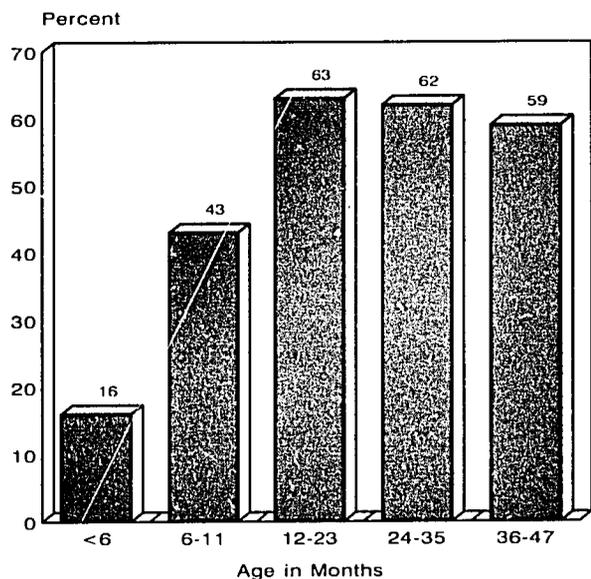
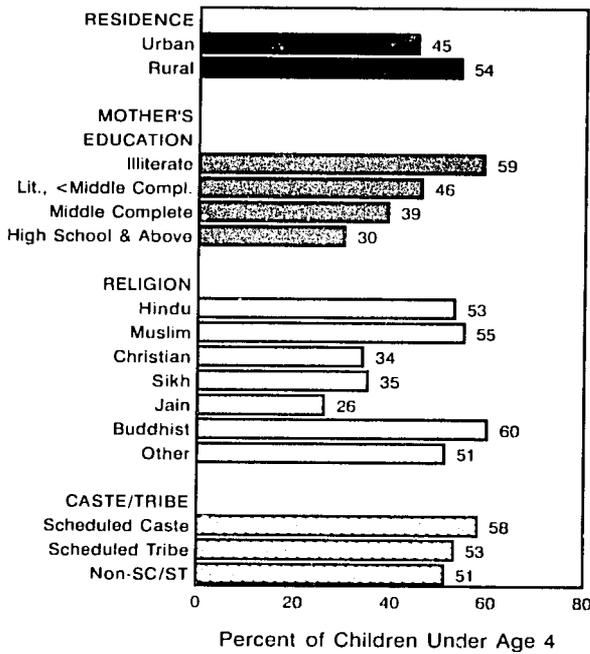
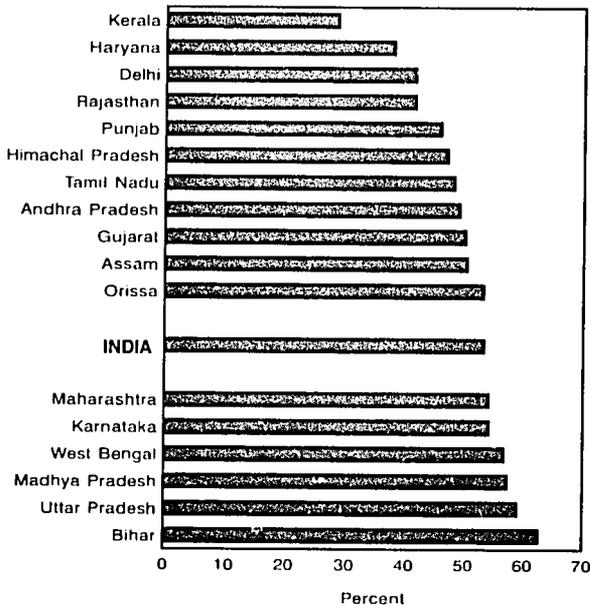


Figure 20
Chronic Undernutrition (Stunting) by Selected Characteristics



- Undernutrition varies substantially by the age of the child, being lowest in the first six months of life when the majority of children are fully breastfed. Variation by the child's sex, length of previous birth interval, and other demographic characteristics is very modest. Variation in nutritional status by mother's education and place of residence is substantial. For instance, children whose mothers are illiterate are twice as likely to be underweight or stunted as children whose mothers have completed at least high school.
- Undernutrition among young children is relatively low in Kerala (29 percent are underweight and 27 percent are stunted). Other states with relatively low levels of undernutrition are Manipur, Mizoram, Nagaland and Goa. Undernutrition is particularly high in Bihar and Uttar Pradesh. The problem of wasting is most evident in Bihar and Orissa, which also have among the highest infant mortality rates in the country.

Figure 21
Percentage of Children Under Age Four Who Are Underweight for Major States



KNOWLEDGE OF AIDS

- Knowledge of the existence of the Acquired Immune Deficiency Syndrome (AIDS) is limited in all 13 states where the NFHS included a series of questions on knowledge of AIDS. Even in Delhi, where considerable media attention has been focussed on AIDS, only 36 percent of ever-married women age 13-49 have heard of AIDS. Among the other major states where the knowledge of AIDS has been investigated (Assam, Gujarat, Maharashtra, Tamil Nadu and West Bengal), the level of knowledge is highest in Tamil Nadu, where only 23 percent of women reported having heard about the disease. In Assam and West Bengal, less than 10 percent of women are aware of AIDS. A relatively high proportion of women in Goa (42 percent) have heard of AIDS. Among the six small northeastern states, the proportion of women who have heard of AIDS is highest in Mizoram and Manipur (85 and 73 percent, respectively) and lowest in Arunachal Pradesh and Tripura (16 and 13 percent, respectively).



Knowledge of AIDS among women age 13-49 is very limited.

- Women who have heard of AIDS have a number of misconceptions about the disease. The most common misconceptions are that AIDS can be transmitted through kissing or bug bites. Large proportions of women also believe that a person can get AIDS by sharing eating utensils or clothes with a person who has AIDS or stepping on their urine or stools.

- In almost every state, “safe sex” is mentioned most frequently as a means of avoiding AIDS. Relatively large proportions of women also specifically mentioned the use of condoms during intercourse as a means of avoiding AIDS. In every state, there is relatively low knowledge of any of the other means of prevention such as checking blood before a transfusion, sterilizing needles and syringes for injection, and avoiding pregnancy when infected with AIDS.
- Television is the most important source of knowledge about AIDS in most states. In addition, radios and newspapers are also important sources of AIDS information.



CONCLUSIONS

Fertility and Family Planning

- Fertility has continued to decline in India. According to the NFHS estimate, for the three-year period of 1990-92, the total fertility rate (TFR) is 3.4 children per woman and the crude birth rate is 28.7 per 1,000 population. However, a further reduction in fertility of nearly 40 percent will be required to reach the government's long-term goal of replacement-level fertility by 2011-2016.
- Women on average marry at around 17 years of age, and start childbearing relatively early in their reproductive lives. Seventeen percent of total fertility is accounted for by births to women below age 20 and 17 percent of all women age 13-19 have either become mothers already or are currently pregnant. A major effort is needed to discourage marriage below the legal minimum age at marriage of 18 years for females and to reduce the extent of early childbearing, which can be detrimental to the health of the children.
- Currently only 41 percent of currently married women use a contraceptive method, and contraceptive use is very limited below age 25. By far the most popular method of contraception is sterilization, which is used by 67 percent of current contraceptive users. There is very little attempt to space children. Only 6 percent of currently married women age 13-49 use a modern temporary method of contraception, and even among the younger women below age 25, the use of modern temporary methods is very limited. Moreover, the median birth interval is about three years, and a substantial proportion of births take place within 24 months of the previous birth.
- 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 41 percent to 60 percent of married women. Overall 20 percent of women in India have an unmet need for family planning, and the unmet need for spacing is slightly greater than the unmet need for limiting births. The unmet need for spacing is particularly strong for women under age 25, and this is the segment of the population whose family planning needs are least likely to be met by current programmes. This indicates that the *potential* demand for modern temporary methods is quite strong and suggests that increasing attention should be paid to effective spacing methods as part of a balanced programme to satisfy the contraceptive needs of women in the country.
- Although the unmet need for family planning is substantial, 58 percent of women say they do not intend to use contraception at any time in the future. The lack of intentions to use family planning 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

- Despite the rapid decline in infant mortality (22 percent over the last 10 years), 1 in 9 children die before reaching age five. A substantial reduction in mortality could be attained by reducing or eliminating birth intervals of less than 24 months and births to women less than 18 years of age, because

these births have a particularly high risk of infant and child mortality. This finding again demonstrates the important role that temporary spacing methods of contraception can play in increasing the length of birth intervals and delaying the first birth. Infant mortality also declines sharply with increasing education of women; therefore, increasing the educational level of girls and young women can be expected to reduce infant mortality as well as fertility. Mothers, too, face a substantial risk of mortality. Every year, more than 100,000 women in India die from causes related to pregnancy and childbirth. This finding underscores the urgency of insuring that all pregnant women receive adequate antenatal care during pregnancy and that deliveries take place under hygienic conditions with the assistance of a trained medical practitioner.

- The improvement of services is crucial to the success of the Child Survival and Safe Motherhood (CSSM) Programme. The role of paramedical staff in providing outreach services for antenatal care and immunizations should be strengthened by effective monitoring and supervision. Only 21 percent of women received a home visit from a health worker during their recent pregnancies (24 percent in rural areas and 10 percent in urban areas). Mothers did not receive any antenatal care (either at home or outside the home) for 37 percent of births. Nearly three-quarters of births were delivered at home and two-thirds of deliveries were not attended by a trained professional such as a doctor or a nurse/midwife.
- There is also substantial scope for further improvement in the vaccination coverage for children. Although the coverage of some of the individual vaccines is relatively high, a

large majority of children have not received all of the recommended vaccinations. Only 35 percent of children age 12-23 months are fully vaccinated, and another 35 percent have received some of the recommended vaccinations. Drop-out of children from the vaccination course needs to be reduced in order to improve the full vaccination coverage for children.

- Another area of child health which needs greater attention is the prevention and treatment of childhood diarrhoea. Ten percent of children under age four were ill with diarrhoea during the two weeks prior to the survey, and only 39 percent of children with diarrhoea were given Oral Rehydration Salts (ORS), a recommended home solution or increased fluids. Most mothers are not even aware of ORS packets and three-quarters have never used them. There is a clear need to strengthen the information, education and communication programme in the area of Oral Rehydration Therapy and the prevention and treatment of diarrhoea among young children.
- Inadequate nutrition continues to pose a serious problem: more than a half of children are underweight and a similar proportion are stunted. Mother's level of education is the single most important factor related to nutritional status of children as undernutrition declines steadily with the increasing educational attainment of the mother. However, undernutrition remains a substantial problem in every part of the country, even for the children of well-educated mothers. Part of the reason for the high prevalence of undernutrition among children is the late initiation of breastfeeding and late introduction of solid/mushy food in the child's diet. Only about 30 percent of children 6-9 months of age receive both breast milk and solid foods

as recommended. Although breastfeeding is nearly universal and of fairly longer duration, most babies are not given breast milk soon after birth. Moreover, most women squeeze the first milk from the breast before they start breastfeeding, despite the fact that the first breast milk is beneficial for babies. It is important that infants should be exclusively breastfed until age 4-6 months, but even at age 0-3 months, one-half of children are given water or other supplements along with breast milk. These feeding patterns indicate that a greater emphasis should be given to the subject of correct infant feeding practices in current IEC Programmes.

- Even at age 6-11 months, more than 40 percent of children are underweight and more than 60 percent are underweight by age 12-23 months. Therefore, programmes that focus on providing nutrition to older children (such as the Integrated Child Development Services Scheme) are generally intervening long after nutritional problems have developed. There is an urgent need to expand nutritional programmes to cover infants and very young children.

Education and Quality of Life

- Education is considered to be a catalyst of change, and its role in the process of national development cannot be overemphasized. Although there has been some progress in educational attainment in recent years in India, 72 percent of rural women in their childbearing years are illiterate. Nevertheless, the education of women can play a major role in shaping the attitudes and behaviour of women. Educational attainment is strongly associated with every important variable considered in the NFHS, including age at marriage, fertility behaviour, current use of

family planning, demand for family planning, ideal number of children, the wanted fertility rate, utilization of antenatal care services, receipt of tetanus toxoid injections and iron/folic acid tablets, delivery in a health facility, delivery by trained attendants, vaccination of children against six childhood diseases, knowledge and ever use of ORS packets, infant and child mortality, and the nutritional status of children. With every gain in the years of schooling, there is an improvement in the above parameters.

- The fact that even basic literacy can produce considerable improvement in the health and demographic situation suggests the urgent need to fully implement the constitutional commitment to universal and compulsory education for children below age 15 years. In particular, increasing the enrollment and education levels of girls and young women is an important instrument for reducing fertility, increasing family planning use and improving maternal and child health. Currently, more than two-fifths of school-age girls in the country and more than half of girls in several of the larger states do not attend school. Improvement in school attendance can be achieved by the introduction of special schemes such as the midday-meal scheme, free textbooks and uniforms for children from poor families, day-care centres to look after small infants, and other measures for motivating parents to send their children, particularly their daughters, to school.

Status of Women

- Women in India are accorded a relatively low status. The low status of women is demonstrated very clearly in the country rankings in the 1995 Human Development Report of the United Nations Development

Programme. India falls in the bottom 25 percent of all countries on both gender-related indices included in the UNDP report. In the NFHS, there is evidence of discrimination against females in several respects. India has a sex ratio unfavourable to females, lower female literacy, a lower school attendance rate for girls age 6-14, a low level of female employment, a relatively low female age at marriage, higher female postneonatal and child mortality rates, lower immunization coverage for females, less medical care for female children who are sick, and parents' preference for sons. These issues need to be vigorously addressed in all social development programmes.

Regional and Community Disparities

- The data from the NFHS have revealed that there are considerable variations across states and communities in all of the socioeconomic, demographic and health parameters. The analysis demonstrates that there are groups of states and communities where considerably greater efforts are needed to bring about more balanced socioeconomic and demographic development. Any programme which is centralized and designed for the country as a whole may not be equally successful in all states and communities. Hence the design and implementation of health and family welfare programmes need to fully take into account the special requirements of population subgroups.
- Kerala, Goa, Tamil Nadu and Himachal Pradesh have achieved relatively good results on the demographic and health front, and a large number of states including Maharashtra, Punjab, Haryana, Karnataka, West Bengal and Andhra Pradesh are clearly on their way to achieving the national demographic and health goals. However, Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh and Orissa, which together constitute 43 percent of the population of the country, are lagging far behind in the development process, and these states have a major influence on the averages for the country as a whole. The states which are doing relatively well in the provision of maternal and child health services are also the states which have achieved a considerable reduction of infant and child mortality as well as fertility. These states also have relatively high levels of female literacy, an important agent of change and development. At the other end of the spectrum are the larger states which are not faring well on any of the demographic and health parameters, and which also have very high illiteracy, especially among females.
- Even within the states, glaring disparities are observed between urban and rural areas. In every aspect of demographic and health development, urban areas are more successful than rural areas. Developmental programmes, including health and family welfare programmes, need to be further strengthened in rural areas. Similarly, religious groups, castes and tribes differ in their fertility levels, family planning acceptance, infant and child mortality, and utilization of maternal and child health services. Increased efforts are especially needed to enhance the participation of Muslims and the scheduled caste and scheduled tribe population in the process of national development.

Achievement of Programme Objectives

- The 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 1988-92 was 79); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in 1988-92 was 109); a crude death rate of 9 per 1,000 population (the crude death rate in 1991-92 was 9.7); and a crude birth rate of 27 per 1,000 (the crude birth rate was 28 in 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in the country received antenatal care for only 62 percent of their pregnancies in 1988-92); 100 percent of deliveries by trained attendants (only 34 percent of deliveries were attended by a doctor or a nurse/midwife in

1988-92), and a couple protection rate of 75 percent among couples in reproductive ages (the contraceptive prevalence rate was only 41 percent in 1992-93). These comparisons reveal that while India has experienced a considerable reduction in crude birth and crude death rates, substantial efforts need to be made in reducing infant and child mortality if India is to achieve its demographic goals. The country is doing poorly in the provision and utilization of health care services, including antenatal and delivery care and immunization services. These findings reveal the magnitude of the task ahead for India in improving the quality of life of its population.





FACT SHEET-INDIA

1991 Population Data Office of the Registrar General and Census Commissioner

Total population (millions)	846.3
Percent urban	26.1
Percent scheduled caste	16.7
Percent scheduled tribe	8.0
Decadal population growth rate (1981-91)	23.9
Crude birth rate (per 1,000 population)	29.5
Crude death rate (per 1,000 population)	9.8
Life expectancy at birth (years) ¹	
Male	57.7
Female	58.1

National Family Health Survey, 1992-93 Sample Population

Ever-married women age 13-49	89,777
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Background Characteristics of Women Interviewed

Percent urban	26.1
Percent illiterate	63.1
Percent attended secondary school or higher	11.3
Percent Hindu	82.0
Percent Muslim	12.0
Percent Christian	2.4
Percent working	31.5

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	77.4
Percent of women age 15-49 ever married	82.1
Singulate mean age at marriage for females (in years)	20.0
Singulate mean age at marriage for males (in years)	25.0
Percent of women married to first cousin ²	10.1
Median age at marriage among women age 25-49	16.1
Median months of breastfeeding ³	24.4
Median months of postpartum amenorrhoea ³	9.0
Median months of postpartum abstinence ³	3.4

Fertility

Total fertility rate ⁴	3.4
Mean number of children ever born to women age 40-49	4.8

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	56.7
Want to delay their next birth at least 2 years	19.6
Mean ideal number of children ⁵	2.9
Percent of births in the last 4 years which were:	
Unwanted	8.8
Mistimed	13.8

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	95.8
Knowing a modern method	95.5
Knowing a source for a modern method	88.8
Ever used any method	46.9
Currently using any method	40.6

Percent of currently married women currently using:	
Pill	1.2
IUD	1.9
Injection	0.0
Condom	2.4
Female sterilization	27.3
Male sterilization	3.4
Periodic abstinence	2.6
Withdrawal	1.4
Other method	0.2

Mortality and Health

Infant mortality rate ⁶	78.5
Under-five mortality rate ⁶	109.3
Maternal mortality rate ⁷	437
Percent of births ⁸ whose mothers:	
Received antenatal care from a doctor or other health professional	49.1
Received 2 or more tetanus toxoid injections	53.8
Percent of births ⁸ whose mothers were assisted at delivery by:	
Doctor	21.6
Nurse/midwife	12.6
Traditional birth attendant	35.2
Percent of children 0-1 month who are breastfeeding	97.8
Percent of children 12-13 months who are breastfeeding	89.2
Percent of children 12-23 months who received ⁹ :	
BCG	62.2
DPT (three doses)	51.7
Polio (three doses)	53.4
Measles	42.2
All vaccinations	35.4
Percent of children under 4 years ¹⁰ who:	
Had diarrhoea in the 2 weeks preceding the survey	10.0
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	6.5
Had a fever in the 2 weeks preceding the survey	20.2
Are acutely undernourished (underweight) ¹¹	53.4
Are chronically undernourished (stunted) ¹¹	52.0
Are acutely undernourished (wasted) ¹¹	17.5

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 the 2 years preceding the survey (1991-92), expressed per 100,000 live births

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 Underweight assessed by weight-for-age, 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. Measures of stunting and wasting exclude Andhra Pradesh, Himachal Pradesh, Madhya Pradesh, Tamil Nadu and West Bengal.

FACT SHEET - STATE FINDINGS

State	Percent illiterate (females age 6+)	Percent attending school (females age 6-14)	Percent of households with drinking water from pump/pipe	Percent of households with no toilet facility	Percent of women age 20-24 married before age 18	Crude birth rate ¹	Total fertility rate ¹	Percent of women ² using		Unmet need for family planning ⁴	Infant mortality rate ⁵	Under-five mortality ⁵
								Any contraceptive method	Sterilization ³			
India	56.7	58.9	68.2	69.7	54.2	28.7	3.39	40.6	30.8	19.5	78.5	109.3
North												
Delhi	29.2	86.3	99.5	15.9	28.7	26.6	3.02	60.3	23.3	15.4	65.4	83.1
Haryana	54.1	74.7	73.0	73.1	57.3	32.9	3.99	49.7	34.8	16.4	73.3	98.7
Himachal Pradesh	42.6	87.6	57.6	87.4	24.2	28.2	2.97	58.4	45.8	14.9	55.8	69.1
Jammu Region of J & K	48.2	79.6	57.3	80.9	20.5	27.9	3.13	49.4	29.7	17.5	45.4	59.1
Punjab	48.0	77.8	98.6	63.3	14.9	25.0	2.92	58.7	34.0	13.0	53.7	68.0
Rajasthan	74.6	40.6	57.3	80.2	69.5	27.0	3.63	31.8	27.7	19.8	72.6	102.6
Central												
Madhya Pradesh	65.7	54.8	55.8	78.7	73.3	31.6	3.90	36.5	31.5	20.5	85.2	130.3
Uttar Pradesh	68.5	48.2	74.3	77.1	63.9	35.9	4.82	19.8	13.1	30.1	99.9	141.3
East												
Bihar	71.4	38.3	63.6	83.5	69.1	32.1	4.00	23.1	18.6	25.1	89.2	127.5
Orissa	58.6	62.0	50.9	87.8	45.5	26.5	2.92	36.3	31.6	22.4	112.1	131.0
West Bengal	44.8	62.9	84.9	59.6	56.4	25.5	2.92	57.4	30.6	17.4	75.3	99.3
Northeast												
Arunachal Pradesh	57.9	65.3	75.8	26.4	43.9	34.6	4.25	23.6	10.7	20.4	40.0	72.0
Assam	49.3	66.0	43.2	50.4	44.4	30.4	3.53	42.8	14.4	21.7	88.7	142.2
Manipur	37.0	86.8	47.0	16.9	14.3	24.4	2.76	34.9	13.8	21.7	42.4	61.7
Meghalaya	39.8	75.7	47.6	45.7	28.1	31.9	3.73	20.7	10.0	25.1	64.2	86.9
Mizoram	11.1	88.5	40.1	1.7	13.3	20.8	2.30	53.8	44.6	11.9	14.6	29.3
Nagaland	28.2	89.0	72.1	20.7	16.4	31.3	3.26	13.0	6.4	26.7	17.2	20.7
Tripura	35.6	76.7	44.1	20.6	41.1	23.1	2.67	56.1	19.1	13.5	75.8	104.6
West												
Goa	26.9	92.5	56.5	52.0	7.2	17.2	1.90	47.8	30.5	15.7	31.9	38.9
Gujarat	48.7	68.4	75.1	64.2	33.4	27.2	2.99	49.3	41.0	13.1	68.7	104.0
Maharashtra	44.1	76.6	78.5	59.2	53.9	26.3	2.86	53.7	46.1	14.1	50.5	70.3
South												
Andhra Pradesh	61.5	54.8	63.4	75.6	68.6	24.2	2.59	47.0	44.8	10.4	70.4	91.2
Karnataka	53.5	64.4	75.6	68.8	51.2	25.9	2.85	49.1	42.5	18.2	65.4	87.3
Kerala	17.6	94.8	21.0	29.1	19.3	19.6	2.00	63.3	48.3	11.7	23.8	32.0
Tamil Nadu	43.9	78.7	74.6	70.6	36.1	23.5	2.48	49.8	39.5	14.6	67.7	86.5

¹Based on births to women age 15-49 during the three years preceding the survey

²Currently married women age 13-49

³Female or male sterilization

⁴Percent of currently married 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

⁵Per 1,000 live births for the five years preceding the survey

FACT SHEET - STATE FINDINGS (Contd.)

State	For births in the last four years, percent of:					Percent of children			Percent of living children ⁹ under four years of age		
	Mothers receiving antenatal care	Mothers receiving two doses of tetanus toxoid vaccine	Births delivered in a health facility	Deliveries assisted by health professional ⁶	Children who received either ORS or RHS for diarrhoea ⁷	Fully immunized (age 12-23 months) ⁸	Exclusively breast-feeding (age 0-3 months)	Receiving breast milk and solid/mushy food (age 6-9 months)	Under-weight Stunted Wasted		
									Under-weight	Stunted	Wasted
India	62.3	53.8	25.5	34.2	30.6	35.4	51.0	31.4	53.4	52.0	17.5
North											
Delhi	82.4	72.5	44.3	53.0	39.4	57.8	20.0	25.1	41.6	43.2	11.9
Haryana	72.7	63.3	16.7	30.3	19.5	53.5	37.5	38.5	37.9	46.7	5.9
Himachal Pradesh	76.0	47.4	16.0	25.6	44.9	62.9	36.4	39.9	47.0	U	U
Jammu Region of J & K	79.5	68.9	21.9	31.2	44.4	65.7	16.9	44.8	44.5	40.8	14.8
Punjab	87.9	82.7	24.8	48.3	32.7	61.9	3.3	37.3	45.9	40.0	19.9
Rajasthan	31.2	28.3	11.6	21.8	22.7	21.1	65.9	9.4	41.6	43.1	19.5
Central											
Madhya Pradesh	52.1	42.8	15.9	30.0	33.0	29.2	31.4	27.7	57.4	U	U
Uttar Pradesh	44.7	37.4	11.2	17.2	22.7	19.8	60.3	19.4	59.0	59.5	16.1
East											
Bihar	36.8	30.7	12.1	19.0	23.0	10.7	51.6	18.1	62.6	60.9	21.8
Orissa	61.6	53.8	14.1	20.5	41.1	36.1	45.7	30.2	53.3	48.2	21.3
West Bengal	75.3	70.4	31.5	33.0	74.7	34.2	40.0	53.6	56.8	U	U
Northeast											
Arunachal Pradesh	48.9	31.9	19.9	21.3	33.3	22.5	73.9	35.8	39.7	53.9	11.2
Assam	49.3	34.9	11.1	17.9	35.2	19.4	65.0	39.2	50.4	52.2	10.8
Manipur	63.4	48.0	23.0	40.4	63.1	29.1	70.4	50.0	30.1	33.6	8.8
Meghalaya	51.8	30.0	29.6	36.9	40.7	9.7	18.0	56.3	45.5	50.8	18.9
Mizoram	88.9	42.5	48.9	61.5	24.5	56.4	45.5	64.3	28.1	41.3	2.2
Nagaland	39.3	33.0	6.0	22.2	24.6	3.8	61.1	43.5	28.7	32.4	12.7
Tripura	64.9	58.7	30.7	33.5	*	19.0	47.9	65.0	48.8	46.0	17.5
West											
Goa	95.4	83.4	86.8	88.4	41.4	74.9	10.8	33.9	35.0	32.5	15.3
Gujarat	75.7	62.7	35.6	42.5	20.7	49.8	36.3	22.9	50.1	48.2	18.9
Maharashtra	82.7	71.0	43.9	53.2	41.7	64.1	37.1	25.0	54.2	48.5	20.2
South											
Andhra Pradesh	86.3	74.8	32.8	49.3	32.5	45.0	70.5	47.8	49.1	U	U
Karnataka	83.5	69.8	37.5	50.9	34.0	52.2	65.6	38.2	54.3	47.6	17.4
Kerala	97.3	89.8	87.8	89.7	37.8	54.4	59.2	69.3	28.5	27.4	11.6
Tamil Nadu	94.2	90.1	63.4	71.2	27.1	64.9	55.8	56.5	48.2	U	U

U: Not available

* Percentage not shown; based on fewer than 25 children

⁶Allopathic doctor or nurse/midwife

⁷For children who had diarrhoea in the past two weeks, percent receiving a solution made from an Oral Rehydration Salt (ORS) packet or a Recommended Home Solution (RHS) made from sugar, salt and water

⁸Percent who have received BCG, measles and three doses of DPT and polio vaccines

⁹Underweight assessed by weight-for-age, 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

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