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**Jammu Region of
Jammu and Kashmir
Summary Report**

**National Family
Health Survey
1993**

**Population Research Centre
University of Kashmir
Srinagar**

**International Institute for Population Sciences
Bombay**

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National Family Health Survey

(MCH and Family Planning)

Jammu Region of Jammu and Kashmir 1993 Summary Report

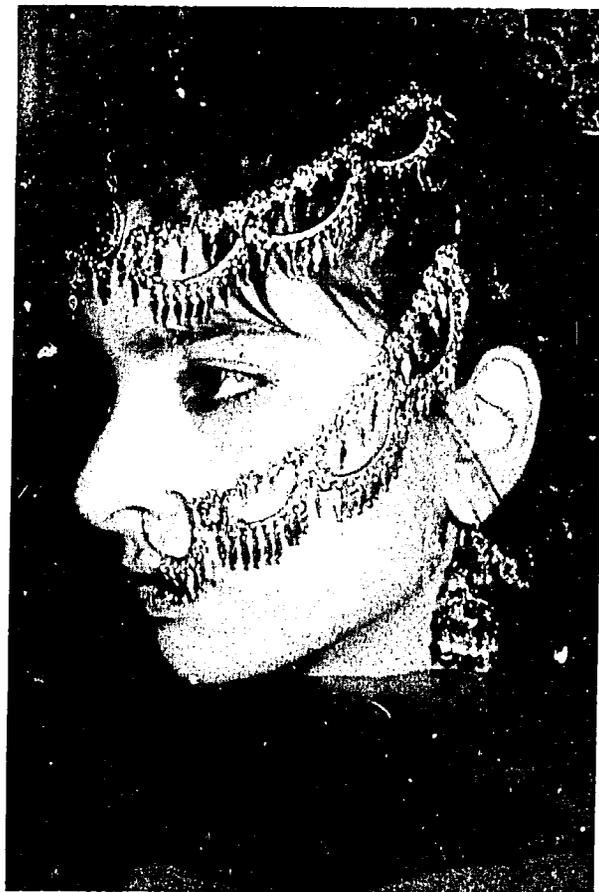
**Population Research Centre, University of Kashmir, Srinagar
and
International Institute for Population Sciences, Bombay**

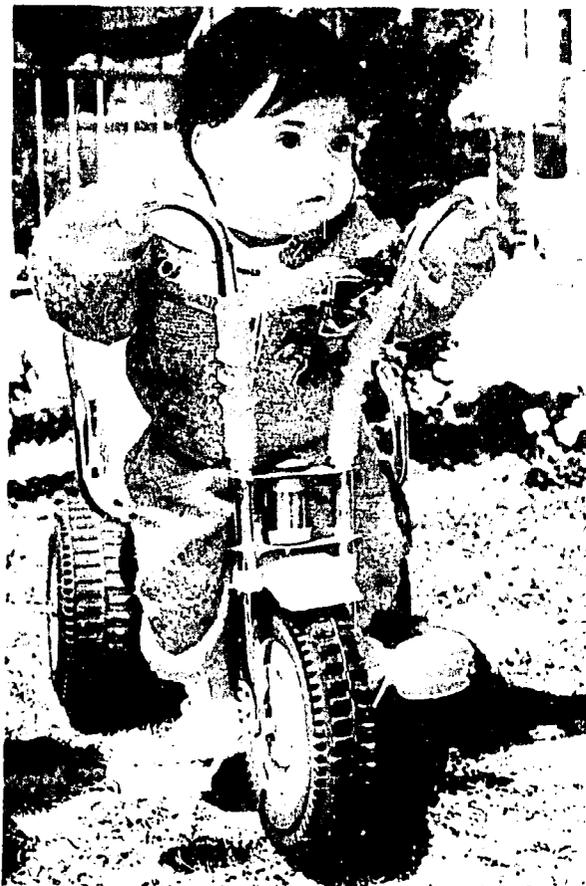
November 1995

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)

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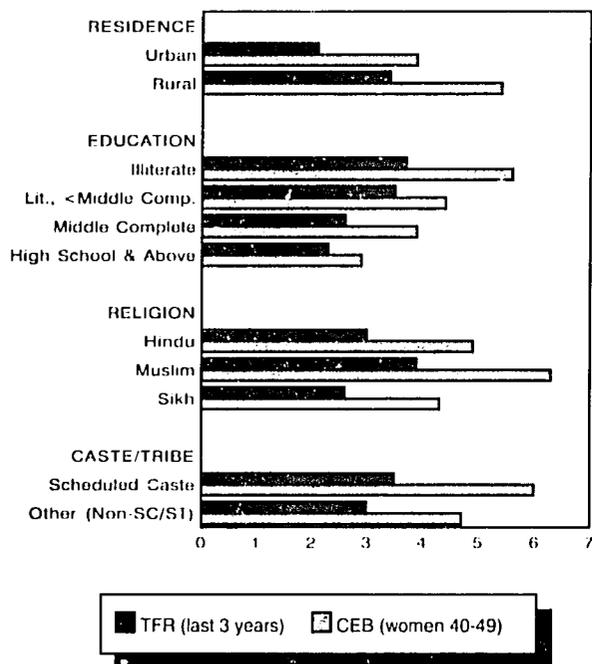


BACKGROUND

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, vaccinations, and infant and child mortality.

In the Jammu region of Jammu and Kashmir, interviewers collected information from 2,766 ever-married women age 13-49 in urban and rural areas. The fieldwork in Jammu was conducted between 6 May 1993 and 30 June 1993. The survey was carried out as an important component of the Project to Strengthen the Survey Research Capabilities of the Population Research Centres in India, initiated by the Ministry of Health and Family Welfare, Government of India, New Delhi and funded by the United States Agency for International Development. The International Institute for Population Sciences, Bombay was designated as the nodal agency for providing coordination and technical guidance to the NFHS. The data collection for the NFHS in Jammu region was undertaken by the Population Research Centre, University of Kashmir, Srinagar and the Centre for Research in Rural and Industrial Development (CRRID), Chandigarh. The East-West Center/Macro International, U.S.A provided technical assistance for all of the survey operations.

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



FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

- The NFHS total fertility rate (TFR) for women age 15-49 for the Jammu region of Jammu and Kashmir for 1990-92 is 3.1 children per woman, about 8 percent lower than the national average. As expected, the urban TFR (2.1 children per woman) is substantially lower than the rural TFR (3.4 children per woman). Under the present schedule of fertility, a woman in the rural areas would have, on average, 1.3 more children in her childbearing years (i.e., 58 percent more children) than a woman in the urban areas.

At current fertility rates, women will have an average of 3.1 children (8 percent lower than the national average).

- Several population subgroups, most notably educated women, have taken the lead in reducing their fertility. Educational differentials in fertility are substantial, with current fertility ranging from 3.7 children per woman for illiterate women to 2.3 children per woman for women with at least a high school education.

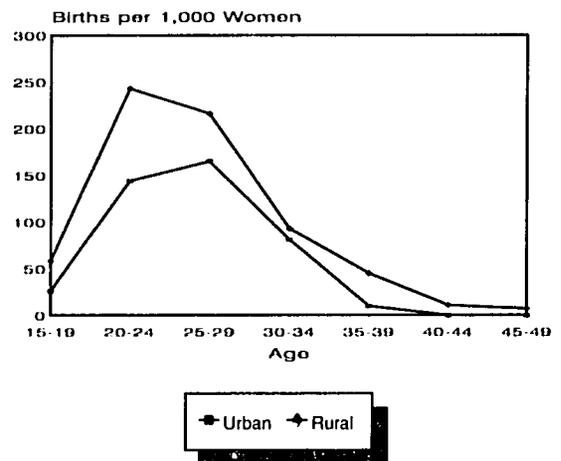
Educational differentials in fertility are substantial.

- Differences in fertility by religion are less pronounced, but still substantial. Sikhs have the lowest fertility, followed by Hindus and Muslims. At 3.9 children per woman on average, Muslim fertility is 29 percent higher than Hindu fertility. Scheduled castes also have high fertility (3.5 children per woman).
- Early childbearing is rare in Jammu. Only 7 percent of women age 15-19 have ever had a child. Bearing children late in life is also not common. Approximately two-thirds of women currently age 45-49 had their last child before age 35 and only 10 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 30 months, or about 2.6 years. Overall, one in every seven births occurs within 18 months of the previous birth and more than one-quarter of all births occurs within 24 months. These are high-risk births with a relatively lower probability of survival than births after longer intervals.

Marriage

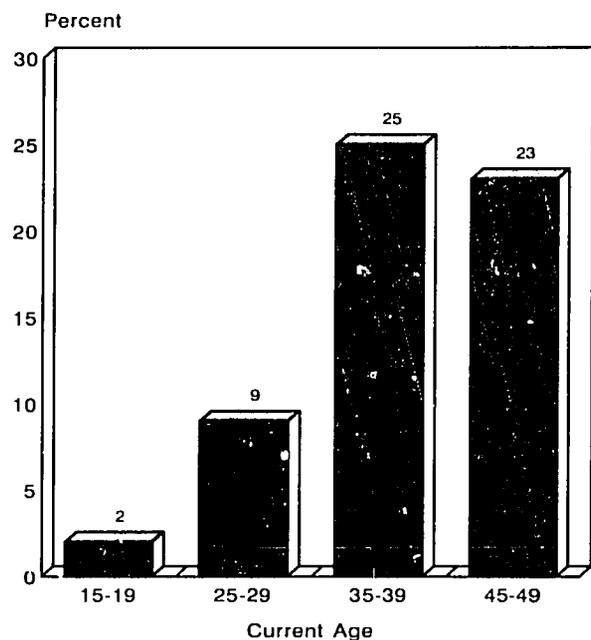
- Marriage is virtually universal in Jammu. However, relatively few marriages take place at young ages. Only 18 percent of women age 15-19 in Jammu are married. This proportion increases to 98 percent among women age 30-34. The proportion ever-married at age 15-19 is lower in urban areas (7 percent) than in rural areas (20 percent).
- Marriage at very young ages has been declining dramatically over time. The proportion marrying before age 15 declined from 23 percent in the 45-49 age cohort to 2 percent in the 15-19 age cohort. Marriages below age 15 have been virtually eliminated in

Figure 2
Age-Specific Fertility Rates by Residence



Note: Rates are for the three years before the survey (1991-93)

Figure 3
Percentage of Women Married by Age 15, by Current Age





the urban areas. The median age at marriage has increased from 16.6 years in the 45-49 age cohort to 19.1 years in the 25-29 age cohort, an increase of 2.5 years over 20 years time. The median age at marriage has been rising in both urban and rural areas, but the rate of increase has been considerably faster in urban areas. Urban women now marry three years later than rural women.

Marriage at very young ages has been declining dramatically over time.

- Differentials by educational level of woman are very substantial, with illiterate women marrying about five and a half years earlier than women with a high school education. Differences by religion are also notable, with Muslims marrying about one and a half years earlier than Hindus. Illiterate women, Muslim women and scheduled caste women have the lowest median ages at marriage. However, in all of these groups the median age at marriage is beginning to rise.
- According to the Child Marriage Restraint Act of 1978, the minimum legal age at marriage in India is 18 years for women and 21 years for men. In Jammu, only 21 percent of women age 20-24 were married below the legal age at marriage. Thus a majority of the couples are following the legal regulations. However, a large majority of women (66 percent) are not aware of what the legal minimum age at marriage is, although in urban areas nearly two-thirds of respondents could correctly identify age 18 as the legal minimum age at marriage for women. The

legal minimum age at marriage for males is less well known than that for females for every group of respondents.

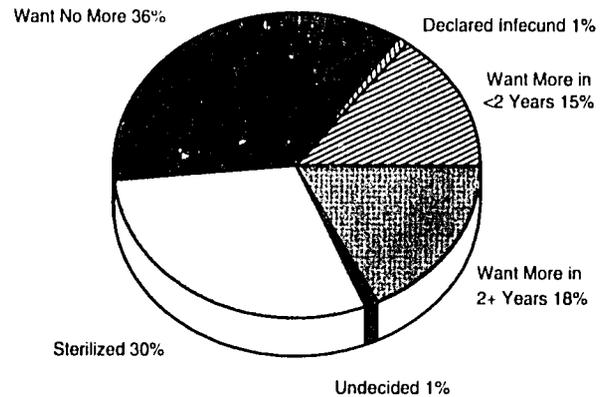
Fertility Preferences

- More than one-third (36 percent) of women say they do not want any more children and almost one-third (30 percent) of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute two-thirds (66 percent) of all currently married women in Jammu. Overall, 83 percent of women want to either space their next birth or stop having children altogether.

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

- The desire for more children declines rapidly as the number of children increases. More than 97 percent of women with no children say they want a child. The proportion who want another child drops to 35 percent for women who have two living children and 9 percent for those with three living children.
- Interestingly, the desire for spacing children is very strong for women who have fewer than three children. Sixteen percent of women with no children say that they would like to wait at least two years before having their first child. Similarly, 65 percent of women with one child and 23 percent of women with

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





two children would like to wait at least two years before having their next child. Since 44 percent of all women have fewer than three living children, the strong expressed desire for spacing children among these women cannot be ignored.

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

- The focus of the family planning programme on permanent methods of contraception is evidently not satisfying the needs of a large segment of women in Jammu. The encouragement of spacing methods for women who want more children would be likely to lower overall fertility and population growth, as well as to provide health benefits to both mothers and their children.
- Among women who want another child, there is a strong preference for having a son as the next child. More than half (52 percent) say they want a son, only 7 percent express a desire for a daughter, and the rest say that the sex of the child does not matter (30 percent) or that it is up to God (12 percent). The desire for a son is particularly strong in rural areas and among high parity women.

FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is nearly universal in Jammu: 100 percent of currently married women know of at least one modern method of family planning, and 98 percent of women know where they can go to obtain a modern method. Knowledge about sterilization (98 percent) is most widespread. This is true for female as well as male sterilization. In comparison, the three officially sponsored spacing methods are much less familiar to respondents. The most well known among the spacing methods are pills (77 percent), followed by condoms (75 percent) and IUDs (74 percent). Injection is the least known method with only 51 percent reporting knowledge of that method. Seventy-two percent of currently married women know at least one traditional method with 60 percent reporting knowledge of periodic abstinence and 54 percent reporting knowledge of the withdrawal method.

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

Contraceptive Use

- Only 57 percent of currently married women in Jammu have ever used a contraceptive method. Modern methods have been used by 47 percent and traditional methods by 23 percent.

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

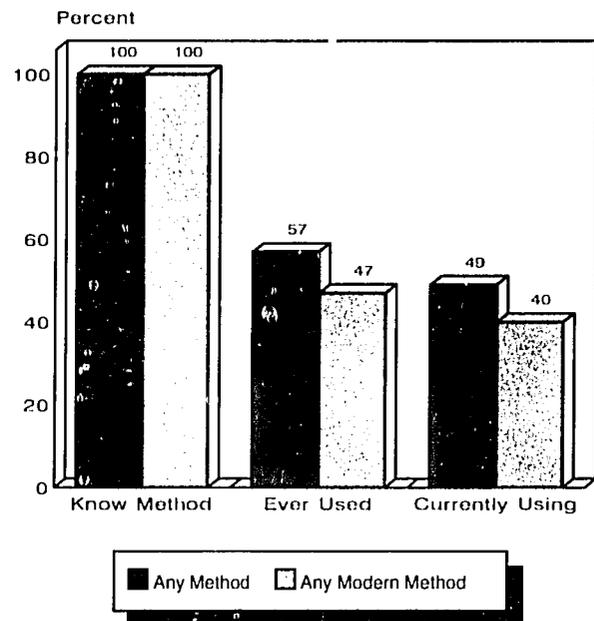
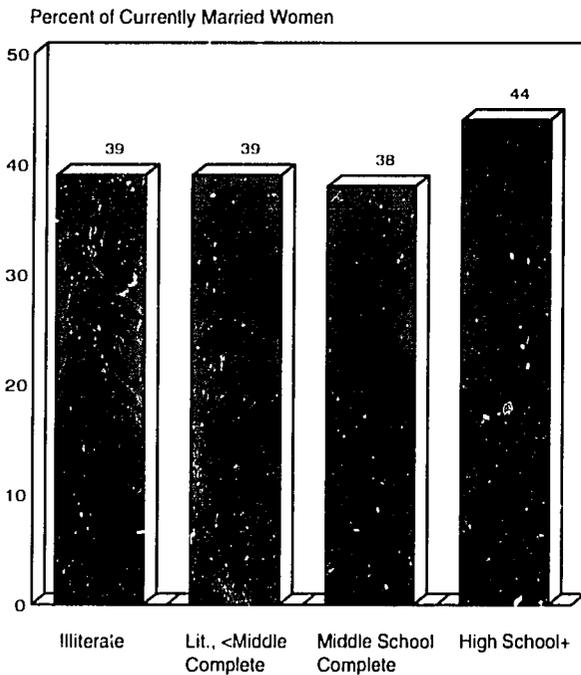


Figure 6
Current Use of Modern Contraceptive Methods
by Education



- Current use of contraception in Jammu is even lower, with only one-half of currently married women practising family planning (40 percent using modern methods and another 10 percent using traditional methods).

Only 49 percent of married women currently use family planning.

- Female sterilization is the most popular contraceptive method in Jammu, as in almost all Indian states. Female sterilization is used by 25 percent of currently married women, accounting for over one-half (51 percent) of the contraceptive prevalence. Another 4 percent of currently married women report that their husbands are sterilized. The current use of modern spacing methods such as condoms (6 percent), IUDs (3 percent) and pills (1 percent) is very low. Withdrawal is used by a sizeable proportion (6 percent) of couples.
- Current use of contraception is higher in urban areas (64 percent) than in rural areas (46 percent). Except for female sterilization, current use of every single method of family planning, including traditional methods, is higher in urban areas than in rural areas.
- The greatest differentials in current use of modern contraceptive methods are by religion, with 47 and 42 percent, respectively, of currently married Sikh and Hindu women using a modern method compared with 26 percent of Muslim women. Modern contraceptive methods are used by approximately 39 percent of all educational groups, except women who have completed

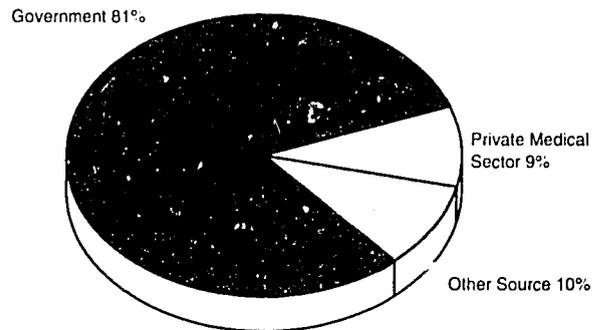
high school who have a use rate of 44 percent.

- The public sector (consisting of government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies four-fifths (81 percent) of all users of modern methods, while the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supplies 9 percent. Ten percent of users obtain their methods from other sources, such as shops, friends and relatives.
- In rural areas, the public sector is the source of supply for the overwhelming majority of contraceptive users (86 percent), while in urban areas, the public sector is the source of supply for 63 percent of users. As expected, nonmedical sources provide contraception for a sizeable percentage of users (17 percent) in urban areas, where the use of condoms and pills is more common.

Attitudes Toward Family Planning

- Attitudes toward the use of family planning are overwhelmingly positive. Ninety-six percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning use and 4 percent disapprove. Eighty percent of women perceive their husbands to be about equally favourable toward family planning as they are themselves.

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





Only 4 percent of married women do not approve of family planning.

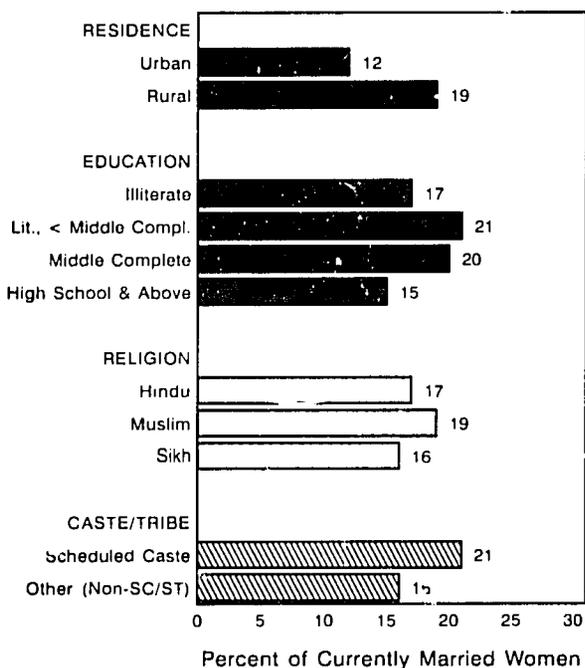
- Education of women as well as their husbands is an important determinant of approval of family planning by both husband and wife. Joint approval by both husband and wife is the lowest (72 percent) among illiterate women and rises with increasing level of woman's education to 92 percent of women who have completed high school.
- Approval of family planning is higher among non-Muslim couples than among Muslims. Approval is slightly lower among those belonging to scheduled castes than among other groups.
- Ninety-nine percent of women who have ever used family planning report that they approve of family planning. Among never users, moreover, 94 percent of women approve of family planning. Among never users who approve of family planning, only 3 percent say their husbands do not approve of family planning.
- Slightly more than one-third of currently married nonusers (34 percent) report that they do not intend to use contraception in the future. Fifty-four percent say that they will use in the future and another 12 percent are not sure about their intentions. A majority of the intended users of contraception (62 percent) have a strong preference for using female sterilization and only 20 percent prefer modern spacing methods.

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media succeeded in reaching 60 percent of ever-married women in Jammu in the month preceding the survey. Thirty-seven percent heard a message on both radio and television, 14 percent on radio only and 10 percent on television only.
- Urban-rural differentials in media coverage are substantial. Family planning messages on radio or television reached 86 percent of women in urban areas compared with 55 percent of women in rural areas.
- Differentials by education in media coverage are even more striking. Exposure to family planning messages through electronic media reached only 42 percent of illiterate women compared with 95 percent of women with a high school education.
- Eighty percent of women say it is acceptable to have family planning messages on radio and television, while only 6 percent say it is not acceptable and the rest (15 percent) are not sure. Younger women (under age 20) and older women (over age 34), rural residents, illiterate women, Muslim women and women belonging to scheduled castes are less likely than other women to think it is acceptable to broadcast family planning messages on radio or television.



Figure 8
Unmet Need for Family Planning by Selected Characteristics



Need for Family Planning Services

- Overall, 18 percent of women in Jammu have an unmet need for family planning and the unmet need is higher in rural areas (19 percent) than in urban areas (12 percent). These are women who are not using family planning even though they either do not want any more children or want to wait at least two years before having another child. The unmet need is the same for spacing births as for limiting births (9 percent each). Together with the 49 percent of currently married women who are using contraception, a total of 67 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 49 percent to 67 percent of married women.

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

MATERNAL AND CHILD HEALTH

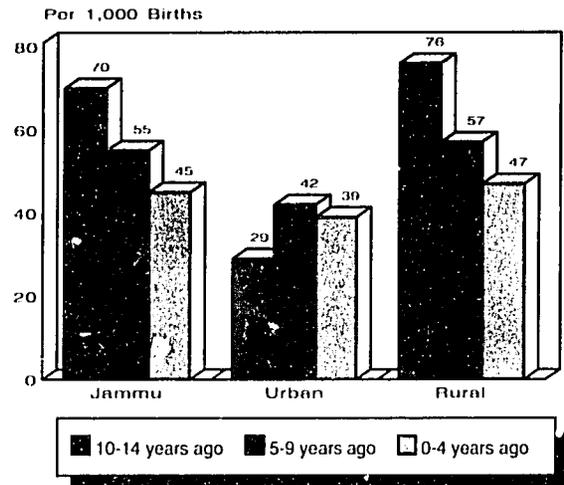
Infant and Child Mortality

- Infant mortality rates have declined substantially in Jammu in recent years. The infant mortality rate for the total population declined from 70 per 1,000 live births during 1978-82 (10-14 years prior to the survey) to 45 per 1,000 live births during 1988-92 (0-4 years prior to the survey), an annual rate of decline of 2.5 infant deaths per 1,000 live births.
- Despite the rapid overall decline in infant mortality (36 percent over a 10-year period), 1 in every 22 children born in the five years before the NFHS died within the first year of life and 1 in every 17 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 22 children dies before reaching the age of one year.

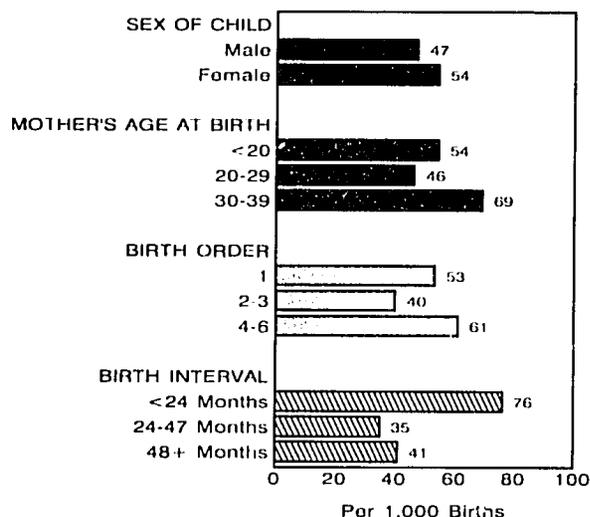
- Infant mortality rates are higher in rural areas (47 per 1,000 live births) than in urban areas (39 per 1,000 live births). Children in rural areas of Jammu experience 32 percent higher risk of dying before their fifth birthday than urban children.

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



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

Figure 10
Infant Mortality Rates by Selected Demographic Characteristics



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

- The infant mortality rate is strongly related to education of women, as expected, ranging from a high of 55 per 1,000 live births for illiterate women to a low of 28 per 1,000 live births to women with at least a high school education.
- There is higher female mortality at all stages of childhood except the neonatal stage (which reflects a substantial component of congenital conditions). The ratio of female to male postneonatal mortality is 1.47 and the ratio for under-5 mortality is 1.27. By far the largest differential is in the female to male ratio of the child mortality rate (the probability of dying between the first and fifth year of life) which is 1.69. The findings confirm the disadvantageous position of the girl child in Jammu.
- The infant mortality rate is highest for children of mothers under age 20 (54 per 1,000 live births) and age 30 and over (69 per 1,000 live births). The lowest infant mortality rate, 46 per 1,000, is for children of women in the prime childbearing ages (age 20-29). Infant mortality is approximately twice as high for children with a preceding birth interval of less than 24 months as for children with a preceding interval of 24 months or more.

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

Antenatal Care and Assistance at Delivery

- Utilization of antenatal care is high, but delivery services need to be increased in Jammu. During the four years preceding the survey, mothers received antenatal care for 80 percent of births. Allopathic doctors provided antenatal care for nearly one-half of births and other health professionals provided care for 29 percent of births. Women received at least two doses of tetanus toxoid injections for 69 percent of births.
- There are substantial differences in antenatal care by residence and by education. The percentage of births for which the mothers received antenatal care is 77 percent in rural areas and 96 percent in urban areas. Antenatal care ranges from 65 percent for births to mothers who are illiterate to almost 100 percent for births to mothers with at least a high school education.
- Most babies (77 percent) are delivered at home, 17 percent are delivered in public health facilities and 5 percent in private health facilities. Thirty-one percent of deliveries are assisted by a doctor or nurse/midwife, another 59 percent by a traditional birth attendant, and 10 percent by a relative or other person. Thus, a sizeable proportion of deliveries are conducted by untrained persons.

Seventy-seven percent of babies are delivered at home and one-fifth of births to women do not receive any antenatal care.

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

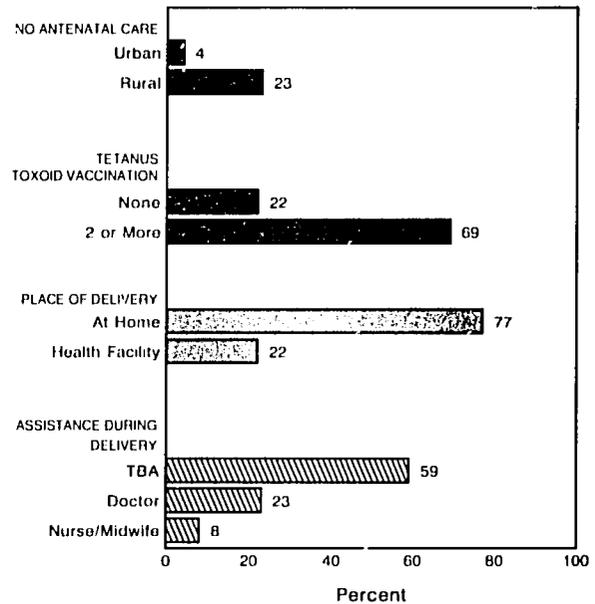
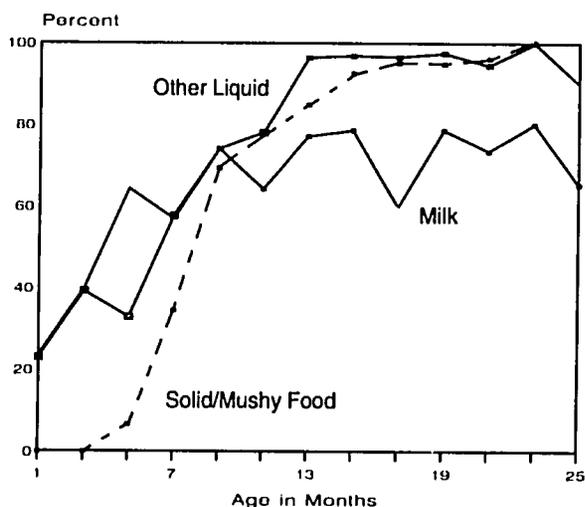


Figure 12
 Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Jammu, with 96 percent of all children having been breastfed. The practice of breastfeeding is high in all groups, ranging from 94 to 98 percent.
- Only 7 percent of children are breastfed within one hour of birth and 41 percent are breastfed within one day of birth. A substantial majority of women who breastfeed squeeze the first milk from the breast before they begin breastfeeding their babies, thereby depriving the infant from receiving an adequate amount of colostrum, which provides natural immunity against diseases and important nutrients to the child.

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

- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is quite common for very young children, but even at age 0-1 months more than two-thirds of babies are given water or other supplements. On average, only 17 percent of infants under four months are given only breast milk (exclusively breastfed). The proportion of infants being exclusively breastfed declines rapidly with age of the child from 31 percent of children age 0-1 months to only 1 percent of children age 6-7 months. Forty-six percent of infants under four months receive full breastfeeding, which includes those who are exclusively breastfed and those who receive breast milk and plain water only.

- The median length of breastfeeding is 22 months. Male children are breastfed slightly longer than female children (22.8 months compared with 21.3 months). Duration of breastfeeding declines sharply with increase in the level of education, from 24.6 months for children of illiterate mothers to 17.9 months for mothers with at least high school education.
- The use of bottles with nipples is relatively high in Jammu, increasing from 21 percent in the first two months after birth to a high of 43 percent for children age 8-9 months, after which it declines slowly to zero for children over three years of age.

Vaccination of Children

- Eighty-one percent of children age 12-23 months have been vaccinated against tuberculosis (BCG vaccine) and 84 percent have received at least one dose of polio and DPT vaccines. Slightly more than three-quarters have received all the three doses of the polio (77 percent) and DPT vaccines (78 percent), and more than two-thirds have been vaccinated against measles (69 percent).
- Sixty-six percent of children are fully vaccinated in Jammu whereas 16 percent have received no vaccinations at all. Eighty-five percent of children in urban areas are fully vaccinated compared to 63 percent in rural areas. Boys are more likely to have been vaccinated against childhood diseases than girls. The proportion of children who have been fully vaccinated varies widely by religion: 72 percent of Hindu children compared with 39 percent of Muslim children. The differences are also large for differing levels of mother's education: 50 percent of children of illiterate mothers have been fully

Figure 13
Vaccination Coverage Among Children Age 12-23 Months

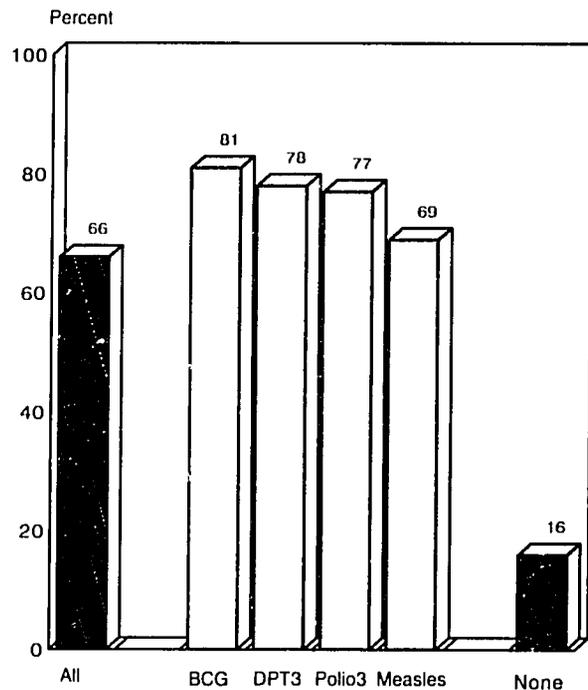
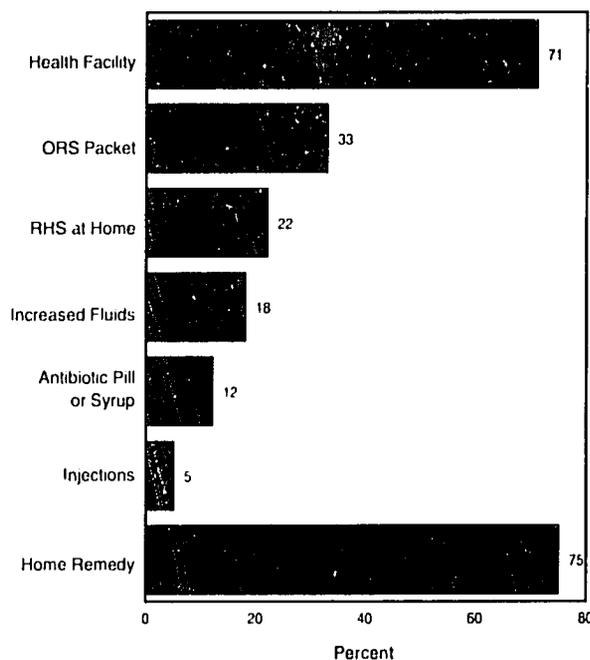


Figure 14
Treatment of Diarrhoea in the Two Weeks
Preceding the Survey (Children Under 4 Years)



vaccinated compared with 87 percent of children of mothers with at least a high school education.

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

Child Morbidity and Treatment Patterns

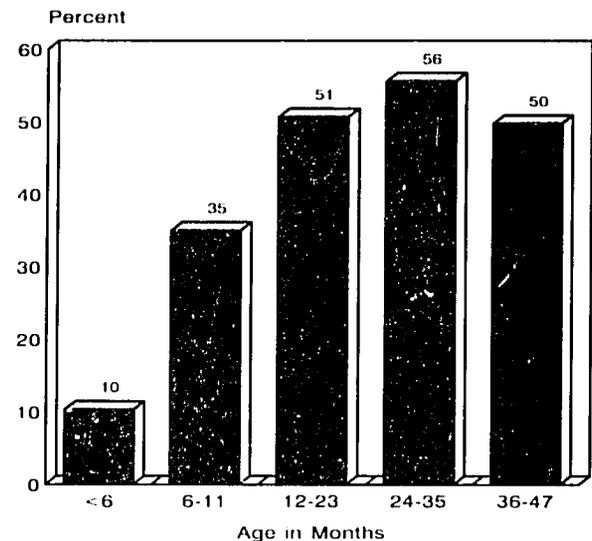
- During the two weeks preceding the survey, 4 percent of children under age 4 had symptoms of acute lower respiratory infection (cough, accompanied by fast breathing). Seventy-eight percent of these children were taken to a health facility or provider, and 90 percent received some form of treatment.
- Over the same period, 22 percent of children suffered from fever, which may be a sign of malaria or other illness. Seventy-one percent of them were taken to a health facility or provider, and 89 percent received some form of treatment.
- Twenty-two percent of children had diarrhoea during the two weeks before the survey. Seventy-one percent of them were taken to a health facility or provider, and 91 percent received some form of treatment. One-third of children suffering from diarrhoea were treated with a solution prepared from ORS packets, 22 percent were treated with a home solution (sugar, salt and water), 18 percent received increased fluids, and 47 percent were not given any type of oral rehydration treatment.

- Knowledge and use of ORS packets is not widespread: 34 percent of mothers are not familiar with ORS packets, and 56 percent have never used them.

Nutritional Status of Children

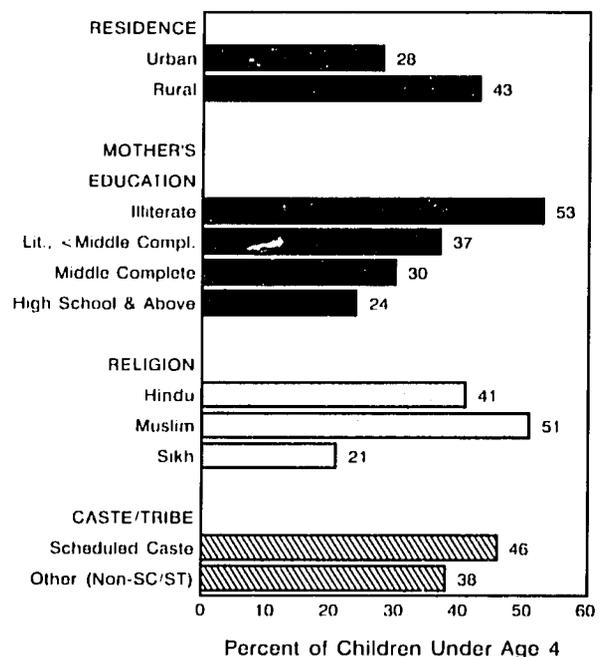
- Forty-five percent of all children under age 4 in Jammu are underweight and two-fifths (41 percent) are stunted. The proportion of children who are severely undernourished is also notable -- 14 percent in the case of weight-for-age and 19 percent in the case of height-for-age. The most serious nutritional problem measured (wasting) is also quite evident in Jammu, affecting one in every seven children.
- Female children are nutritionally disadvantaged compared with male children according to the weight-for-age and weight-for-height measures.
- Undernutrition is consistently higher in rural areas than in urban areas, and the differences are substantial. Sikh children are much better nourished than Hindu children who are relatively better nourished than Muslim children. A higher percentage of scheduled caste children are undernourished than other children.
- The largest differentials in nutrition are by mother's level of education. For all three indices of undernutrition used in the NFHS, undernutrition declines steadily and sharply with the increase in the level of educational attainment. For example, in the case of weight-for-age, it ranges from 56 percent of children of illiterate mothers to 24 percent of children of mothers who completed high school.

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

- The TFR is 3.1 children per woman in Jammu, which is 8 percent below the national TFR of 3.4. Currently, less than one-half (49 percent) of currently married women use a contraceptive method. More effort is required to increase the use of family planning among rural and less educated women, Muslim women, and scheduled caste women, all of whom have a higher TFR and lower use of family planning than other women. If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate could increase from 49 percent to 67 percent of married women. Many women who intend to use contraception in the future prefer to use modern spacing methods. This indicates that the *potential* demand for modern spacing methods is quite strong and suggests that increasing attention should be paid to effective spacing methods as part of a balanced programme to satisfy the contraceptive needs of women in Jammu.
- Although the unmet need for family planning is substantial, 34 percent of currently married women who are not currently using any contraceptive method 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.

Maternal and Child Health

- Various indicators of maternal and child health show that Jammu has made much progress in the provision of services, but continued effort is needed to achieve the desired goals. Most women receive antenatal care and most care is provided by doctors and other health professionals. Seventy percent of women receive both tetanus toxoid vaccinations and iron/folic acid tablets during pregnancy. Although the rate of antenatal care is quite high compared to most states in India, most babies (77 percent) are delivered at home, and less than one-third of deliveries are assisted by a doctor or nurse/midwife.
- Two-thirds of children age 12-23 months in Jammu are fully vaccinated and only 16 percent have no vaccinations at all. Forty-five percent of children under age 4 are underweight and 41 percent are stunted. The infant mortality rate declined from 70 per 1,000 live births to 45 per 1,000 live births in the 10 years preceding the survey, 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 Jammu. 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 considerable disparity in the utilization of family planning and health services by residence, religion 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 and illiterate women, Muslim women and scheduled caste women.

Status of Women

- There is evidence of discrimination against females in Jammu in several respects. More than one-half of married women in their child-bearing years are illiterate. The school attendance rate for girls age 6-14 is lower than that for boys. The sex ratio is unfavourable to women, girls have higher infant and child mortality rates, lower child vaccination rates and higher undernutrition rates than boys. Thus, programmes to elevate the status of women in Jammu 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 Jammu during 1988-92 was 45); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in Jammu during 1988-92 was 59); a crude death rate of 9 per 1,000 population (the crude death rate in Jammu was 9 during 1990-92); and a crude birth rate of 26 per 1,000 (the crude birth rate in Jammu was 28 during 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Jammu received antenatal care for 80 percent of their pregnancies in 1988-92); 100 percent of deliveries by trained attendants (only 31 percent of deliveries were attended by a doctor or a nurse/midwife in 1989-92), and a couple protection rate of 75 percent among couples in the reproductive ages (in Jammu the contraceptive prevalence rate was only 49 percent in 1993). Although the Jammu region of Jammu and Kashmir has performed better than most states according to many indicators, more effort should be focused on disadvantaged groups to achieve the programme objectives.

FACT SHEET-JAMMU REGION OF JAMMU AND KASHMIR

National Family Health Survey-1993

Sample Population

Ever-married women age 13-49	2,766
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Background Characteristics of Women Interviewed

Percent urban	17.7
Percent illiterate	56.7
Percent completed secondary school or higher	18.8
Percent Hindu	76.9
Percent Muslim	16.9
Percent working	27.6

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	68.7
Percent of women age 15-49 ever married	71.8
Singulate mean age at marriage for females (in years)	21.2
Singulate mean age at marriage for males (in years)	26.3
Percent of women married to first cousin ¹	6.9
Median age at marriage among women age 25-49	17.8
Median months of breastfeeding ²	22.1
Median months of postpartum amenorrhoea ²	5.7
Median months of postpartum abstinence ²	2.5

Fertility

Total fertility rate ¹	3.1
Mean number of children ever born to women age 40-49	5.1

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	65.3
Want to delay their next birth at least 2 years	17.5
Mean ideal number of children ¹	2.8
Percent of births in the last 4 years which were:	
Unwanted	10.8
Mistimed	11.7

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	99.7
Knowing a modern method	99.6
Knowing a source for a modern method	97.5
Ever used any method	57.3
Currently using any method	49.4

Percent of currently married women currently using:

Pill	1.3
RUD	2.8
Injection	0.0
Condom	5.9
Female sterilization	25.3
Male sterilization	4.4
Periodic abstinence	3.4
Withdrawal	6.2
Other method	0.1

Mortality and Health

Infant mortality rate ⁵	45.4
Under-five mortality rate ⁵	59.1
Percent of births ⁶ whose mothers:	
Received antenatal care from a doctor	
or other health professional	77.8
Received 2 or more tetanus toxoid injections	68.9
Percent of births ⁶ whose mothers were assisted at delivery by:	
Doctor	22.9
Nurse/midwife	8.3
Traditional birth attendant	59.2
Percent of children 0-1 month who are breastfed	100.0
Percent of children 12-13 months who are breastfed	83.6
Percent of children 12-23 months who received ⁷ :	
BCG	81.3
DPT (three doses)	77.8
Polio (three doses)	77.1
Measles	69.1
All vaccinations	65.7
Percent of children under 4 years ⁸ who:	
Had diarrhoea in the 2 weeks preceding the survey	22.3
Had a cough accompanied by rapid breathing	
in the 2 weeks preceding the survey	4.4
Had a fever in the 2 weeks preceding the survey	21.6
Are chronically undernourished (stunted) ⁹	40.8
Are acutely undernourished (wasted) ⁹	14.8

¹ Based on ever-married women

² Current status estimate based on births during the 36 months preceding the survey (48 months for breastfeeding)

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

⁴ Based on ever-married women age 15-49, excluding women giving non-numeric responses

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

⁶ For births in the period 1-47 months preceding the survey

⁷ Based on information from vaccination cards and mothers' reports

⁸ Children born 1-47 months preceding the survey

⁹ 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.