

PN ARK-440

**National Family  
Health Survey**

# **National Family Health Survey**

**(MCH and Family Planning)**

## **West Bengal**

### **1992**

## **Summary Report**

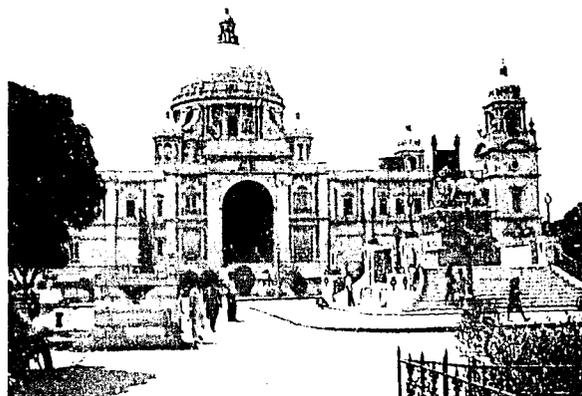
**International Institute for Population Sciences, Bombay**

**July 1995**

**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](mailto:iips.nfhs@access.net.in))**

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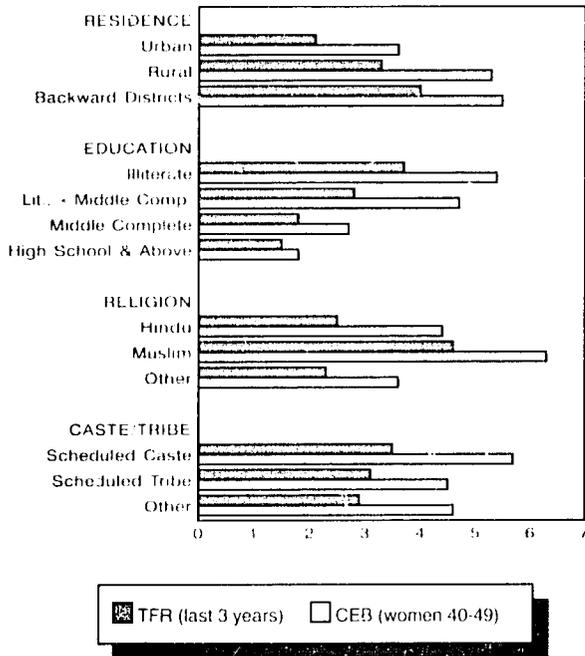
## BACKGROUND

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 in India and the National Capital Territory of Delhi (the erstwhile Union Territory of Delhi) to provide a source of demographic and health data for inter-state comparisons. The primary objective of the NFHS was to provide national-level and state-level data on fertility, nuptiality, family size preferences, knowledge and practice of family planning, the potential demand for contraception, the level of unwanted fertility, utilization of antenatal services, breastfeeding and food supplementation practices, child nutrition and health, immunizations, and infant and child mortality.

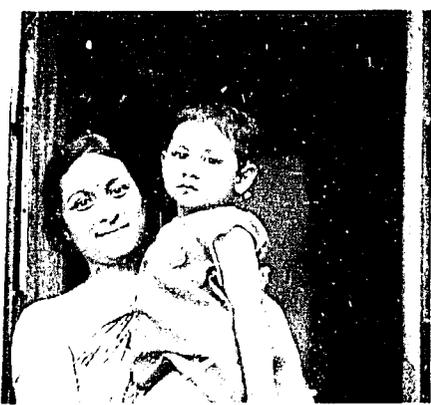
In West Bengal, interviewers collected information from 4,322 ever-married women age 13-49 in urban and rural areas. The fieldwork in West Bengal was conducted between 23 April and 30 July 1992. The survey was carried out as a collaborative project of the Ministry of Health and Family Welfare, Government of India, New Delhi; the International Institute for Population Sciences, Bombay; MODE Research Private Limited, Calcutta; the United States Agency for International Development (USAID), New Delhi; and the East-West Center/Macro International, United States of America. Funding for the survey was provided by USAID.

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



TFR (last 3 years)   
 CEB (women 40-49)



## FERTILITY AND MARRIAGE

### Fertility Levels, Trends and Differentials

- The NFHS total fertility rate (TFR) for women age 15-49 in West Bengal for the period 1989-91 is 2.9 children per woman, about 15 percent lower than the national average, as estimated from the same source. The TFR in urban areas (2.1) is lower by more than one child than in rural areas (3.3).
- The NFHS estimates for West Bengal may be compared with the 1990 estimates of the Sample Registration System (SRS) maintained by the Office of the Registrar General, India. The NFHS estimate of 2.9 is 15 percent lower than the TFR of 3.4 estimated from the 1990 SRS. The Crude Birth Rate (CBR) based from the NFHS (25.5) is 10 percent lower than the CBR estimated from the SRS (28.2) for 1990.
- Fertility in West Bengal is declining, as evidenced by the differential of approximately two births between children ever born to currently married women age 45-49, and the TFR of 2.9. Over half of all births during the three years preceding the survey were either first or second-order births.

*At current fertility rates, women in West Bengal will have an average of 2.9 children (15 percent lower than the national average).*

- The inverse association between fertility and female educational attainment is striking. Fertility is lower for more educated women and has fallen below replacement level among women with at least a middle school education. The TFR is 3.7 for illiterate women, compared to 1.8 for women who have completed only middle school and 1.5 for women with at least a high school education. Fertility differentials by religion and caste/tribe are also substantial. The Muslim TFR (4.6) is over two children higher than the Hindu TFR (2.5). Scheduled castes have a higher TFR (3.5) than scheduled tribes (3.0) and other groups (2.9).

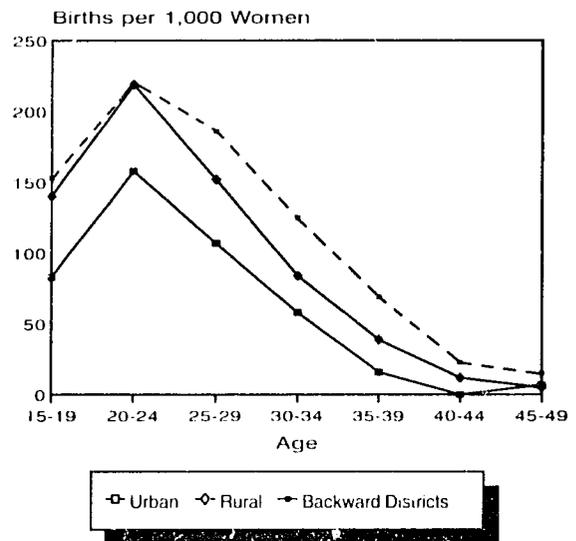
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*At current fertility rates, illiterate women have an average of 3.7 children, compared with only 1.5 children among women with at least a high school education.*

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- Childbearing in West Bengal is concentrated in the age group 15-29, which accounts for 79 percent of total fertility. Early childbearing in West Bengal is indicated by the fact that births to women age 15-19 contribute 21 percent to total fertility, compared with an almost equal contribution (20 percent) of women age 30-49. Nearly two-thirds of ever-married women age 13-19 have begun childbearing.

*Figure 2*  
Age-Specific Fertility Rates by Residence



Note: Rates are for the three years before the survey (1989-91)





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*The contribution to total fertility of births to women age 15-19 is 21 percent.*

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- The overall median interval between births is about 32 months. One in every 10 second or higher order births occurs within 18 months of the previous birth. One-fourth of the births occur within 24 months of the previous birth. These births have a relatively high risk of dying as infants. There is a positive association between the median length of birth interval and the mother's educational attainment.

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*There is a strong positive association between the median length of a birth interval and the mother's educational attainment.*

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### **Marriage**

- As in other states in India, marriage is virtually universal in West Bengal. Among women age 15-19, 41 percent are married (22 percent in urban areas and 49 percent in rural areas). At age 25-29, 93 percent are married (83 percent in urban areas and 97 percent in rural areas). Fewer than 3 percent of all women age 30-34 are never married.

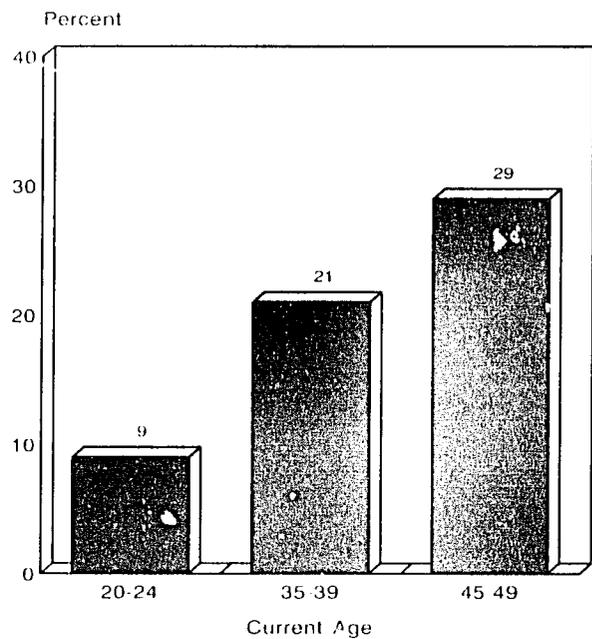
- Marriage at very young ages has been declining over time. The proportion of women marrying by age 13 declined from 29 percent in the 45-49 age cohort to just over 4 percent in the 15-19 age cohort, and the proportion marrying by age 15 declined from 51 percent in the 45-49 age cohort to 15 percent in the 15-19 age cohort. The singulate mean age at marriage for females is 19.2 years, and 25.9 for males. Although the median age at marriage has been rising in rural and urban areas, it is still low, particularly in rural areas. The median age at marriage for women age 20-24 is 17.3 years. Urban women on average marry two and a half years later than rural women (18.3 years in urban and 15.7 in rural areas).
- Marriages occur at a considerably later age among more educated women. Muslim women and women belonging to scheduled castes and scheduled tribes have relatively low ages at marriage. It is noteworthy that more than 16 years after the amendment of the Child Marriage Restraint Act, which stipulated minimum ages at marriage of 18 for females and 21 for males, a large majority of females in rural areas and a sizeable proportion of females in urban areas still marry before age 18. Moreover, widespread

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*Despite the Child Marriage Restraint Act, 1978, a substantial majority of rural women still marry before the minimum legal age at marriage of 18.*

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*Figure 3*  
Percentage of Women Married before Age 13 by Current Age





ignorance prevails in West Bengal about the legal minimum age at marriage. Only 11 percent of the women can correctly identify the legal minimum age at marriage for males, and slightly less than one-third can identify the minimum age at marriage for females.

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*Only 32 percent of all ever-married women can correctly identify the legal minimum age at marriage for females.*

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- Rural women, Muslim women, and women from scheduled castes and scheduled tribes are less likely to correctly report the minimum legal ages at marriage. Level of education is positively associated with knowledge of the minimum legal age at marriage. In West Bengal the median age at first cohabitation is only slightly higher than the median age at first marriage.

### **Fertility Preferences**

- Thirty-five percent of currently married women report not wanting any more children, and another 31 percent of currently married women or their husbands are sterilized. Together, these two groups constitute two-thirds of all currently married women in West Bengal. Overall, 86 percent of currently married women want to either space their children or stop having children altogether.

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*Overall, 86 percent of currently married women want to either space their children or stop having children altogether.*

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- The desire for additional children declines rapidly as the number of living children increases. Ninety percent of women with no living children want to have children. The proportion of women who want another child drops to 23 percent among women with two living children and 11 percent among women with three living children.
- The desire to space births is strong among women who have fewer than two children. The proportion of currently married women who would like to wait at least two years before having their next child is 29 percent for women with no children, 52 percent for women with one living child and 19 percent for women with two living children. The proportion of women who either do not want any more children or are sterilized (or the husband is sterilized) is 74 percent for women with two living children, 91 percent for women with four living children and 94 percent for women with 5 living children.

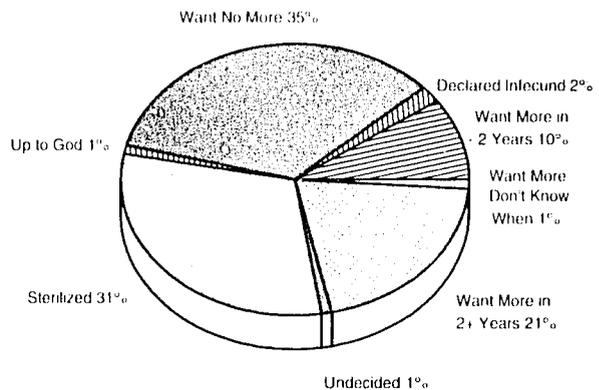
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*Over half of all currently married women with one living child want to wait at least two years before having their next birth.*

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





- Among women who want another child, there is a strong preference for sons, with 54 percent wanting the child to be a son, and only 17 percent wanting the next child to be a daughter. Twenty-nine percent of women indicate no preference, with 20 percent saying it does not matter and 9 percent saying it is up to God. Evidence of son preference is stronger in rural areas, where 57 percent want a son, compared to 44 percent in urban areas.

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*Among women who want another child, there is a strong preference for sons, especially in rural areas.*

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- Responses to ideal family size in West Bengal fall mostly within a narrow range of 2 to 3 children. The mean ideal family size is 2.6 children, and there is only a marginal difference between urban (2.2) and rural areas (2.7). Women who have completed high school have a reported ideal family size of 1.7 children.

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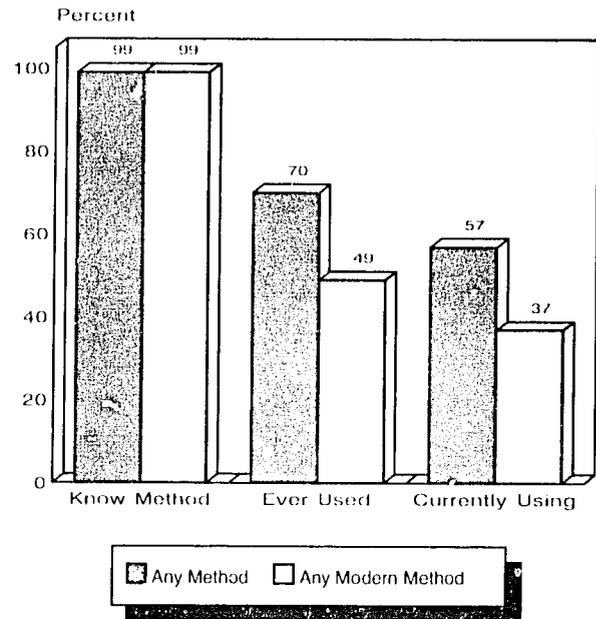
## FAMILY PLANNING

### Knowledge of Family Planning Methods

- Awareness of family planning methods is almost universal in West Bengal. Nearly 100 percent of ever-married women report knowledge of at least one method of family planning, with little variation by residence. Over three-fourths of all currently married women can name a modern method of contraception without interviewer probing.
- There is considerable variation in the knowledge of particular methods of contraception. The most widely known method among ever-married women is female sterilization (98 percent), followed by equal numbers knowing the pill and male sterilization (84 percent). IUDs and condoms are known to 67 and 66 percent ever-married women, respectively, and although current use of injectables is negligible, knowledge is reasonably high at 42 percent. Awareness of traditional methods is also quite widespread in West Bengal, with 71 percent of all ever-married and 73 percent of all currently married women reporting knowledge of at least one traditional method. Periodic abstinence is better known than withdrawal. Knowledge about the source of contraception is also widespread, with 96 percent of ever-married women knowing where to obtain at least one method of contraception.

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





### Contraceptive Use

- Seventy percent of currently married women age 13-49 have ever used a contraceptive method in West Bengal, and the distinguishing feature of the state is the widespread use of traditional methods. More women report having used periodic abstinence (33 percent), than any other method, and ever-use of withdrawal (26 percent) is equal to ever-use of female sterilization. Overall, modern methods have been used by 49 percent of currently married women, and traditional methods by 45 percent.

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*The distinguishing feature of West Bengal is the high use of traditional methods.*

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- The level of current use of contraception in West Bengal is among the highest in India, with 57 percent of currently married women practising family planning; 37 percent using modern methods and 20 percent using traditional methods. Female sterilization (26 percent) and periodic abstinence (11 percent) are the most commonly used methods, and together account for nearly two-thirds of the contraceptive prevalence. Female sterilization accounts for 86 percent of the total number of sterilizations. Pills are used by only 4 percent of currently married women. No other modern spacing method is used by more than 2 percent of women. However, 8 percent of all current users depend upon the withdrawal method of contraception, which often indicates substantial motivation for fertility control, particularly on the part of husbands.

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*Contraceptive use in West Bengal is among the highest in India, with 37 percent using modern methods, and 20 percent using traditional methods.*

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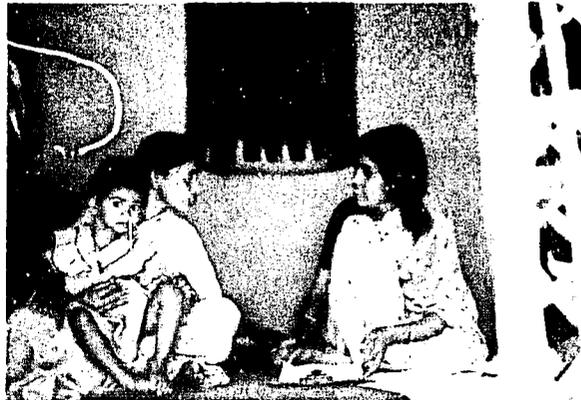
- The contraceptive prevalence rate for modern methods is marginally higher in rural areas (38 percent) than in urban areas (37 percent), a result mainly influenced by the fact that slightly more rural couples use terminal methods. The use of spacing methods, however, is more common in urban areas.

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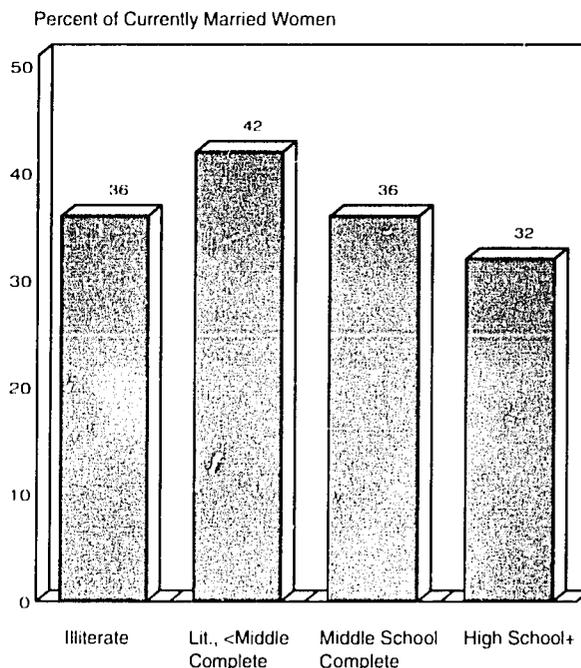
*As in most states of India, female sterilization is the predominant method of contraception in West Bengal.*

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- Differentials in current use exist by literacy and education of women, religion, and sex composition of living children. The positive relationship between education and the level of current use is seen for spacing methods and traditional methods, but not for sterilization. Thus, when considering current use of any modern method, the relationship disappears. The most commonly used modern spacing method is the pill, although for women who have completed high school, the most popular method switches from the pill (7 percent) to the condom (11 percent). The IUD is the

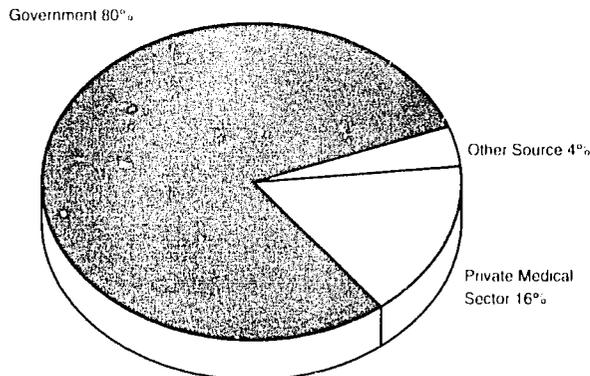


*Figure 6*  
Current Use of Modern Contraceptive Methods by Education





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



least popular spacing method at all levels of education, and reported use of both periodic abstinence and withdrawal increases with level of education.

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*Although terminal method use is more common in rural areas, current use of both modern spacing methods and traditional methods is higher in urban areas.*

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- The Hindu-Muslim difference in current use of contraception is substantial: 61 percent of Hindu women currently use a method, compared to only 43 percent of Muslims. Contraceptive prevalence is also low among scheduled tribes. The proportion of any contraceptive use accounted for by sterilization is especially high among scheduled caste and scheduled tribe women, 68 percent and 77 percent, respectively.
- Current use of any modern method increases steadily from 5 percent among women who have no living children, to 15 percent having one child, 42 percent having two children, 61 percent having three, and then down to 49 percent among women having four or more children. Contraceptive prevalence by the sex composition of living children at each parity indicates the existence of son preference. Current use of family planning is lowest for women with no sons and highest for women with all sons.

The public sector (including government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies four-fifths of all

modern methods used, while the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drug stores) supplies 16 percent. The public sector supplies a much larger percentage of modern methods in rural (88 percent) as opposed to urban areas (58 percent).

### Attitudes Toward Family Planning

- Attitudes toward the use of family planning are generally positive, as 84 percent of currently married, nonsterilized women approve the use of family planning, with little variation by residence. Seventy percent of currently married women report that both they and their husbands approve of family planning, while only 12 percent said that they both disapprove.
- The educational attainment of women and their husbands plays an important role in determining attitudes toward family planning. The proportion who approve of family planning is 76 percent for illiterate women, and 96 percent for women with at least a high school education. Joint approval by both husband and wife is lowest among illiterate women (57 percent).
- There are some differences in the approval of family planning by religion. The approval among Muslims is eight percentage points lower than among Hindus, and approval among scheduled castes and scheduled tribes is lower than among other groups, although the differences are marginal.
- Ninety-three percent of women who have ever used a contraceptive method report that they approve of family planning, compared to 72 percent of women who have never used a method. Among never users who approve of family planning, however, 9 percent report





that their husbands do not approve of family planning.

- Overall, 46 percent of currently married nonusers do not intend to use any method of family planning in the future. Among those who do intend to use some method of family planning in the future, more than two-fifths (43 percent) would prefer to use female sterilization, 27 percent would prefer to use the pill, 7 percent report wanting to try the injection and another 7 percent would practice periodic abstinence. The finding that 39 percent of all intended future users want to use modern spacing methods, while only 7 percent are currently using such methods, further indicates the considerable demand for spacing methods in West Bengal.

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*Despite the fact that only 7 percent of currently married women use modern spacing methods, nearly 40 percent of the intended future users would prefer to use modern spacing methods.*

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

- Efforts to disseminate family planning information through the electronic mass media have succeeded in reaching only one-third of all ever-married women in West Bengal. This coverage is rather poor, considering that 44 percent of all households in West Bengal own radios, and another 19 percent own televisions. The proportion of women exposed to family planning messages on radio

or television is 43 percent in urban areas, and 31 percent in rural areas. Exposure to family planning messages on radio and television is strongly associated with female educational attainment: among illiterate women only 22 percent heard messages on either radio or television, compared to 64 percent of women who have completed high school. Eighty-four percent of women report that it is acceptable to have family planning messages on radio and television, while only 6 percent disagreed.

### Need for Family Planning Services

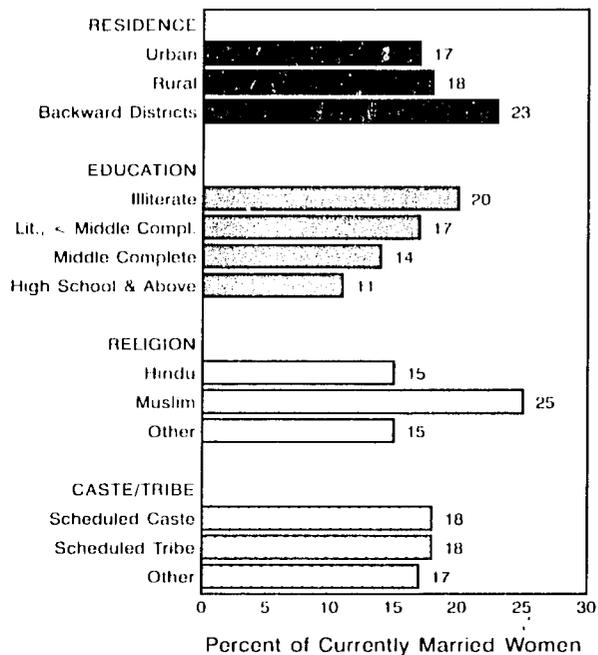
- Currently married women who are not using contraception, but report not wanting any more children or wanting to wait two or more years before having another child, are defined as having an unmet need for family planning. Overall, 17 percent of women in West Bengal have an unmet need for family planning services, about the same for spacing births (9 percent) as for limiting births (8 percent). If all the women who say they want to space or limit children were to actually use a family planning method, the contraceptive prevalence rate would increase from the present 57 percent to 75 percent of currently married women. Currently, 77 percent of the total demand for family planning is being met by the family planning programme in West Bengal.

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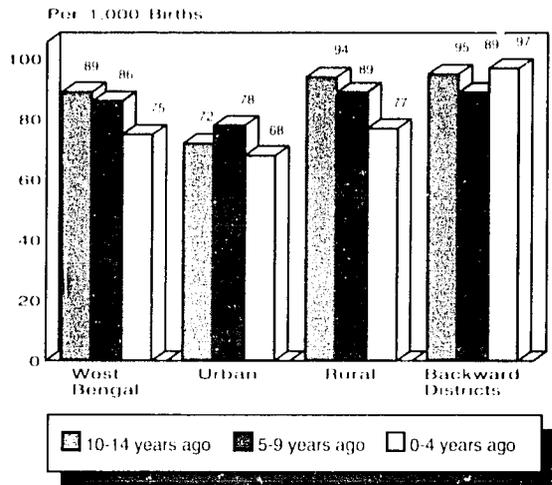
*Overall, 17 percent of women have an unmet need for family planning services.*

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**Figure 8**  
Unmet Need for Family Planning by Selected Characteristics



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



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



## MATERNAL AND CHILD HEALTH

### Infant and Child Mortality

- The infant mortality rate in West Bengal declined during the 15 years preceding the NFHS, from 89 per 1,000 live births during 1977-81 (10-14 years prior to the survey) to 75 per 1,000 live births during 1987-91 (0-4 years prior to the survey), a decline of 16 percent. Among births occurring during the five years preceding the survey, one in 13 children died within the first year of life, and one in ten children died before reaching age five. Intensifying child survival programmes in the state could help to further reduce infant and child mortality levels.

*One in every 13 children dies within the first year of life.*

- During 1987-91, the infant mortality rate was 13 percent higher in rural areas (77 per 1,000 live births) than in urban areas (68 per 1,000 live births), and children in rural areas of West Bengal experienced a 25 percent higher risk of dying before their fifth birthday than urban children.
- The infant mortality rate for the 10-year period preceding the survey declines sharply with increasing education of women. The infant mortality rate among children born to illiterate women (96 per 1,000 live births) is more than two and a half times that for children born to women with at least a high school education (36 per 1,000 live births).

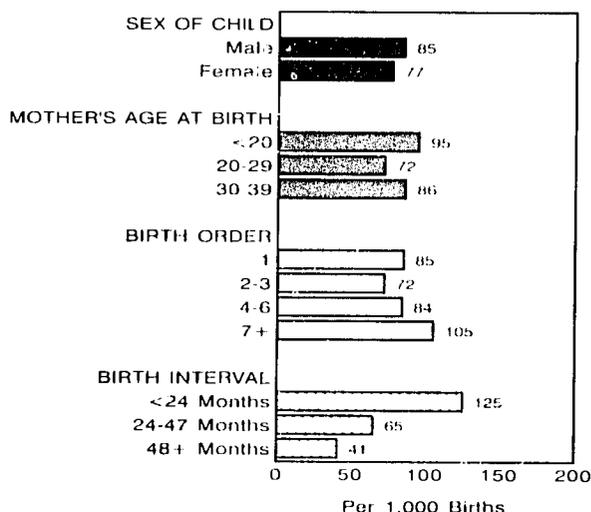
- Male infants in West Bengal have a slightly higher risk of dying than females during the first year of life, but beyond this the trend is reversed and female disadvantages become evident as child mortality is higher among females than males. The ratio of female to male mortality changes from 0.95 for neonatal mortality to 0.91 for infant mortality and to 1.63 for child mortality.
- The infant mortality rate is highest for births to mothers under age 20 (95 per 1,000 live births), and three times as high for children with a preceding birth interval of fewer than 24 months, compared with children with a preceding interval of 48 months or more (125 and 41 infant deaths per 1,000 live births, respectively).

*The infant mortality rate is highest for children born less than 24 months after the previous birth*

### Antenatal Care and Assistance at Delivery

- During the four years preceding the survey, mothers received antenatal care for three-fourths of their births. Sixty percent received antenatal care from a doctor, 8 percent received care from other health professionals, and another 25 percent received no antenatal care at all. Women received two or more doses of tetanus toxoid injections for 70 percent of all births, and iron and folic acid tablets for 56 percent of all births during the four years preceding the survey.

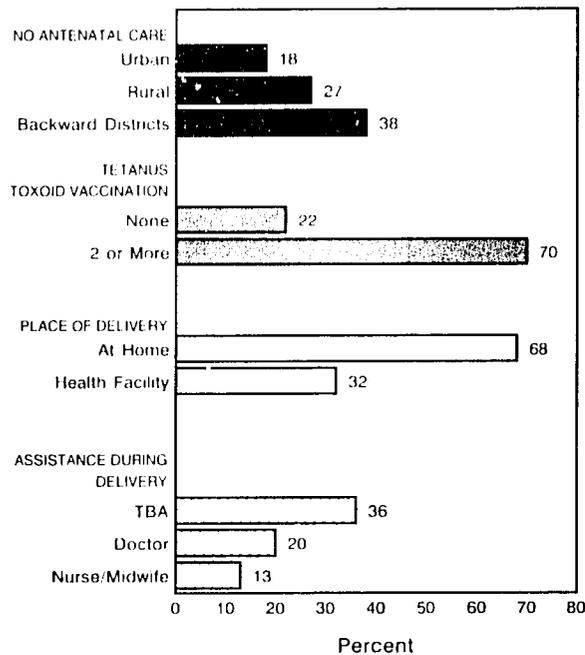
Figure 10  
Infant Mortality Rates by Selected Demographic Characteristics



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



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



- There are few differences in the utilization of antenatal care services by residence. The proportion of births whose mothers received antenatal care is 82 percent in urban areas, and 73 percent in rural areas. There are substantial differences in antenatal care by educational attainment of the women, however, varying from 65 percent of births to illiterate mothers to 99 percent of births to mothers with at least a high school education.
- A large majority of births (68 percent) are delivered at home, with 26 percent delivered in public health facilities and 5 percent in private health facilities. Only 20 percent of deliveries are assisted by a doctor, and another 13 percent by a nurse/midwife. More than one-third of all the deliveries are attended by traditional birth attendants, and 29 percent of the deliveries are attended by relatives or other persons.

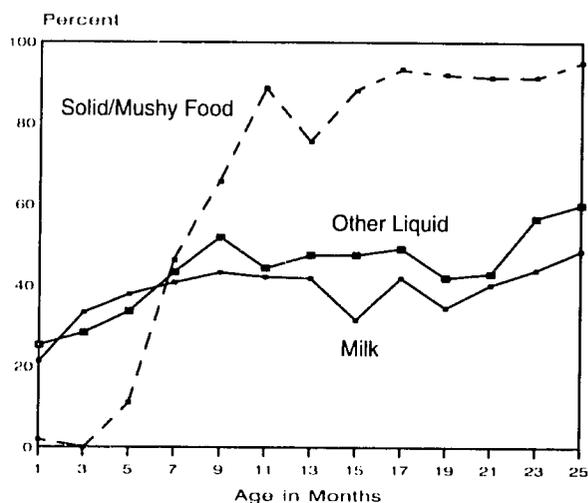
*More than two-thirds of all births are delivered at home.*

- There are substantial differences in place of delivery by residence, education of the mother and religion. Whereas 66 percent of urban deliveries occur in public or private health facilities, only 21 percent of rural births are delivered in a health facility. Only one out of six births to illiterate mothers is delivered in a health facility, compared with nine out of ten births to mothers with at least a high school education. Religious differentials are substantial: 40 percent of deliveries to Hindu women are conducted in a health facility, compared to only 12 percent of deliveries to Muslim women.

## Breastfeeding and Supplementation

- Breastfeeding is nearly universal in West Bengal, with 96 percent of all children having ever been breastfed. The overall practice of breastfeeding is high in all groups, regardless of residence, education of mother, religion and other background characteristics. The intensity and duration of breastfeeding, however, varies widely in the state. Rural mothers breastfeed their children on average about seven months longer than urban women, and the median duration of any breastfeeding is 33 months among illiterate mothers, compared to 27 months among mothers with at least a high school education.
- It is recommended that the first breast milk should be given to children because it contains colostrum, which provides the child with the mother's immunity to diseases. However, many women squeeze the first milk from the breast before they begin breastfeeding. Only 11 percent of babies in West Bengal are nursed within 24 hours of birth, indicating the need to educate mothers regarding the importance of early initiation of breastfeeding.
- Although exclusive breastfeeding is recommended for all children through age 4-6 months, water and other supplements are given to more than half of the children below 2 months of age. Thirty-six percent of children age 2-3 months are exclusively breastfed, and slightly less than one-fifth of children age 4-5 months are exclusively breastfed.
- Supplements other than plain water are given in addition to breastmilk to 36 percent of children age 0-1 month, 52 percent of

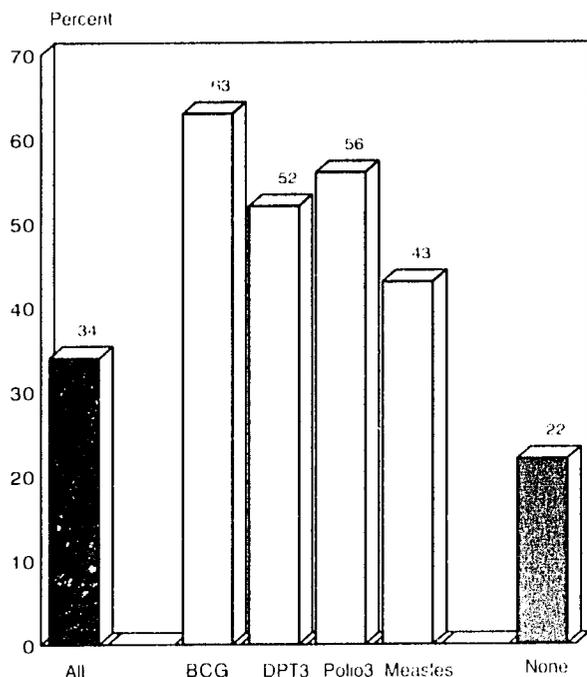
*Figure 12*  
Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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



**Figure 13**  
**Vaccination Coverage Among Children Age 12-23 Months**



children age 2-3 months, and nearly four-fifths of children age 6-7 months. The use of bottles with a nipple (a practice which is discouraged because of the risk of infection) increases from 14 percent at age 0-1 months to 24 percent at age 4-7 months, after which the practice declines.

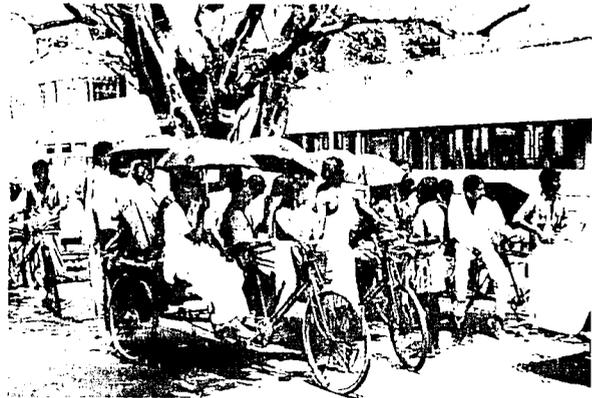
### Vaccination of Children

- The Universal Immunization Programme aims to inoculate all children against six preventable childhood diseases: tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio and measles. Immunization coverage in West Bengal is only moderate. Among children age 12-23 months, 63 percent have been vaccinated against tuberculosis (BCG vaccine), 52 and 56 percent have received all three doses of DPT and polio, respectively, and 43 percent of children have been vaccinated against measles. One-third (34 percent) of all children have been fully vaccinated against six childhood diseases, but 22 percent have received no vaccinations at all. A higher percentage of urban children are fully vaccinated (44 percent) than rural children (31 percent), and vaccination cards were seen for 56 percent of children in urban areas compared to 45 percent in rural areas.

*Only one-third of all children age 12-23 months are fully vaccinated*

- Females are more likely to have been fully vaccinated against childhood diseases (37 percent) than males (32 percent). There are notable differences in the vaccination of

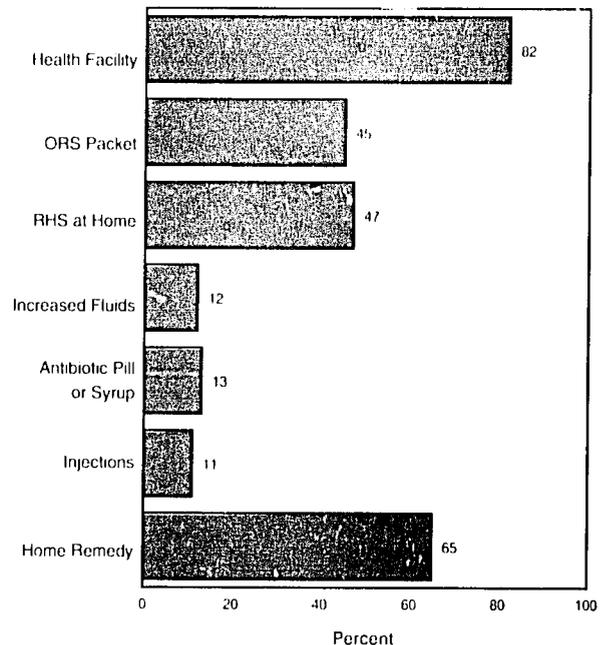
children by religion: 39 percent of Hindu children, compared to 25 percent of Muslim children, are fully vaccinated. Children belonging to scheduled castes and scheduled tribes are less likely to be vaccinated than other children. Differences by educational attainment of the mother are more pronounced: 23 percent of children born to illiterate mothers received all the recommended vaccinations, compared to 67 percent of children born to mothers who have completed high school.



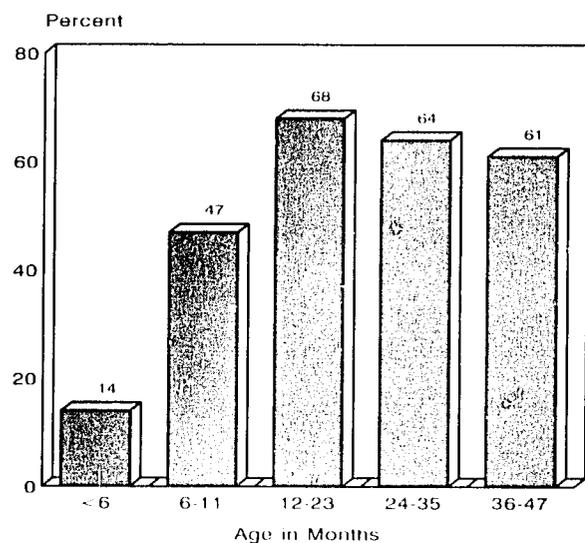
### Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 10 percent of children under four years of age had symptoms of acute lower respiratory infection (cough accompanied by fast breathing). Sixty-two percent of these children were taken to a health facility or provider, and 75 percent of these children received some form of treatment. Over the same period, 29 percent of all children suffered from fever, which may be a sign of malaria or other illness. Fifty-nine percent of these children were taken to a health facility or provider for treatment.
- A very small proportion (3 percent) had diarrhoea during the two weeks prior to the survey. Eighty-two percent of these children were taken to a health facility or provider, 45 percent were treated with a solution prepared from the oral rehydration salt (ORS) packets, 47 percent were treated with a recommended home solution (RHS), 12 percent received increased fluids, and 23 percent were not given any kind of oral rehydration treatment.
- Knowledge of ORS packets is fairly widespread. Sixty-four percent of mothers are familiar with ORS packets, with 50 percent having ever used them.

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



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



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

## Nutritional Status of Children

- In the West Bengal NFHS, children under age 4 were weighed to assess their nutritional status. It was subsequently determined that, based on an international reference standard, over half of these children (57 percent) are underweight for their age, and 18 percent are severely undernourished.

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*Fifty-seven percent of all children are underweight for their age.*

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- Nutritionally, female children are marginally more disadvantaged than male children. Compared with 55 percent of males, 59 percent of females are underweight. Undernutrition is higher in rural areas (60 percent) than urban areas (45 percent). A slightly larger percentage of children from scheduled tribes are underweight than are children from scheduled castes or other groups.
- The differentials in undernutrition by the mother's educational level are notable. Undernutrition of children declines steadily with the increasing educational attainment of the mother, from 62 percent of children born to illiterate mothers to 25 percent of children born to mothers with at least a high school education.

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## KNOWLEDGE OF AIDS

- In order to assess basic knowledge about Acquired Immune Deficiency Syndrome (AIDS), the West Bengal NFHS incorporated a series of questions on AIDS. Only 10 percent of ever-married women age 13-49 in West Bengal report having heard about AIDS. Knowledge is particularly low among women age 13-24 (5 percent). Awareness of AIDS is to a great extent associated with residence and educational attainment: urban women are about seven times more likely to have heard about AIDS than rural women, and among illiterate women, who comprise 51 percent of all ever-married women, knowledge of AIDS is negligible. The positive association between knowledge of AIDS and educational attainment is pronounced, increasing from 0.5 percent of illiterates having knowledge, to 66 percent of ever-married women with a high school education.



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*Only 10 percent of all women age 13-49 have ever heard of AIDS.*

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- Exposure to mass media substantially influences the percentage of ever-married women knowing about AIDS. Only 1 percent of women not exposed to any media report having knowledge, compared with 15 percent of women who are regularly exposed to radio and television. Most women who knew about AIDS heard about it through television (59 percent), and newspapers (54 percent), while 21 percent of women heard about AIDS from either the radio or from friends/relatives.



- Of those reporting knowledge of the disease, the majority (63 percent) believed that AIDS is transmitted through sexual intercourse, while another 18 percent cited transfusion of infected blood.
- Among women who have heard of AIDS, the percentage with misconceptions about how the disease is transmitted ranges from 20 percent who think it can be contracted by shaking hands with someone suffering from AIDS, 54 percent who believe AIDS can be transmitted by wearing the clothes of an infected person, 68 percent who think it is possible to get AIDS by sharing eating utensils with an infected person, to 77 percent who think that AIDS can be acquired through the bites of mosquitos, fleas and bedbugs. Thirty-five percent of women who have heard of AIDS believe that the disease is curable, but only 2 percent think that an AIDS vaccine exists. Forty-three percent report that AIDS can be avoided by practising "safe sex", and 35 percent report that it can be prevented by using condoms, but fewer than 17 percent know about other means of prevention, such as checking blood before transfusions, using sterilized needles and syringes for injections and avoiding pregnancy when infected with AIDS.

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## CONCLUSIONS

### Fertility and Family Planning

- Fertility in West Bengal has declined over the last decade, but the state has not yet achieved replacement-level fertility. The TFR is 2.9 children per women, with 21 percent of total fertility contributed by women age 15-19. While 57 percent of currently married women are practising family planning, this percentage drops to 37 percent if only modern methods of contraception are considered. Although female sterilization is the most commonly-used method (26 percent), the distinguishing feature of family planning in West Bengal is the relatively high (20 percent) use of traditional methods of contraception, which simultaneously suggests a high motivation for controlling fertility (especially for spacing births), as well as a reluctance to seek "modern" family planning services from the existing health infrastructure.
- If all women who say they want to limit or space their births were to actually use contraception, the prevalence rate would increase from 57 percent to 75 percent of currently married women. The majority of women who intend to use contraception in the future would prefer female sterilization, but even though current use of spacing methods is low (7 percent), 39 percent of intended users reported an intention to use modern spacing methods in the future, again indicating considerable demand for spacing methods.
- The relatively large contribution to fertility of teenage women is associated with the fact that most women marry before the legally stipulated minimum age of 18. Thirty-five percent of women age 20-24 years in urban

areas, and 64 percent in rural areas married before age 18. Although the median age at first marriage has increased over time, it remains on the low side, particularly in rural areas. Owing partly to weak implementation of the Child Marriage Restraint Act, 1978, only about one-third of all ever-married women know the legal minimum age at marriage for women. Early age at marriage and childbearing have negative implications for the status of women and child health, in addition to constraining the Government's ongoing efforts to reduce overall fertility levels.

### Maternal and Child Health

- There has been insufficient progress in the area of maternal and child health in West Bengal. The infant mortality rate has declined gradually over the 15 years prior to the survey, but remains high, at 75 infant deaths per 1,000 live births. Infant mortality varies little by residence, 68 in urban areas compared with 77 per 1,000 live births in rural areas. Infant mortality is particularly high among the children of mothers belonging to scheduled castes and scheduled tribes, illiterate mothers, teenage mothers, and children born less than 24 months after the previous birth. It is particularly striking that the infant mortality rate among babies born to illiterate mothers (96 per 1,000) is more than two and a half times that for babies born to women with at least a high school education (36 per 1,000).
- More than two-thirds of all births in West Bengal are delivered at home. In urban areas, two-thirds of all babies are delivered in a health facility, compared to only 21 percent in rural areas. Seventy percent of births were to mothers who received two or more doses of

tetanus toxoid vaccine, and 56 percent to mothers who received iron and folic acid tablets as a prophylaxis against nutritional anaemia during pregnancy.

- The vaccination coverage of children age 12-23 months against the six serious but preventable childhood diseases is 34 percent in West Bengal, far behind the target of the Universal Immunization Programme to cover 85 percent of all infants by 1990. The coverage of BCG is comparatively better (63 percent) than DPT (52 percent), polio (56 percent) and measles (43 percent). Special efforts are needed to improve the relatively low coverage of children born to illiterate mothers and those born to Muslim, scheduled caste and scheduled tribe mothers. More than half of all children are underweight and 18 percent are classified as severely undernourished, and a majority of mothers do not practice early initiation of breastfeeding.
- Maternal and child health indicators will remain at low levels in West Bengal unless the quality and scope of services connected to the Child Survival and Safe Motherhood (CSSM) programme are improved. Among the most important programme elements in the state is health education, especially those efforts that are conducted through the mass media. Couples, especially rural, illiterate women, need to be better informed about the importance of antenatal care and safe delivery practices, the benefits of proper breastfeeding and supplemental feeding behaviour, the importance of full immunization and oral rehydration therapy for children with diarrhoea, the benefits of family planning, including special emphasis on spacing births, because of the greatly increased risks to child

health stemming from teenage pregnancy and short birth intervals.

### Status of Women

- Despite some progress in the education of women in West Bengal in recent years, over half of all ever-married women age 13-49 are still illiterate - 30 percent in urban areas, and 58 percent in rural areas. The importance of female education is impossible to overstate. The NFHS findings show that the educational attainment of females is strongly associated with a broad range of variables, each of which has a direct bearing on the quality of life. These include exposure to mass media, age at marriage, fertility behaviour, use of contraception, infant and child mortality, utilization of antenatal care services, safe delivery, vaccination of children, the nutritional status of children, and knowledge about AIDS. Improvement in female education is clearly desirable, not only in its own right but also because of its favourable demographic and health impacts.
- The comparatively low status of women in West Bengal is evident from lower female than male literacy, lower female attendance rates for girls age 6-14 years, sex ratios that are unfavourable to women, low levels of female employment, son preference, low age at first marriage, the overwhelming predominance of tubectomy and laparoscopy as opposed to vasectomy procedures, and higher child mortality rates for girls. Furthermore, vaccination rates for boys are slightly better than for girls, and gender differences in the nutritional status of children are also slightly advantageous to boys. Urban-rural differences in several of the factors listed above are glaringly large and indicate a

particular need for programmes to elevate the status of women in rural areas.

### Achievement of Programme Objectives

- Major national objectives of the CSSM Programme adopted in the Eighth Five Year Plan (1992-97) are to achieve an infant mortality rate of 50 per 1,000 live births (the infant mortality rate in West Bengal during 1987-91 was 75); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in West Bengal during 1987-91 was 99); a crude death rate of 9 per 1,000 population (the crude death rate in West Bengal was 10 in 1990-91); and a crude birth rate of 26 per 1,000 population (the crude birth rate in West Bengal was 26 in 1989-91).
- The national targets for service coverage include 100 percent coverage of antenatal care (women in West Bengal received antenatal care for 75 percent of their births in 1988-91); 100 percent of deliveries by trained attendants (only 33 percent of deliveries were attended

by a doctor or nurse/midwife in 1988-91); and a couple protection rate of 75 percent among couples in the reproductive ages (in West Bengal only 57 percent of women practised family planning in 1992, and 35 percent of this consisted of traditional method use).

- The above comparisons reveal the enormity of the task ahead for West Bengal. With a population of 68 million in 1991, likely to grow close to 85 million in another ten years, West Bengal is already the most densely populated state in the country (excluding the National Capital Territory of Delhi), and will only be further strained. Despite the recent gains in fertility reduction and contraceptive use, the state can work to see more progress, particularly in the area of providing a more balanced health and family welfare programme to the rural, illiterate majority - women who are not only of lower status than males, but also lower than their female counterparts living in urban West Bengal.



# FACT SHEET-WEST BENGAL

## 1991 Population Data

Office of the Registrar General and Census  
Commissioner

Total population (millions) .....	68.1
Percent urban .....	27.5
Percent scheduled caste .....	23.6
Percent scheduled tribe .....	5.6
Decadal population growth rate (1981-91).....	24.7
Crude birth rate (per 1,000 population) .....	27.0
Crude death rate (per 1,000 population) .....	8.3
Life expectancy at birth (years) <sup>1</sup> :	
Male .....	60.2
Female .....	61.2

## National Family Health Survey, 1992

### Sample Population

Ever-married women age 13-49 .....	4,322
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### Background Characteristics of Women Interviewed

Percent urban .....	27.3
Percent illiterate .....	50.6
Percent attended high school or higher .....	9.6
Percent Hindu .....	76.2
Percent Muslim .....	21.7
Percent working .....	23.0

### Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married .....	74.8
Percent of women age 15-49 ever married .....	80.8
Singulate mean age at marriage for females (in years) .....	19.2
Singulate mean age at marriage for males (in years) .....	25.9
Percent of women married to first cousins <sup>2</sup> .....	4.4
Median age at marriage among women age 25-49 .....	16.0
Median months of breastfeeding <sup>3</sup> .....	32.8
Median months of postpartum amenorrhoea <sup>4</sup> .....	9.5
Median months of postpartum abstinence <sup>5</sup> .....	2.3

### Fertility

Total fertility rate <sup>1</sup> .....	2.9
Mean number of children ever born to women age 40-49 .....	4.7

### Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized .....	65.1
Want to delay their next birth at least 2 years .....	20.5
Mean ideal number of children <sup>7</sup> .....	2.6
Percent of births in the last 4 years which were:	
Unwanted .....	15.3
Mistimed .....	19.9

### Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method .....	99.1
Knowing a modern method .....	98.8
Knowing a source for a modern method .....	95.9
Ever used any method .....	70.4
Currently using any method .....	57.4

### Percent of currently married women currently using:

Pill .....	3.5
IUD .....	1.3
Injection .....	0.1
Condom .....	1.9
Female sterilization .....	26.3
Male sterilization .....	4.3
Periodic abstinence .....	11.3
Withdrawal .....	8.3
Other methods .....	0.5

### Mortality and Health

Infant mortality rate <sup>6</sup> .....	75.3
Under-five mortality rate <sup>6</sup> .....	99.3
Percent of births <sup>7</sup> whose mothers:	
Received antenatal care from a doctor	
or other health professional .....	68.3
Received 2 or more tetanus toxoid injections .....	70.4
Percent of births <sup>7</sup> whose mothers were assisted at delivery by:	
Doctor .....	20.1
Nurse/midwife .....	12.9
Traditional birth attendant .....	36.3
Percent of children 0-1 months who are breastfed .....	97.4
Percent of children 4-5 months who are breastfed .....	95.7
Percent of children 10-11 months who are breastfed .....	96.8
Percent of children 12-23 months who received <sup>8</sup> :	
BCG .....	63.1
DPT (three doses) .....	51.9
Polio (three doses) .....	56.0
Measles .....	42.5
All vaccinations .....	34.2
Percent of children under 4 years <sup>9</sup> who:	
Had diarrhoea in the 2 weeks preceding the survey .....	2.5
Had a cough accompanied by rapid breathing	
in the 2 weeks preceding the survey .....	10.2
Had a fever in the 2 weeks preceding the survey .....	29.4
Are undernourished (underweight) <sup>10</sup> .....	56.8

### Knowledge of AIDS

Percent of ever-married women age 13-49 with	
knowledge of AIDS .....	9.8

<sup>1</sup> 1986-90

<sup>2</sup> Based on ever-married women

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

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

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

<sup>6</sup> For the 5 years preceding the survey (1987-91)

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

<sup>8</sup> Based on information from vaccination cards and mothers' reports

<sup>9</sup> Children born 1-47 months preceding the survey

<sup>10</sup> Undernourished children (assessed on the basis of weight-for-age) are those more than 2 standard deviations below the median of International Reference Population, recommended by the World Health Organization.