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Punjab

Summary Report

National Family Health Survey 1993

**Population Research Centre
Centre for Research in Rural
and Industrial Development
Chandigarh**

**International Institute for Population Sciences
Bombay**

National Family Health Survey

(MCH and Family Planning)

Punjab

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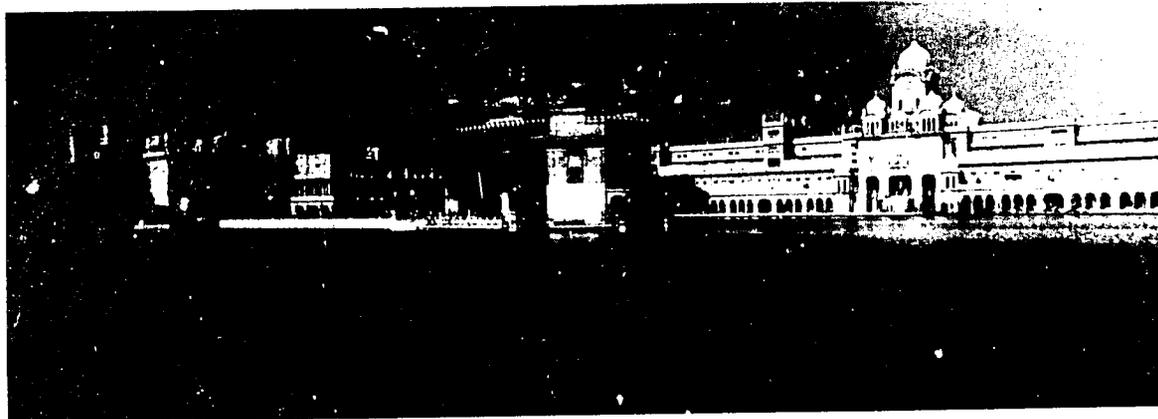
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International Institute for Population Sciences, Bombay

September 1995

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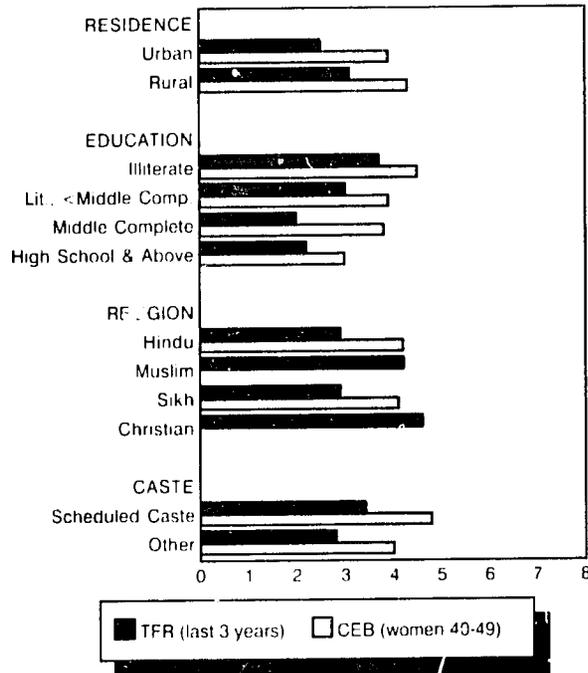


BACKGROUND

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

In Punjab, interviewers collected information from 2,995 ever-married women age 13-49 in urban and rural areas. The fieldwork in Punjab was conducted between 8 July and 4 September 1993. The survey was carried out as a collaborative project of the Ministry of Health and Family Welfare, Government of India, New Delhi; the International Institute for Population Sciences, Bombay; the Centre for Research in Rural and Industrial Development (CRRID) including the Population Research Centre at CRRID, Chandigarh; the United States Agency for International Development (USAID), New Delhi; and the East-West Center/Macro International, U.S.A. Funding for the survey was provided by USAID.

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



Note: The means (CEB) for the categories Muslim and Christian are not shown because they are based on fewer than 25 cases



FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

- The fertility level has declined substantially in Punjab. Women in their forties have had an average of four children, but women who are currently in their childbearing years can be expected to have fewer than three children, on average, during their lifetime if current fertility levels prevail. The NFHS total fertility rate (TFR) for women in the age group 15-49 for the state as a whole for 1990-92 was 2.9 children per woman, about 14 percent lower than the national average. As expected, the urban TFR (2.5 children per woman) is substantially lower than the rural TFR (3.1 children per woman). Under the present schedule of fertility, a woman in the rural areas would have, on average, 0.6 more children in her childbearing years (i.e., 25 percent more children) than a woman in the urban areas.

At current fertility rates, women in Punjab will have an average of 2.9 children (14 percent lower than the national average).

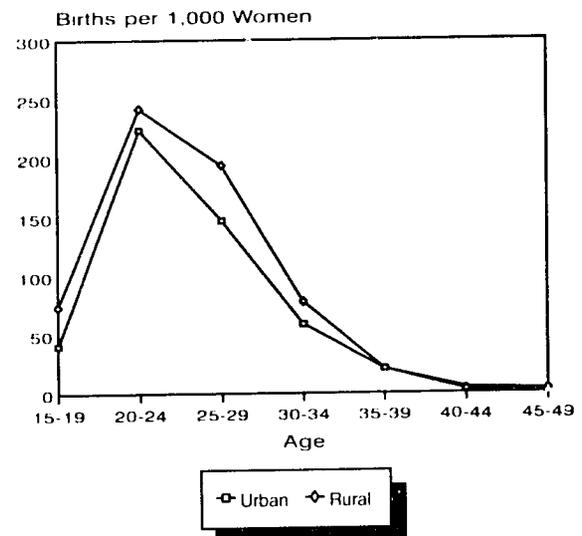
- The NFHS estimates may be compared with the 1991 estimates from the Sample Registration System maintained by the Office of the Registrar General. The NFHS estimate of the TFR of 2.9 for the period of 1990-92 is close to the TFR of 3.1 estimated by the SRS for the year 1991. The NFHS crude birth rate (25.0) for 1990-92 is also similar to the SRS crude birth rate (27.7) for 1991.

- Several population subgroups, most notably educated women, have taken the lead in reducing their fertility. Women with at least a high school education have a TFR of 2.2, a near replacement-level fertility, whereas illiterate women have a TFR of 3.7, which is 65 percent higher.
- Hindus and Sikhs in Punjab do not differ in their current fertility. However, caste differentials in fertility are substantial. Scheduled caste women have, on average, half a child more than nonscheduled caste women.
- Early childbearing is relatively rare in Punjab. Only 6 percent of women in the 15-19 age group have ever had a child. Bearing children late in life is also not common. A little less than one-half of women currently age 45-49 had their last child before age 30 and only 3 percent had a child after age 39. Therefore, childbearing is highly concentrated between ages 20 and 34.
- The overall median interval between births is just over 29 months, or about 2.4 years. One in every six births occurred within 18 months of the previous birth and one-third of all births occurred within 24 months. These are high-risk births with a relatively low probability of survival.

Marriage

- Marriage is virtually universal in Punjab. Above age 30, less than one percent of the women are never married. At age 15-19, only 14 percent of women are currently married. The proportion ever married at age 15-19 is higher in rural areas (16 percent) than in urban areas (10 percent).

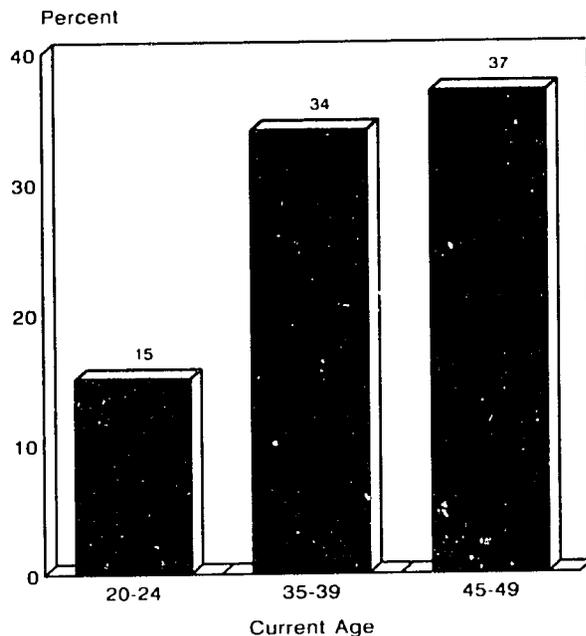
Figure 2
Age-Specific Fertility Rates by Residence



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



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



- Age at marriage is relatively high in Punjab. Even among older women, a relatively small proportion of women are married by age 15 and marriages below age 15 have been virtually eliminated in the state. Only 4 percent of women in the 45-49 age cohort were married by age 13, and this proportion declined to almost nil in the 15-19 age cohort. Similarly, only 6 percent of the women in the 45-49 age cohort married before age 15 and this proportion declined to 1 percent in the 15-19 age cohort. The median age at marriage has been rising at a similar rate in both urban and rural areas. The median age at marriage for the more recent cohort of women age 25-29 in both urban and rural areas is 20 years.

Marriage at very young ages has been virtually eliminated.

- Median age at first marriage does not vary much according to either religion or caste. However, age at marriage varies sharply with education. For women age 25-49, median age at first marriage ranges from 18.3 years for illiterate women to 21.5 years for women who have completed high school, a difference of just over 3 years.
- 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. A majority of women in Punjab are married after attaining the legal minimum age at marriage. Interestingly, only 41 percent of respondents could correctly identify age 18 as the legal minimum age at marriage for women and only 33 percent could correctly identify age 21 as the legal minimum age at marriage for men.

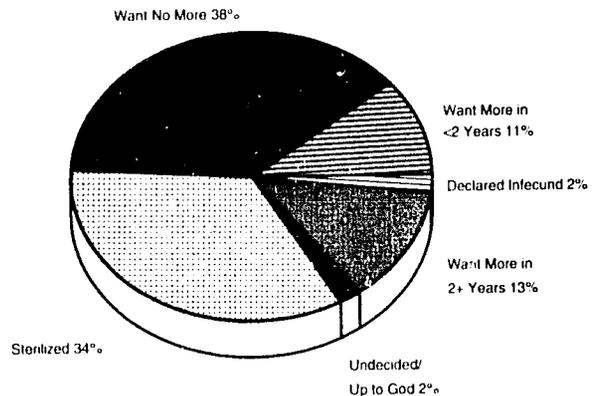
Fertility Preferences

- Thirty-eight percent of women say they do not want any more children and one-third of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 72 percent of all currently married women in Punjab. Overall, 85 percent of women want to either space their next birth or stop having children altogether.
- The desire to limit childbearing increases with the number of living children. More than 90 percent of women with no children say they want a child and only 1 percent say they do not want any children. The proportion who want another child dramatically drops to 21 percent for women who have two living children and only 7 percent for those with three living children.

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

- Interestingly, the desire for spacing children is very strong for women who have fewer than two children. Fifteen percent of women with no children say they would like to wait at least two years before having their first child. Similarly, 60 percent of women with one child and 13 percent of women with two children would like to wait at least two years before having their next child. Since 45 percent of all women have fewer than two living children, the strong expressed desire for spacing children among these women cannot be ignored.

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





- Among women who want another child, there is a very strong preference for having a son as the next child. Nearly three-fifths of women say they want a son, only 6 percent express a desire for a daughter, and the rest say the sex of the child does not matter (23 percent) or that it is up to God (12 percent). The desire for a son is particularly strong in the rural areas and among high parity women. Having a daughter is not considered important by a majority of women in Punjab since more than half of the women with no living daughter do not want additional children.

Awareness and Approval of Sex Preselection

- Punjab has attracted attention in recent years because of the large number of tests conducted on pregnant women there to determine the sex of the foetus. Almost three-fourths of ever-married women in Punjab are aware that technologies are available to determine the sex of the foetus. Among those who are aware of the sex preselection procedure, 23 percent approve of the practice of aborting unwanted female foetuses.
- Three main reasons are given by women who approve of the practice of seeking abortion of female foetuses. Forty-one percent approve because daughters are not desirable, 34 percent think that parents have the right to choose the sex of their child and 18 percent note that the family name must be carried on. Among those who do not approve of abortion because of sex preselection, the major reason for their opposition is that abortion in such circumstances amounts to infanticide (77 percent). One in five disapprove because they consider sons and daughters equal (13 percent) and daughters as God's gift (6 percent)

FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is universal in Punjab: almost all currently married women know of at least one contraceptive method and also know where they could go to obtain a modern method. Knowledge about sterilization, female as well as male, is most widespread. In comparison, the three officially sponsored spacing methods are less familiar to respondents. The most well known among the spacing methods are IUDs, pills and condoms (more than four-fifths of the women report knowledge of these methods). Injection is the least known method with less than half reporting knowledge of it. Three-fifths of the women know at least one traditional method with 56 percent reporting knowledge of periodic abstinence and 42 percent reporting knowledge of the withdrawal method.

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

Contraceptive Use

- Current use of contraception in Punjab is fairly high, with 59 percent of currently married women practising family planning (51 percent using modern methods and another 7 percent using traditional methods). The percentage of currently married women who have ever used family planning is higher at 67 percent.

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

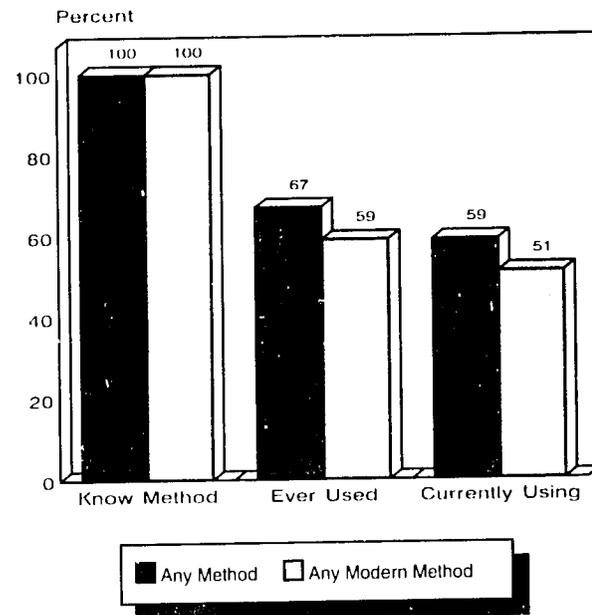
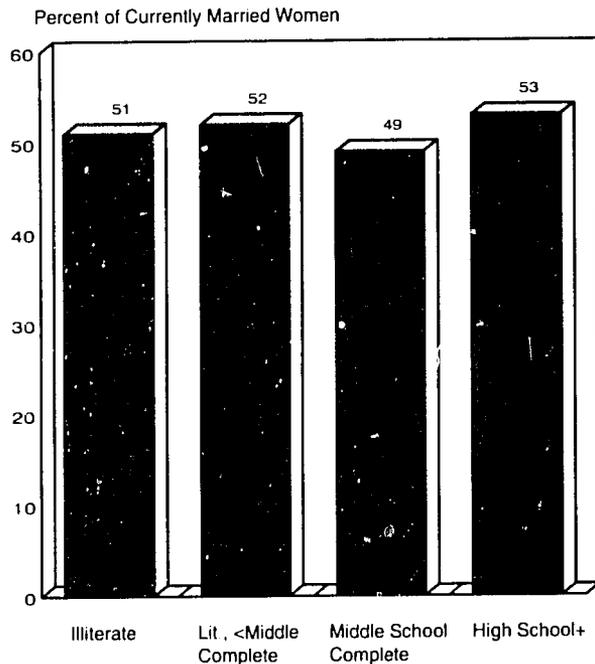


Figure 6
Current Use of Modern Contraceptive Methods
by Education



Fifty-nine percent of married women currently use family planning.

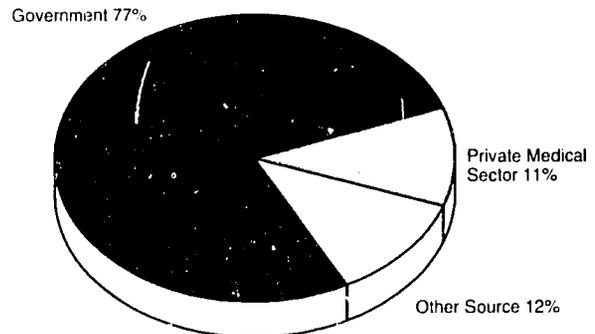
- Female sterilization is the most popular contraceptive method in Punjab, as in most states in India. Female sterilization is used by 32 percent of currently married women, accounting for 54 percent of the contraceptive prevalence. Another 3 percent of currently married women report that their husbands are sterilized. Nine percent report the use of condoms, 6 percent use the IUD and 2 percent use the pill.
- Current use of contraception is higher in urban areas (63 percent) than in rural areas (57 percent). Except for the pill and female sterilization, current use of every single method of family planning, including the traditional methods, is higher in urban areas than in rural areas.
- The differentials in current use of modern contraceptive methods are negligible by literacy and education of the woman, but a positive relationship exists between education and the level of current use of any method, ranging from 57 percent of illiterate women to 62 percent of women who have completed high school.
- The prevalence rate is lowest among women belonging to communities other than Hindus and Sikhs. The prevalence rate of modern methods of contraception for Hindus (54 percent) is marginally higher than that for Sikhs (51 percent).

- The public sector (consisting of government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supply more than three-fourths of all users of modern methods, and the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supply 11 percent. Twelve percent of users obtained their methods from other sources, such as shops, and friends and relatives.
- In rural areas, the public sector is the source of supply for the overwhelming majority of contraceptive users (83 percent), while in urban areas, the public sector is the source of supply for 63 percent of users. As expected, non-medical sources provide contraception for a sizeable percentage of users (19 percent) in urban areas, where the use of condoms and pills is most common.

Attitudes Toward Family Planning

- Attitudes toward the use of family planning are extremely positive, and only a small minority of women do not approve of family planning. Ninety-six percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning use and 4 percent disapprove. Women perceive their husbands to be about equally favourable toward family planning as they are themselves.
- Education of women and their husbands is an important determinant of approval of family planning. Joint approval by both husband and wife is the lowest (78 percent) among illiterate women. Overall, only 80 percent of illiterate husbands approve of family planning compared to 98 percent of husbands who have completed high school.

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





- Approval of family planning is identical between Hindu and Sikh couples. Approval is lower among those belonging to scheduled castes than among other groups.
- Overall, 36 percent of currently married nonusers report that they do not intend to use contraception in the future. Only five in ten (47 percent) say that they will use in the future and another 17 percent are not sure about their intentions. Intended users of contraception have a strong preference for terminal methods, especially female sterilization. While only 30 percent of current users have adopted spacing methods, 27 percent of women who intend to use in the future prefer spacing methods.

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media succeeded in reaching only 60 percent of ever-married women in Punjab in the month preceding the survey. This is not surprising since only 52 percent of households own televisions and only 51 percent own radios.
- Urban-rural differentials in media coverage are substantial. Family planning messages on radio or television reached 82 percent of women in urban areas compared to 51 percent of women in rural areas.
- More than four-fifths of the women say it is acceptable to have family planning messages on radio and television, while only 3 percent say it is not acceptable and the rest (15 percent) are not sure. Older women (over age 34), rural residents, illiterate women and women belonging to scheduled castes are less likely than other women to think it is acceptable to broadcast family planning messages on radio or television.

Need for Family Planning Services

- Overall, 13 percent of women in Punjab have an unmet need for family planning. These are women who are not using family planning even though they either do not want any more children or want to wait at least two years before having another child. The unmet need for spacing births is the same as that for limiting births. Together with the 59 percent of currently married women who are using contraception, a total of 72 percent of currently married women have a demand for family planning. If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate would increase from 59 percent to 72 percent of married women.

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

Figure 8
Unmet Need for Family Planning by Selected Characteristics

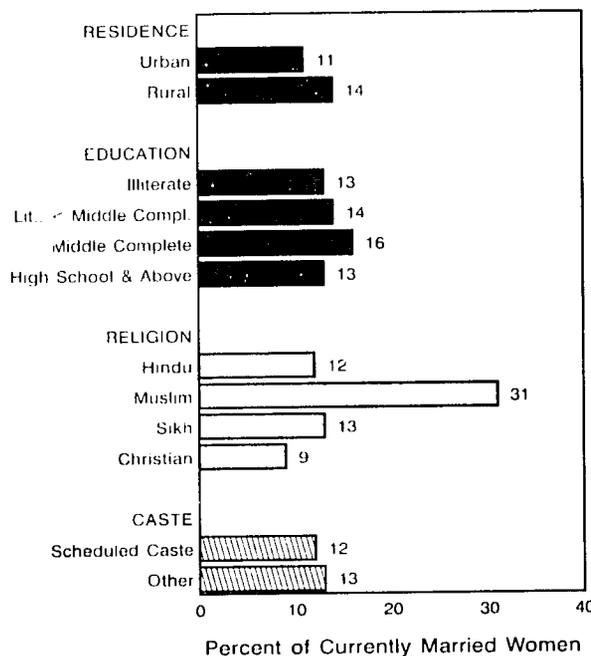
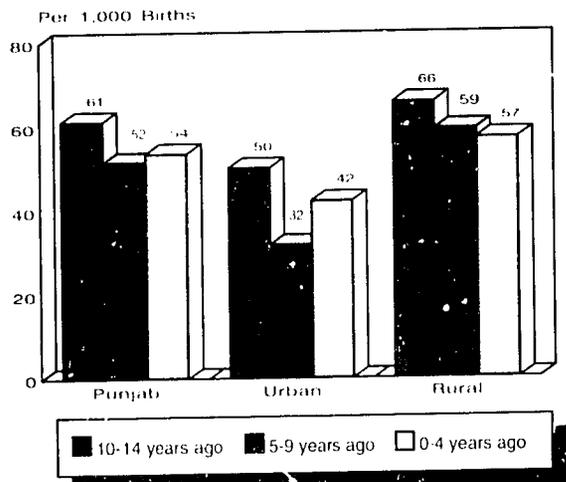
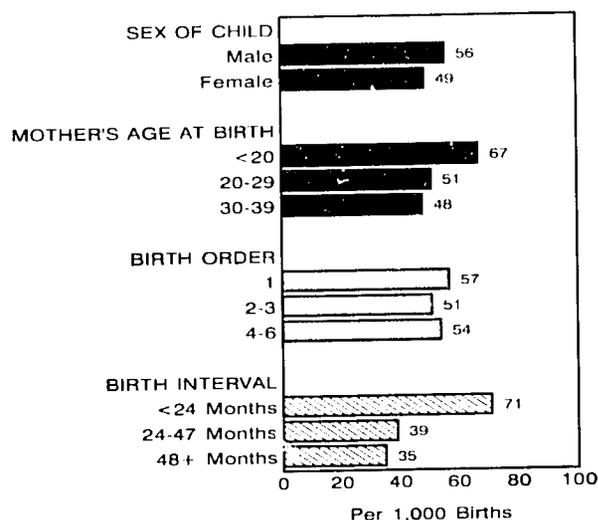


Figure 9
 Infant Mortality Rates for Five-Year Periods
 by Residence



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

Figure 10
 Infant Mortality Rates by Selected Demographic
 Characteristics



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

MATERNAL AND CHILD HEALTH

Infant and Child Mortality

- Infant mortality rates have declined substantially in Punjab in recent years. The infant mortality rate for the total population declined from 61 per 1,000 live births during 1978-82 (10-14 years prior to the survey) to 54 per 1,000 live births during 1988-92 (0-4 years prior to the survey).
- Despite the overall decline in infant mortality (13 percent over a 10-year period), 1 in every 19 children born in the five years before the NFHS died within the first year of life and 1 in every 15 children died before reaching age 5. Therefore, child survival programmes still need to be intensified to produce further improvements in the level of infant and child mortality.

One in 19 children dies before reaching the age of one year.

- Infant mortality rates are nearly one and half times as high in rural areas as in urban areas, 36 per 1,000 live births compared to 58 per 1,000 live births in the 10-year period preceding the survey. The infant mortality rate declines sharply with increasing education of women, as expected, ranging from 58 per 1,000 live births for illiterate women to a low of 33 per 1,000 live births for women with at least a high school education.

- Neonatal mortality, which reflects a substantial component of congenital conditions, is higher for males than for females. Because the neonatal mortality constitutes a large percentage of infant mortality, the estimated infant mortality rate is higher for males than females. However, this difference is reversed after one year of age. Between ages one and five, female children experience 81 percent higher mortality risk than males. These findings reflect the disadvantageous position of females after infancy in Punjab.

Between age 1 and 5 years, females experience 81 percent higher mortality risks than males.

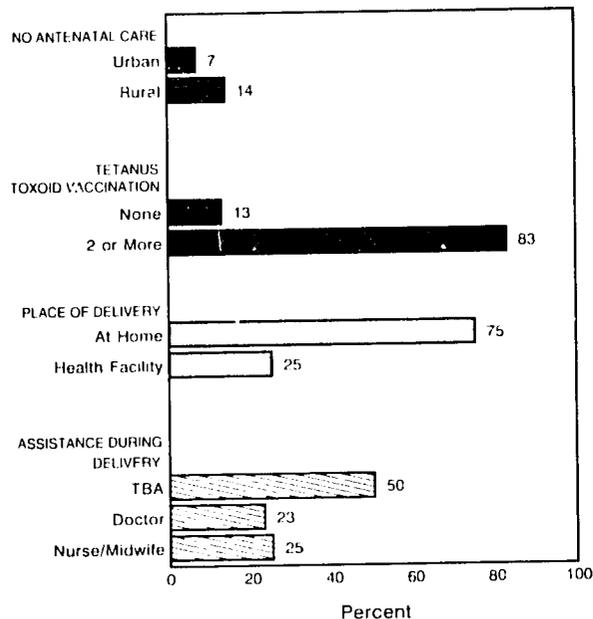
- Infant mortality is highest for children of mothers under age 20 (67 per 1,000 live births). The lowest infant mortality rate, 48 per 1,000 live births is for women in relatively late childbearing years (30-39 years). Infant mortality is almost two times as high for children with a preceding birth interval of less than 24 months as for children with a preceding interval of 24-47 months (71 compared to 39 per 1,000 live births).

Antenatal Care and Assistance at Delivery

- Utilization of antenatal care services is high in Punjab. Most pregnant women receive antenatal care. During the four years preceding the survey, mothers received antenatal care for 88 percent of births. Similarly, women received at least two tetanus toxoid injections for 83 percent of births.



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



- There are differences in antenatal care by residence and by education. Antenatal care is more widely sought in urban areas than in rural areas. Antenatal care ranges from 78 percent for mothers who are illiterate to almost 100 percent for mothers with at least a high school education.
- Most babies (75 percent) are delivered at home, 10 percent are delivered in public health facilities and 15 percent in private health facilities. Forty-eight percent of deliveries are assisted by a doctor or nurse/midwife, another 50 percent by a traditional birth attendant, and only 2 percent by a relative or other person.

Three-fourths of babies are delivered at home, however, a large majority of women receive antenatal care.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Punjab, with 96 percent of all children having been breastfed. The practice of breastfeeding is high in all groups, ranging from 77 to 98 percent. Only 5 percent of children are breastfed within one hour of birth and 24 percent started breastfeeding within one day of birth.
- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is rare for very young children, and even at age 0-1 month 9 out of 10 babies are given water or other supplements. On average, 63 percent of infants under four



months receive full breastfeeding, which includes those who are exclusively breastfed and those who receive breast milk and plain water only. Solid and mushy foods are not added to the diet at an early enough stage in the child's development. Only over 40 percent of infants are given solid or mushy food at the recommended age of 6-9 months.

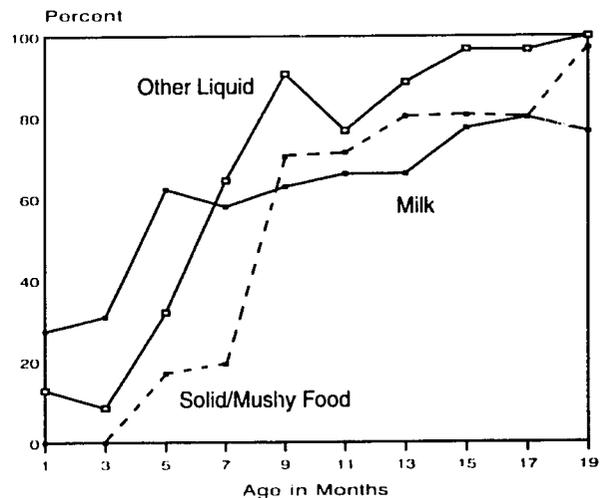
Only over 40 percent of children are given solid/mushy food at the recommended age of 6-9 months.

- The use of bottles with nipples is not very common, increasing from 15 percent in the first month to a high of 30 percent for children age 4-5 months, after which it declines slowly to 7 percent for children age 26-47 months.

Vaccination of Children

- Of children age 12-23 months, 77 percent have been vaccinated against tuberculosis (BCG vaccine) and 82 percent have received one dose of polio and DPT vaccines. A little less than three-fourths of children have received all three doses of the polio (73 percent) and DPT vaccines (74 percent), and two-thirds have been vaccinated against measles (65 percent).
- Sixty-two percent of all children age 12-23 months are fully vaccinated, while 18 percent have not received any vaccinations. Three-fourths of children in urban areas are fully vaccinated, compared to 58 percent in rural areas. Boys are more likely to have been

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

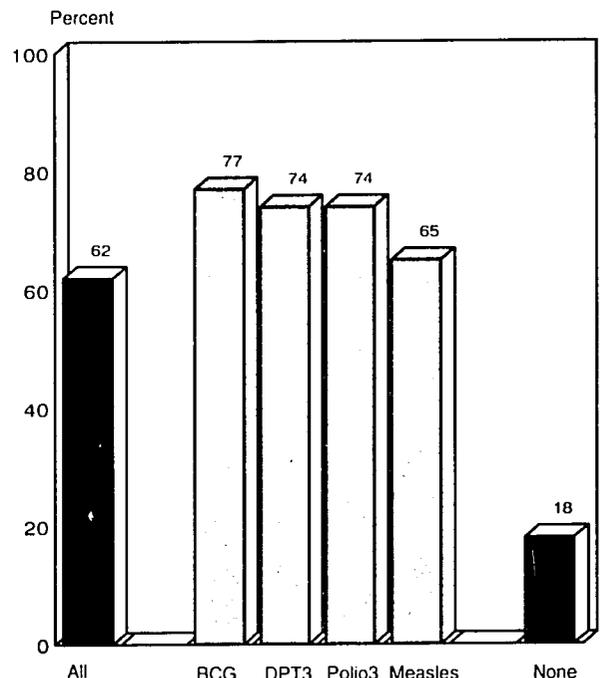
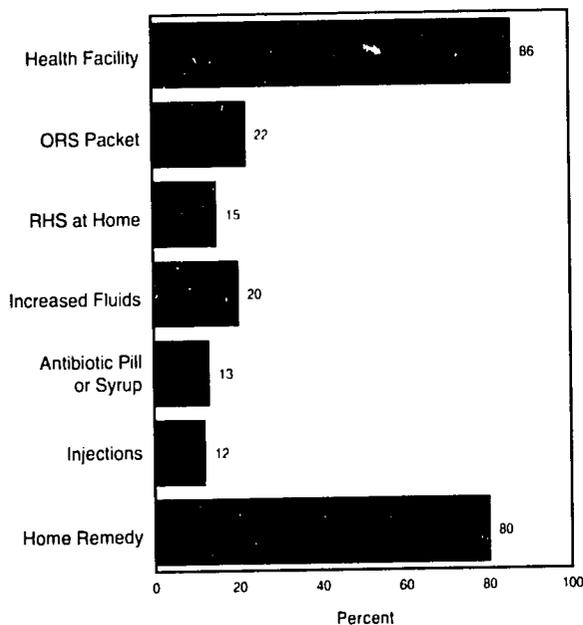




Figure 14
Treatment of Diarrhoea in the Two Weeks
Preceding the Survey (Children Under 4)



vaccinated against childhood diseases than girls. There is a considerable difference in the vaccination coverage between children of literate and illiterate mothers. The percentage of children who are fully vaccinated is 37 for illiterate mothers and more than 80 for literate mothers. Full vaccination coverage is also higher among Hindu children (70 percent) compared with Sikh children (60 percent). Scheduled caste children have a lower immunization coverage compared with nonscheduled caste children.

Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 3 percent of children under age 4 had symptoms of acute lower respiratory infection (cough, accompanied by fast breathing). Eighty-eight percent of these children were taken to a health facility or provider, and 95 percent received some form of treatment.

- Over the same period, 20 percent of children suffered from fever, which may be a sign of malaria or other illness. Ninety-two percent of them were taken to a health facility or provider.

Eleven percent of the children had diarrhoea during the two weeks before the survey. Eighty-six percent of them were taken to a health facility or provider; 22 percent were treated with a solution prepared from ORS packets; 15 percent were treated with a home solution (sugar, salt and water); 20 percent received increased fluids; and 55 percent were not given any type of oral rehydration treatment.

- Knowledge and use of ORS packets are not widespread: 48 percent of mothers are not familiar with ORS packets, and 72 percent have never used them.

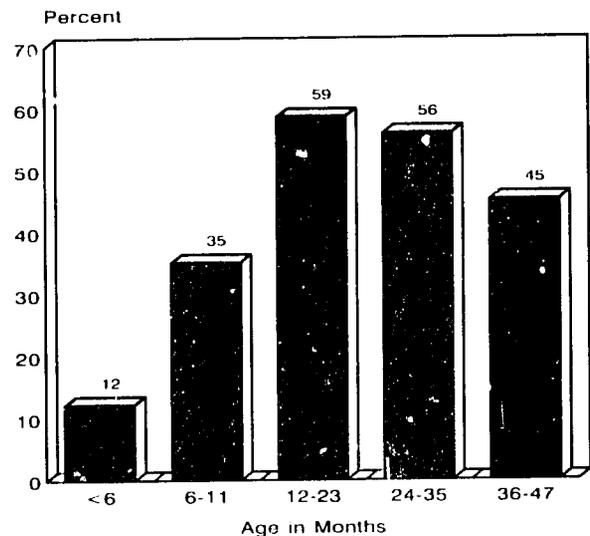
Nutritional Status of Children

- Both chronic and acute undernutrition are high in Punjab. Forty-six percent of all children are underweight and 40 percent are stunted. The proportion of children who are severely undernourished is also notable — 14 percent in the case of weight-for-age and 16 percent in the case of height-for-age. Perhaps the most serious nutritional problem measured (wasting) is also quite evident in Punjab, affecting one in every five children.

Forty-six percent of all children are underweight and 40 percent are stunted.

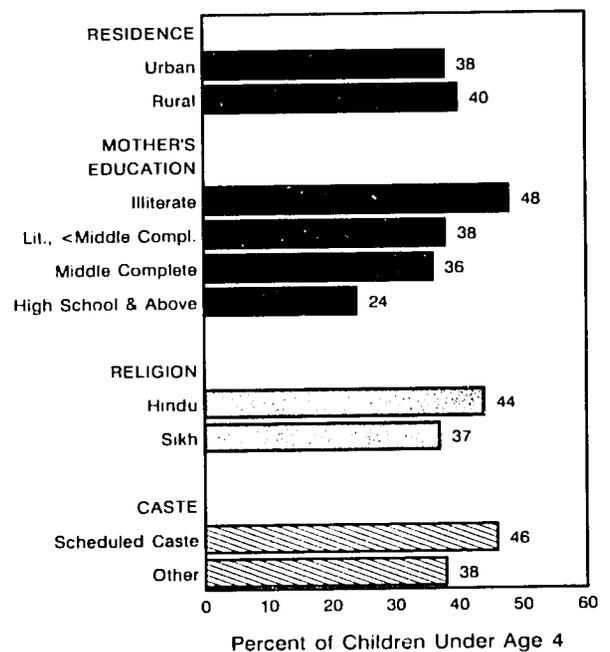
- There is some evidence to indicate that female children are nutritionally disadvantaged in Punjab, although the sex differences are relatively small.
- The rate of undernutrition is higher in rural areas than in urban areas. Hindu children are more underweight and stunted than Sikh children, while Sikh children are more wasted than Hindu children, but again the differentials are small. The differentials by caste, however, are more marked and scheduled caste children are more undernourished than other children.
- Mother's education emerges as an important background variable affecting the nutritional status of the children. Overall, undernutrition declines with the increasing educational attainment of the mother. Nevertheless, one-quarter of children of mothers with high school and above education are underweight and stunted.

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



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

Figure 16
Chronic Undernutrition (Stunting) by Selected Characteristics



CONCLUSIONS

Fertility and Family Planning

- There is evidence of decline in the total fertility rate in recent years in Punjab with a TFR of 2.9 children per woman. Currently, 59 percent of currently married women use a contraceptive method. 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 59 percent to 72 percent of married women. Most women who intend to use contraception in the future prefer to use female sterilization followed by spacing methods. This indicates that the *potential* demand for modern spacing methods is also 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 Punjab.
- Although the unmet need for family planning is substantial, 36 percent of current nonusers 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 encourage continued use among contraceptive acceptors.

Maternal and Child Health

- Various indicators of maternal and child health show that in almost every respect Punjab is faring well, although there is scope

for improvement. Most women receive antenatal care and most care is provided by doctors and other health professionals. Eighty-three percent of women receive tetanus toxoid vaccinations and three-quarters receive iron/folic acid tablets during pregnancy. Although the rate of antenatal care is quite high compared to most states in India, most babies (75 percent) are delivered at home, and less than half of deliveries are assisted by a doctor or nurse/midwife.

- Sixty-two percent of children age 12-23 months are fully vaccinated and only 18 percent have no vaccinations at all. However, 46 percent of children under age 4 are underweight and 40 percent are stunted. The infant mortality rate of 54 per 1,000 live births is much lower than the national level of 79, attesting to the progress made in maternal and child health care.
- Promotion of certain health practices and increased utilization of some health services is crucial to the success of the Child Survival and Safe Motherhood (CSSM) programme in Punjab. Women given antenatal care should be encouraged to deliver their births in health institutions with trained medical personnel in attendance. Women should also be encouraged to space their births to decrease infant mortality. More education is required in appropriate breastfeeding practices such as early initiation of breastfeeding, the importance of colostrum for the health of the child and appropriate timing in the introduction of solid and mushy foods. The use of ORS or a recommended home solution should be encouraged for treatment of diarrhoea.
- There is disparity in the utilization of family planning and health services by residence,

education and caste. Improvement in the health status of mothers and children could be made by focusing on groups with lower rates of utilization of services, such as rural women, scheduled caste women and illiterate women.

Status of Women

- Although there has been progress in educational attainment in recent years, more than one-half of women in their childbearing years are illiterate. Moreover, the status of women in Punjab is quite low and there is evidence of discrimination against females in several respects, such as lower female literacy, a lower school attendance rate for girls age 6-14, a female to male sex ratio below the national ratio, a very low level of female employment, higher female child mortality rates, and lower female child vaccination rates. Thus, programmes to elevate the status of women in Punjab are imperative. 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.

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 Punjab during 1988-92 was 54 per 1,000 live births); an under-five mortality rate of 70 (under-five mortality in Punjab during 1988-92 was 68); a crude death rate of 9 per 1,000 population (the crude death rate in Punjab was 7 per 1,000 population during 1991-92); and a crude birth rate of 26 per 1,000 (the crude birth rate in Punjab was 25 during 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Punjab received antenatal care for 88 percent of their pregnancies in 1989-92); 100 percent of deliveries by trained attendants (only 48 percent of deliveries were attended by a doctor or a nurse/midwife in 1989-1992), and a couple protection rate of 75 percent among couples in the reproductive ages (in Punjab it was 59 percent during 1992-93).

- The above comparisons reveal that Punjab has achieved many of the national goals and is close to achieving the other national goals. However, one disturbing finding of the NFHS in Punjab is the persistence of gender discrimination which is reflected in the lower survival rates of girls than boys. This issue needs to be rigorously addressed in all the social development programmes of the state.

FACT SHEET-PUNJAB

1991 Population Data

Office of the Registrar General and Census
Commissioner

Total population (millions)	20.3
Percent urban	29.6
Percent scheduled caste	28.3
Percent scheduled tribe	0.0
Decadal population growth rate (1981-91)	20.8
Crude birth rate (per 1,000 population) ¹	27.1
Crude death rate (per 1,000 population) ¹	8.2
Life expectancy at birth (years) ²	
Male	64.7
Female	66.9

National Family Health Survey, 1993

Sample Population

Ever-married women age 13-49	2,995
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Background Characteristics of Women Interviewed

Percent urban	27.9
Percent illiterate	52.6
Percent attended secondary school or higher	18.3
Percent Hindu	38.0
Percent Muslim	1.2
Percent Sikh	59.1
Percent working	7.7

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	70.8
Percent of women age 15-49 ever married	73.7
Singulate mean age at marriage for females (in years)	21.1
Singulate mean age at marriage for males (in years)	24.8
Percent of women married to first cousin ¹	0.9
Median age at marriage among women age 25-49	19.0
Median months of breastfeeding ¹	18.4
Median months of postpartum amenorrhoea ¹	4.1
Median months of postpartum abstinence ¹	2.4

Fertility

Total fertility rate ³	2.9
Mean number of children ever born to women age 40-49	4.2

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	71.8
Want to delay their next birth at least 2 years	13.3
Mean ideal number of children ⁶	2.6
Percent of births in the last 4 years which were:	
Unwanted	6.1
Mistimed	9.7

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	99.8
Knowing a modern method	99.8
Knowing a source for a modern method	99.4
Ever used any method	67.0
Currently using any method	58.7

Percent of currently married women currently using:

Pill	2.2
IUD	6.3
Injection	0.0
Condom	8.9
Female sterilization	31.5
Periodic abstinence	4.4
Withdrawal	2.9
Other method	0.1

Mortality and Health

Infant mortality rate ⁷	53.7
Under-five mortality rate ⁷	68.0
Percent of births ⁸ whose mothers:	
Received antenatal care from a doctor	
or other health professional	85.8
Received 2 or more tetanus toxoid injections	82.7
Percent of births ⁸ whose mothers were assisted at delivery by:	
Doctor	23.2
Nurse/midwife	25.2
Traditional birth attendant	49.6
Percent of children 0-1 month who are breastfeeding	96.9
Percent of children 12-13 months who are breastfeeding	91.6
Percent of children 12-23 months who received: ⁹	
BCG	77.4
DPT (three doses)	73.6
Polio (three doses)	73.4
Measles	64.8
All vaccinations	61.9
Percent of children under 4 years ¹⁰ who:	
Had diarrhoea in the 2 weeks preceding the survey	11.0
Had a cough accompanied by rapid breathing	
in the 2 weeks preceding the survey	3.1
Had a fever in the 2 weeks preceding the survey	19.9
Are chronically undernourished (stunted) ¹¹	40.0
Are acutely undernourished (wasted) ¹¹	19.9

¹ 1992

² 1986-91

³ Based on ever-married women

⁴ Current status estimate based on births during the 36 months preceding the survey (48 months for breastfeeding)

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

⁶ Based on ever-married women age 13-49, excluding women giving non-numeric responses

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

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

⁹ Based on information from vaccination cards and mothers' reports

¹⁰ Children born 1-47 months preceding the survey

¹¹ Stunting assessed by height-for-age, wasting assessed by weight-for-height; undernourished children are those more than 2 standard deviations below the median of the international reference population, recommended by the World Health Organization