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National Family Health Survey

(MCH and Family Planning)

Madhya Pradesh
1992

Summary Report

Population Research Centre, Directorate of Economics and Statistics
Government of Madhya Pradesh, Bhopal

International Institute for Population Sciences, Bombay

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BACKGROUND

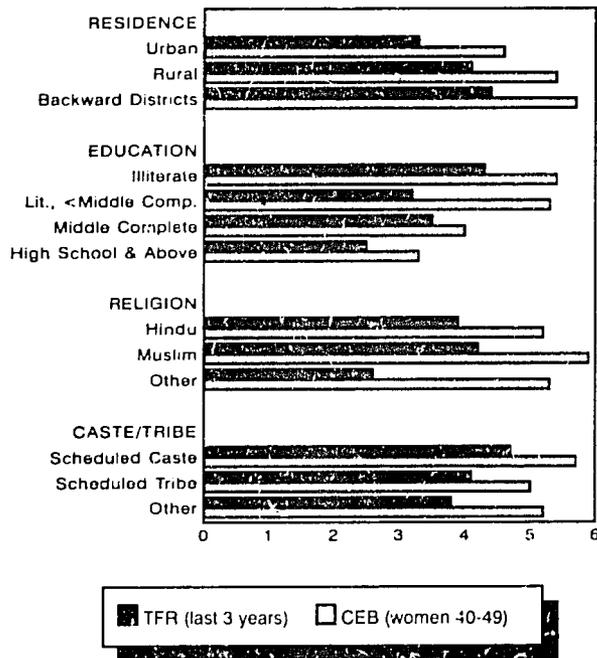
The National Family Health Survey (NFHS) is a nationally representative survey of ever-married women age 13-49. The NFHS covered the population of 24 states and the National Capital Territory of Delhi (the erstwhile Union Territory of Delhi) to provide a source of demographic and health data for inter-state 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, breast-feeding and food supplementation practices, child nutrition and health, immunizations, and infant and child mortality.

In Madhya Pradesh, interviewers collected information from 6,254 ever-married women age 13-49 in urban and rural areas. The fieldwork in Madhya Pradesh was conducted between 13 April 1992 and 3 August 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; the Population Research Centre, Directorate of Economics and Statistics, Government of Madhya Pradesh, Bhopal; VIMARSH, the Consultancy Group, New Delhi; 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.

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Figure 1

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



FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

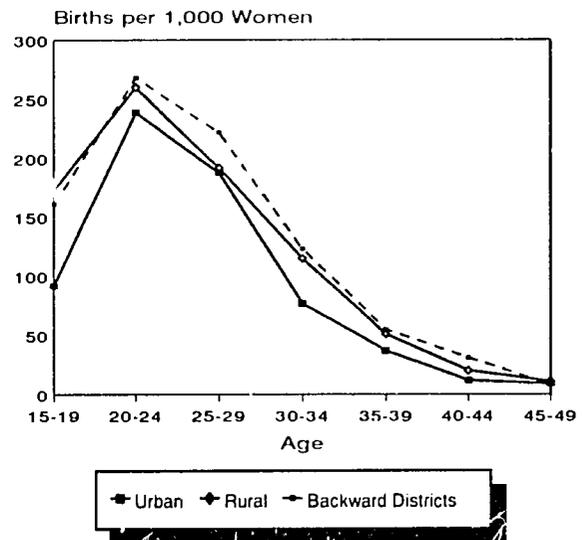
- Fertility has started to decline in Madhya Pradesh, but fertility rates continue to be high. Women in their forties have had an average of five children, but women who are currently in their childbearing years can be expected to have fewer than four children, on average, during their lifetime if current levels of age-specific fertility prevail. The NFHS total fertility rate (TFR) for women age 15-49 for the state as a whole for 1989-91 is 3.9 children per woman, 15 percent higher than the national average estimated from the same source. As expected, the urban TFR (3.3 children per woman) is substantially lower than the rural TFR (4.1 children per woman). Under the present schedule of fertility, a rural woman would have, on average, 0.8 more children (i.e., 24 percent more children) in her childbearing years than an urban woman. The TFR for government-designated backward districts (4.4) is slightly higher than the TFR for the whole state (3.9), indicating that there are only small differences in fertility levels between the backward districts and other districts. In fact, the backward districts closely parallel the situation in Madhya Pradesh, as a whole, on every measure included in the NFHS.



At current fertility rates, women in Madhya Pradesh will have an average of 3.9 children (15 percent higher than the national average).

- The NFHS estimates may be compared with corresponding estimates from the Sample Registration System maintained by the Office of the Registrar General, India. The TFR estimate from the NFHS of 3.9 for 1989-91 is 18 percent lower than the 1990 SRS estimate of 4.8. The crude birth rate estimated from the NFHS of 31.9 for 1989-91 is 14 percent lower than the 1990 SRS estimate of 37.1.
- Educational differentials in fertility are substantial, with current fertility declining steadily from 4.3 children per woman for illiterate women to 2.5 children per woman for women with at least a high school education. Differences by religion are smaller. Muslims have the highest fertility as measured by the TFR (4.2), followed by Hindus (3.9) and members of other religions (2.6). Muslim fertility exceeds Hindu fertility by almost one-third of a child, or 8 percent. Scheduled tribes and scheduled castes have the highest fertility of any group examined.

Figure 2
Age-Specific Fertility Rates by Residence



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





- Childbearing in Madhya Pradesh is concentrated in the age group 15-29, which accounts for 77 percent of total fertility. Current fertility in the state is characterized by a substantial amount of early childbearing: 20 percent of total fertility is accounted for by births to women age 15-19, and the contribution from women age 35 and over is only 10 percent. Slightly more than one-fourth of all women age 15-19 and 55 percent of ever-married women age 13-19 have begun childbearing.

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

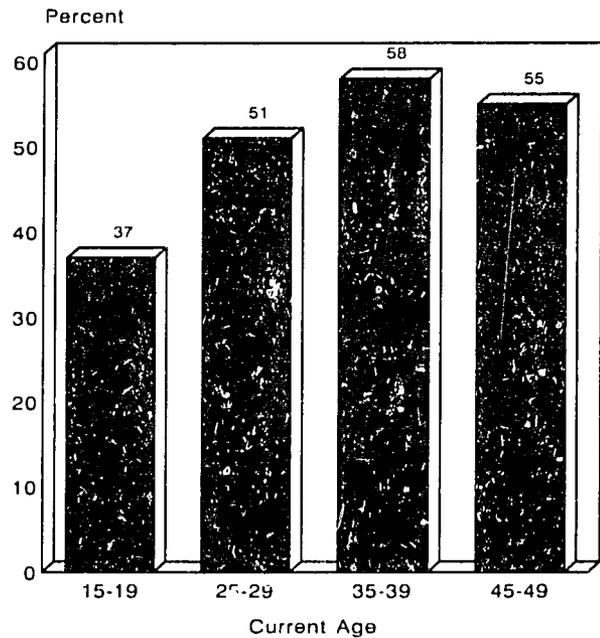
- The overall median interval between births is just over 32 months, or about 2.7 years. One in every nine second or higher order births occurred within 18 months of the previous birth, and one-quarter occurred within 24 months. These are high-risk births with a relatively low probability of survival.

Marriage

- As in many other parts of India, marriage is nearly universal and takes place at relatively young ages in Madhya Pradesh. At age 15-19, 64 percent of women in Madhya Pradesh are married. The proportions ever married at age 15-19 are much lower in urban areas (37 percent) than in rural areas (73 percent).
- Marriage at very young ages has been declining over time. The proportion marrying by age 13 declined from 38 percent in the 45-49 age cohort to 19 percent in the 15-19 age cohort. Similarly, the proportion marrying by age 15 declined from 55 percent in the 45-49 age cohort to 37 percent in the 15-19 age cohort. Although very early marriages are on the decline in Madhya Pradesh, the median age at marriage is still very low, especially in rural areas. The median age at marriage for the most recent cohort of women age 20-24 is 15.4 years. Urban women age 20-24 marry almost 4 years later than rural women of the same age (18.6 years in urban areas and 14.8 in rural areas).

Marriage at very young ages has been declining over time.

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





In rural areas of Madhya Pradesh, women age 20-24 marry at about 15 years.

- Differences in the median age at marriage by religion are notable, with Muslims (who are more concentrated in the urban areas) marrying one and a half years later than Hindus. The lowest median age at marriage is exhibited by the scheduled caste group, in which half the women married by age 14. Differences in marriage age by education are more pronounced. Among illiterate women currently age 25-29, the median age at marriage is 13.8 years, which is nearly 7 years younger than among women with at least a high school education.
- 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 Madhya Pradesh, the majority of marriages do not conform to these legal regulations. Seventy-three percent of women age 20-24 married below the legal minimum age at marriage. The proportion of women age 20-24 who married before age 18 is higher in rural areas (83 percent) than in urban areas (43 percent). A large majority of women do not even know what the legal minimum age at marriage is. Only 25 percent of respondents could correctly identify age 18 as the legal minimum age at marriage for women, and only 16 percent could correctly identify age 21 as the legal minimum age at marriage for men.

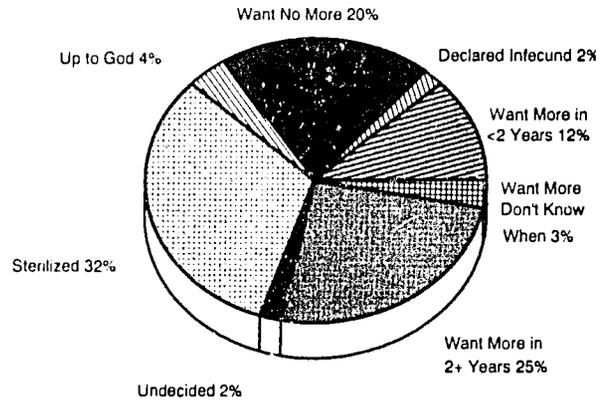
Fertility Preferences

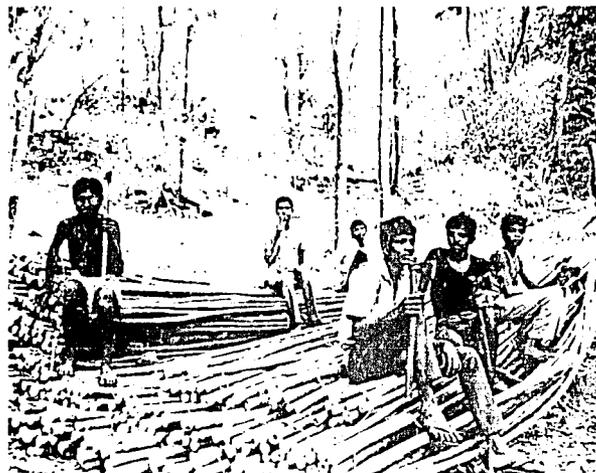
- Nearly one-fifth of women say they do not want any more children, and 32 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 51 percent of all currently married women in Madhya Pradesh. Overall, 79 percent of women want to either space their next birth (that is, they want to delay their next birth for two or more years or for some unspecified time) or stop having children altogether (that is, they want no more children or they are sterilized).

Seventy-nine percent of currently married women want to either postpone their next birth or stop having children altogether.

- The desire for more children declines rapidly as the number of children increases. Eighty-nine percent of women with no children say they want a child, and less than 1 percent say they do not want any children. The proportion who want another child drops to 43 percent for women who have two living children and 20 percent for those with three living children.
- Interestingly, the desire for spacing children is very strong for women who have fewer than three children. Thirty-six percent of women with no children say that they would like to wait at least two years before having their first child. Sixty percent of women with one child and 32 percent of women with two children

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





would like to wait at least two years before having their next child. Inasmuch as 48 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.

- Among women who want another child, there is a strong preference for having a son as the next child. More than half (55 percent) want a son, 11 percent want a daughter, and the rest say either that the sex of the child does not matter (15 percent) or that it is up to God (19 percent). The desire for a son is particularly strong in rural areas, backward districts and among high-parity women.
- The ideal number of children falls within the narrow range of 3-4 children for 75 percent of women in Madhya Pradesh. For those who gave numeric responses, the average number of children considered ideal is 3.1 per couple, ranging from 2.6 for women with less than two children to 4.4 for those who already have six or more children.

FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is very high in Madhya Pradesh: 88 percent of currently married women know of at least one contraceptive method, and 80 percent know where they could go to obtain a modern method. Nevertheless, every other major state except Rajasthan has an even higher level of contraceptive knowledge. In Madhya Pradesh, knowledge about sterilization is most widespread. This is true for female sterilization (85 percent) as well as male sterilization (77 percent). In comparison, the three officially sponsored modern spacing methods are much less familiar to respondents. Only 42 percent of women report knowledge of the IUD and the condom, and only one half know about the pill. Modern spacing methods are not only less well known, but knowledge about their source is also more limited. For example, only 34-39 percent of women know where to obtain pills, condoms and IUDs. About 20 percent of the women know at least one traditional method, with 18 percent reporting knowledge of periodic abstinence and 5 percent reporting knowledge of withdrawal.

Knowledge of at least one modern contraceptive method is lower than in other states.

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

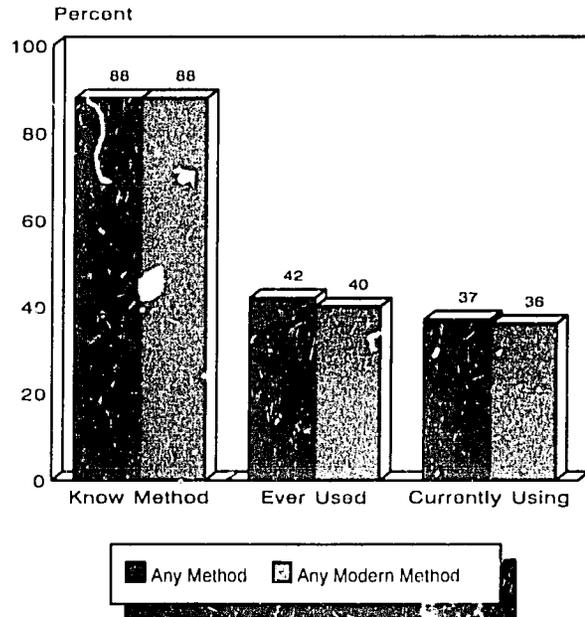
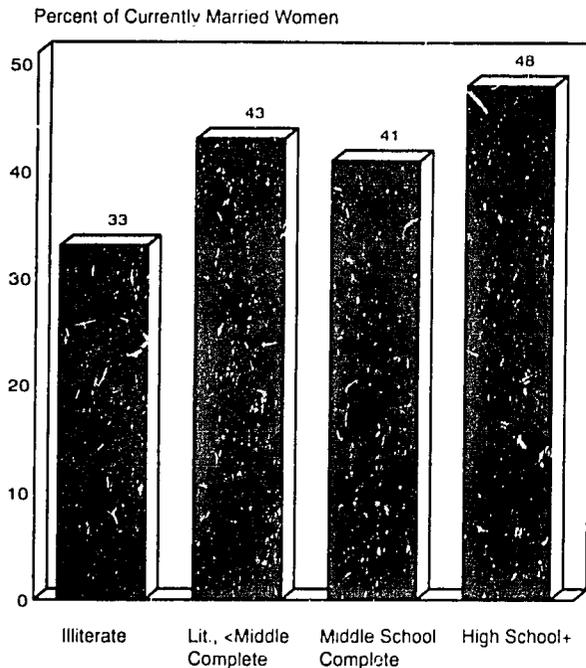


Figure 6
Current Use of Modern Contraceptive Methods by Education



Contraceptive Use

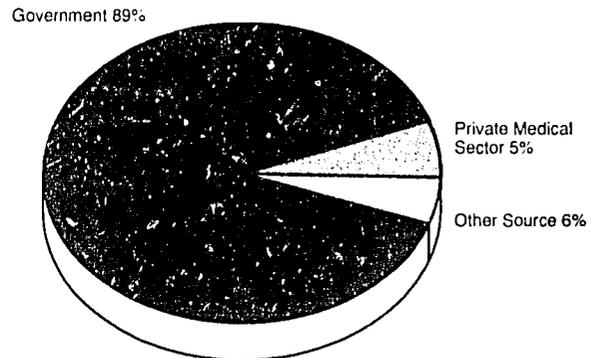
- The current contraceptive prevalence rate in Madhya Pradesh is 37 percent: 36 percent of currently married women age 13-49 use modern methods and 1 percent use traditional methods.

Only 37 percent of currently married women practice family planning.

- Female sterilization is the most popular contraceptive method in Madhya Pradesh, as in most Indian states, accounting for more than 70 percent of contraceptive prevalence. Twenty-six percent of currently married women are sterilized and another 5 percent report that their husbands are sterilized. Two percent use condoms, and no other method of family planning is used by more than 1 percent of currently married women.
- Current use of contraception is higher in urban areas (48 percent) than in rural areas (33 percent). The difference between the use rate for illiterate women (34 percent) and the use rate for women who have completed high school (50 percent) is considerable. The relative popularity of female sterilization decreases as education increases. For example, female sterilization accounts for 76 percent of contraceptive prevalence among illiterate women but only 41 percent among those with at least a high school education.

- Religious differentials in the prevalence of contraception are modest. The prevalence rate among Muslims and Hindus is almost the same (Muslims 39 percent and Hindus 36 percent). The prevalence rate is higher for other religions (52 percent) than for Hindus and Muslims.
- Use of family planning methods is positively related to the number of living children a woman has, increasing from less than 2 percent for women with no children to 58 percent for women with four or more children. Furthermore, a strong son preference is apparent in the contraceptive behaviour of women in Madhya Pradesh: at each parity, use of family planning methods is lowest for women with no sons. The contraceptive prevalence rate is highest (70 percent) among women with two sons and one daughter.
- The public sector (consisting of government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies 89 percent of users of all modern methods and the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores) supplies 5 percent. Six percent of users obtain their methods from other sources, such as shops, friends and relatives. The public sector is the source of supply for 95 percent of contraceptive users in rural areas and 75 percent of users in urban areas.

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





Attitudes Toward Family Planning

- Attitudes toward the use of family planning are generally positive, but a substantial minority of women do not approve of family planning. Sixty-seven percent of currently married, non-sterilized women who know of a contraceptive method approve of family planning, and 31 percent disapprove. Women perceive their husbands to be about equally favourable toward family planning as they are themselves.

Thirty-one percent of nonsterilized 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. Overall, 61 percent of illiterate women approve of family planning, compared with 93 percent of women who have completed high school. Joint approval by both husband and wife is lowest (42 percent) among illiterate women. Approval of family planning is higher among Muslims and followers of other religions than among Hindus. Approval is lower among those belonging to scheduled castes and scheduled tribes than among other groups.
- Ninety-two percent of women who have ever used family planning report that they approve of family planning. Among never users, however, 37 percent of women do not approve of family planning. Among never users who approve of family planning, only 5 percent say their husbands do not approve of family planning.

- Overall, more than half of currently married nonusers report that they do not intend to use contraception in the future, and 67 percent of this group do not intend to use because they want more children. Intentions to use family planning in the future are low for all women, regardless of the number of children they have. One in four say that they will use family planning in the future, and another 21 percent are not sure about their intentions. Intended users of contraception have a stronger preference for using modern spacing methods, especially the pill, than current users. Whereas only 11 percent of current users have adopted spacing methods, 29 percent of women who intend to use in the future prefer spacing methods.



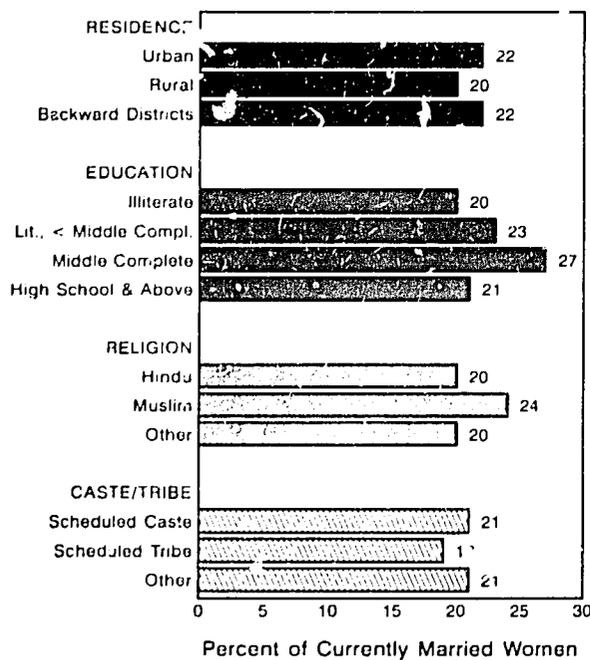
Fifty-three percent of current nonusers do not intend to use contraception in the future.

Exposure to Family Planning Messages

- Dissemination of family planning information through the electronic mass media reaches only one-third of ever-married women in Madhya Pradesh. This is not surprising, because only 20 percent of households in Madhya Pradesh own televisions and only 33 percent own radios. Urban-rural differentials in media coverage are substantial. Family planning messages on radio or television reach 71 percent of women in urban areas and 24 percent of women in rural areas.



Figure 8
Unmet Need for Family Planning by Selected Characteristics



Only 20 percent of households own televisions and 33 percent own radios.

- One-half of ever-married women say it is acceptable to have family planning messages on radio and television, only 12 percent say it is not acceptable, and 38 percent are not sure. Younger women (under age 30) and older women (over age 39), rural residents, illiterate women, Hindu women and women belonging to scheduled castes and scheduled tribes 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, 21 percent of women in Madhya Pradesh have an unmet need for family planning. These are the 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. Unmet need is slightly greater for spacing children (13 percent) than for limiting children (7 percent). If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate would increase from 37 percent to 57 percent of currently married women.

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

MATERNAL AND CHILD HEALTH

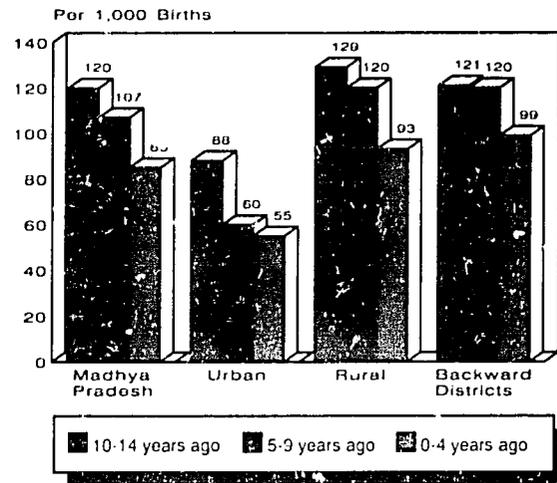
Infant and Child Mortality

- The infant mortality rate has declined substantially in Madhya Pradesh in recent years. The infant mortality rate for the total population declined from 120 per 1,000 live births during 1977-81 (10-14 years prior to the survey) to 85 per 1,000 live births during 1987-91 (0-4 years prior to the survey), an annual rate of decline of 3.5 infant deaths per 1,000 live births. Despite the rapid overall decline in infant mortality (29 percent over a 10-year period), about 1 in every 12 children (85 per 1,000) born in the five years before the NFHS died within the first year of life, and 1 in every 8 children died before reaching age 5. Child survival programmes still need to be intensified to produce further improvements in the level of infant and child mortality.

One in 12 children dies before reaching the age of one year.

- The infant mortality rate is nearly twice as high in rural areas as in urban areas, 107 per 1,000 live births compared with 58 per 1,000 live births in the 10-year period preceding the survey. Children in rural areas experience a risk of dying before their fifth birthday that is more than twice as high as children in urban areas.

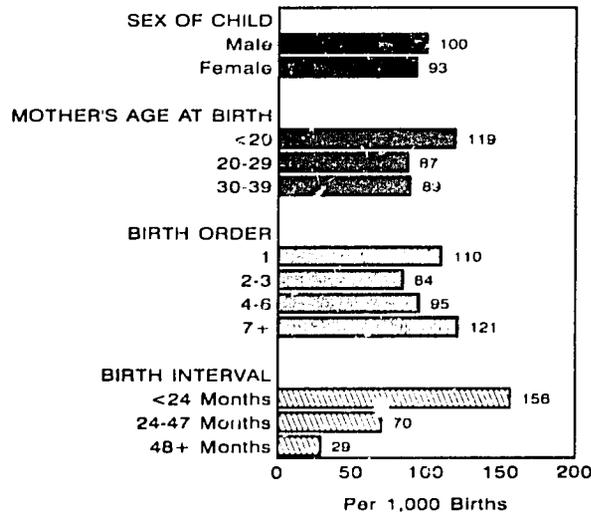
Figure 9
Infant Mortality Rates for Five-Year Periods by Residence



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



- Infant mortality declines sharply with increasing education of women, ranging from a high of 110 per 1,000 live births for illiterate women to a low of 34 per 1,000 live births for women with at least a high school education.
- Girls in Madhya Pradesh have higher mortality risks than boys, except during the neonatal period. Neonatal mortality, pertaining to mortality during the first month of life, contains a substantial component of deaths from congenital conditions and is lower for females (50 per 1,000 live births) than for males (63 per 1,000 live births). The ratio of female to male neonatal mortality is 0.78. The differential is reversed for postneonatal mortality (age 1-11 months), where the ratio is 1.18, and for childhood mortality (age 1-4 years), where the ratio is 1.22. The ratio for under-five mortality inclusive is 1.02. These ratios indicate higher female mortality at all childhood ages except the first month. Overall, the findings confirm the disadvantageous position of the girl child in Madhya Pradesh.
- Infant mortality is highest for children of mothers under age 20 (119 per 1,000 live births) and age 30-39 (89 per 1,000 live births), and lowest for children of mothers at the prime childbearing ages (87 per 1,000 live births at age 20-29). Infant mortality is more than five times higher for children with a preceding birth interval of less than 24 months than for children with a preceding interval of 48 months or more (156 compared with 29 per 1,000 live births). Births to mothers receiving medical maternity care (antenatal or delivery care by a trained health professional) have

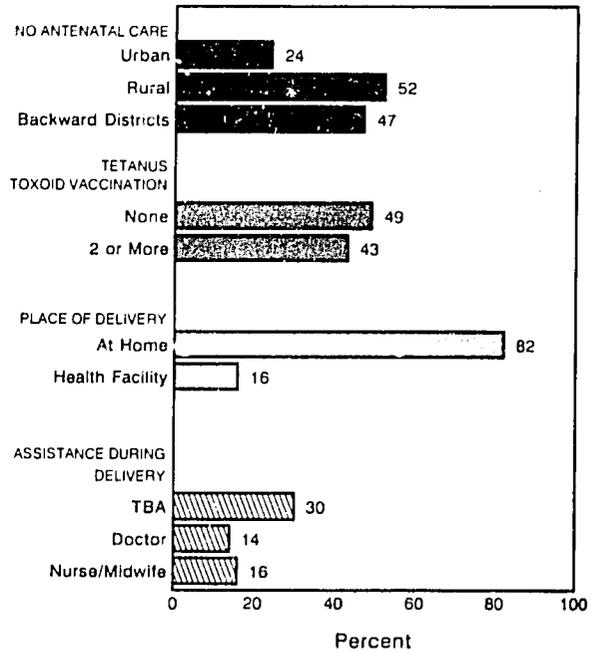
substantially lower mortality risks. Infant mortality is much higher for children whose mothers did not receive antenatal or delivery care from medical professionals (104 per 1,000 live births) than for those receiving either type of care (51 per 1,000 live births) and those receiving both types of care (43 per 1,000 live births).

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

Antenatal Care and Assistance at Delivery

- Utilization of both antenatal care and delivery services is low in Madhya Pradesh. During the four years preceding the survey, mothers received antenatal care for only 52 percent of births. Similarly, women received at least two tetanus toxoid injections for only 43 percent of births and iron/folic acid tablets for only 44 percent of births.
- There are substantial differences in antenatal care by residence and by education. The proportion of births for which mothers received antenatal care is 74 percent in urban areas and 47 percent in rural areas. The proportion receiving antenatal care ranges from 44 percent of births to illiterate mothers to 95 percent of births to mothers with at least a high school education.

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

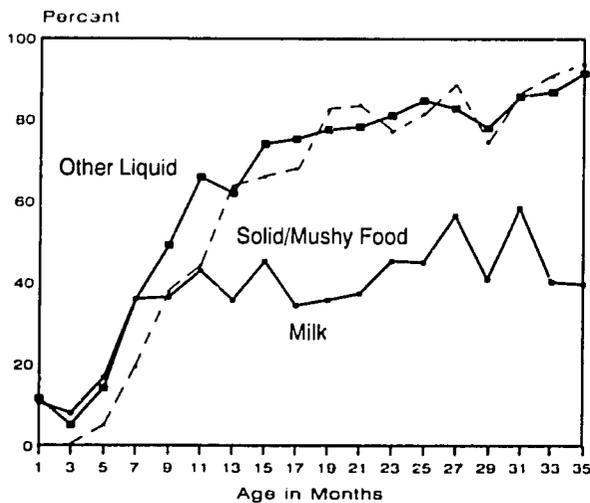




Mothers received antenatal care for only 52 percent of births, and 82 percent of babies are delivered at home.

- Most babies (82 percent) are delivered at home, 12 percent are delivered in public health facilities and 4 percent in private health facilities. Thirty percent of deliveries are assisted by a doctor or nurse/midwife, another 30 percent by a traditional birth attendant, and 39 percent by a relative or other person. Thus, a sizeable proportion of deliveries are conducted by untrained persons, resulting in higher neonatal mortality rates.

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

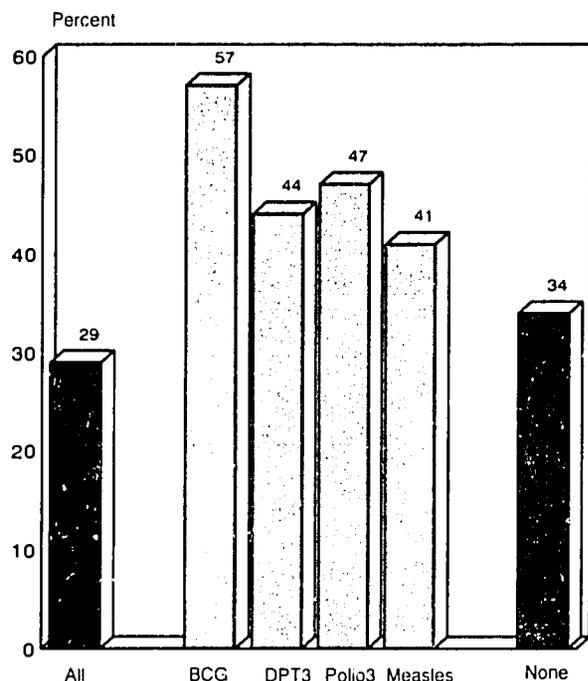
- Breastfeeding is nearly universal in Madhya Pradesh, with 94 percent of all children having been breastfed. It is recommended that the first breast milk should be given to the child rather than squeezed from the breast because it contains colostrum, which provides natural immunity to the newborn. However, a substantial majority of women in Madhya Pradesh who breastfeed squeeze the first milk from the breast before they begin breastfeeding their babies. Only 11 percent of children are breastfed within one hour of birth, and 28 percent start breastfeeding within one day of birth.

Breastfeeding is nearly universal, but only 11 percent of children are breastfed within one hour of birth.

- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is not very common even for very young children: at age 0-1 months, more than three-fifths of babies are given water or other supplements. On average, 31 percent of infants under four months are given only breast milk (i.e., are exclusively breastfed). The percentage of babies exclusively breastfed drops off rapidly after the first few months of life to less than 8 percent at age 6-7 months and older ages. Solid and semi-solid foods are generally not added to the diet at an early enough stage of the child's development. Less than 3 in 10 children are given solid or semi-solid food at the recommended age of 6-9 months. The use of bottles with nipples is relatively rare, ranging from 4 percent in the first two months after birth to a high of 11 percent for children age 4-5 months, after which it declines slowly to zero for children approaching three years of age. The mean number of months of breastfeeding in Madhya Pradesh is 27 months.



Figure 13
Vaccination Coverage Among Children Age 12-23 Months



Vaccination of Children

- The Universal Immunization Programme (UIP) aims to vaccinate all children against six preventable diseases, namely tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio and measles. However, the performance of the UIP has been poor in Madhya Pradesh. Among children age 12-23 months, only 29 percent are fully vaccinated against the six common childhood diseases. Fifty-seven percent have been vaccinated against tuberculosis (BCG vaccine), nearly half have received all three doses of polio vaccine (47 percent) and DPT vaccine (44 percent), and 41 percent have been vaccinated against measles. One in three children age 12-23 months did not receive any vaccination at all.

Thirty-four percent of young children have not received any vaccinations against six preventable childhood diseases.

- Forty-three percent of children in urban areas are fully vaccinated, compared with 26 percent in rural areas. Boys are more likely to have been vaccinated against childhood diseases than girls. The proportion of children who are fully vaccinated also varies by religion; 27 percent of Hindu children are fully vaccinated compared with 41 percent of Muslim children. The proportion who received all vaccinations increases with the education of the mother, ranging from 22 percent for children of illiterate mothers to 67 percent for children of mothers with at least a high school education. Vaccination coverage is lowest among scheduled tribes; only 19 percent of scheduled tribe children age 12-23 months are fully vaccinated.

Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 5 percent of children under 4 years of age had a cough accompanied by fast breathing (symptoms of acute respiratory infection), 16 percent had fever and 9 percent suffered from diarrhoea. Four percent of children had an episode of diarrhoea during the preceding 24 hours. Between 62 and 65 percent of these sick children were taken to a health facility or provider for treatment. Those who were not given any treatment at all, either at home or in a health facility, were relatively few, constituting around 20 percent.
- It is significant to note that over one-half of children with diarrhoea were not given Oral Rehydration Salts (ORS) or the recommended home solution or increased fluids. Only about one-fourth of mothers who had births during the four years preceding the survey know about ORS packets, and only 1 in 10 have ever used them.

Nutritional Status of Children

- In the Madhya Pradesh NFHS, children under four years of age were weighed to assess their nutritional status. Based on this measure, undernutrition is very high in the state. Fifty-seven percent of all children under four are underweight for their age, and 22 percent are severely underweight.

Figure 14

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

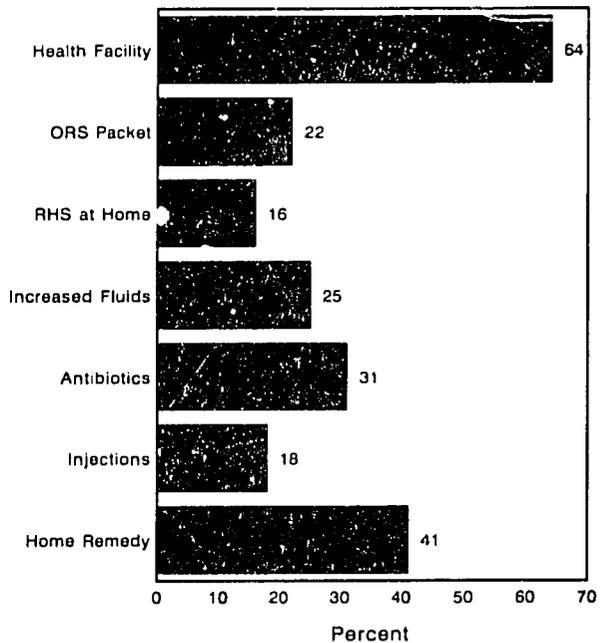
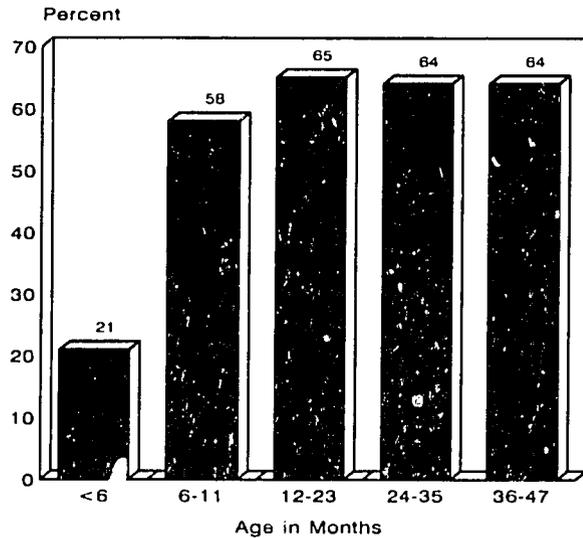


Figure 15
 Percentage of Children Under Age Four Who Are Underweight, by Age



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

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

- There is little evidence that female children are nutritionally disadvantaged. In fact, as measured by weight-for-age, boys are slightly more likely to be undernourished than girls, but girls are slightly more likely to be severely undernourished than boys.
- Undernutrition is consistently higher in rural areas than in urban areas: the proportion severely underweight is more than twice as large in rural areas as in urban areas. Children from scheduled tribes are more undernourished than other children, but the differentials are small. Differentials in undernutrition by mother's education are more striking. Mother's education is inversely related to the percentage of children undernourished. Children of illiterate mothers are more than twice as likely to be severely undernourished as children of mothers with at least a high school education. However, it must be noted that the vast majority of all children, more than 74 percent, have illiterate mothers.



CONCLUSIONS

Fertility and Family Planning

- Although there is evidence of a slight decline in the total fertility rate in recent years, the TFR remains high at 3.9 children per woman in Madhya Pradesh. Currently, only 37 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 could increase from 37 percent to 57 percent of married women. Twenty-nine percent of 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 the provision of spacing methods as part of a balanced programme to satisfy the contraceptive needs of women in Madhya Pradesh.
- Although the unmet need for family planning is substantial, 53 percent of women say they do not intend to use contraception at any time in the future. The lack of intentions to use family planning suggests that it will be difficult for the family planning programme to be successful without a strong Information, Education and Communication (IEC) component to motivate couples to use contraception. The accessibility and quality of services also need to be improved to overcome low motivation and to encourage continued use among contraceptive acceptors.

Maternal and Child Health

- Various indicators of maternal and child health show that in almost every respect Madhya Pradesh is not faring well. Despite the rapid decline in infant mortality (29 percent over a 10-year period), 1 in 8 children still dies before reaching age 5. Most babies (82 percent) are delivered at home, and only 3 out of 10 deliveries are assisted by a doctor or nurse/midwife. Only 29 percent of children age 12-23 months are fully vaccinated, and 34 percent have not received any vaccinations at all. Fifty-seven percent of all young children are underweight.
- The improvement of services is crucial to the success of the Child Survival and Safe Motherhood (CSSM) programme. The importance of a strong IEC component in the CSSM programme cannot be overemphasized. Such a package is necessary to inform couples about the importance of antenatal care and safe delivery conducted under hygienic conditions, the advantages of giving colostrum to babies, the correct timing for introducing supplementary food to a child's diet, the importance of immunizations against preventable diseases, the use of oral rehydration therapy for children suffering from diarrhoea, the advantages of a small family and the disadvantages of early childbearing and short childspacing. The lack of exposure of most women to electronic mass media and their inability to read, however, indicate that alternative communication strategies will have to be employed, such as the distribution of video cassettes with culturally appropriate programmes that can be shown on community television sets.

Status of Women

- The status of women in Madhya Pradesh 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 sex ratio unfavourable to women, a low level of female employment, a relatively low age at marriage for women, higher female postneonatal and child mortality rates, and lower vaccination rates for girls. Thus, programmes to elevate the status of women in Madhya Pradesh are needed. In particular, increasing the school enrollment and educational levels of girls and young women is an important instrument for reducing fertility, increasing family planning use and improving maternal and child health. The spread of education, however, is a slow process and does not obviate the need for a well-managed, rigorous family welfare programme.

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 Madhya Pradesh during 1987-91 was 85 per 1,000 live births); an under-five mortality rate of 70 (under-five mortality in Madhya Pradesh during 1987-91 was 130); a crude death rate of 9 per 1,000 population (the crude death rate in Madhya Pradesh was 13 per 1,000 population during 1990-91); and a crude birth rate of 26 per 1,000 (the crude birth rate in Madhya Pradesh was 32 during 1989-91). The national targets for service coverage include 100 percent coverage of antenatal care (women in Madhya Pradesh received antenatal care for only 52 percent of

their pregnancies in 1988-91); 100 percent of deliveries by trained attendants (only 30 percent of deliveries were attended by a doctor or nurse/midwife in 1988-1991), and a couple protection rate of 75 percent among couples in the reproductive ages (in Madhya Pradesh it was only 37 percent in 1992).

- These comparisons reveal the magnitude of the task ahead in Madhya Pradesh. With its 66.2 million population in 1991, Madhya Pradesh accounts for 8 percent of the total population of India and exercises considerable influence on the demographic parameters of the country. If the national goal of a Net Reproduction Rate equal to one is to be achieved even by 2011-2016, it is imperative to increase efforts to improve the demographic and health situation in Madhya Pradesh.



FACT SHEET - MADHYA PRADESH

1991 Population Data

Office of the Registrar General and Census
Commissioner

Total population (millions)	66.2
Percent urban	23.2
Percent scheduled caste	14.5
Percent scheduled tribe	23.3
Decadal population growth rate (1981-91)	26.8
Crude birth rate (per 1,000 population)	34.4
Crude death rate (per 1,000 population)	12.7
Life expectancy at birth (years) ¹ :	
Male	56.2
Female	54.7

National Family Health Survey, 1992

Sample Population

Ever-married women age 13-49	6,254
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Background Characteristics of Women Interviewed

Percent urban	22.2
Percent illiterate	74.4
Percent attended secondary school or higher	7.3
Percent Hindu	92.9
Percent Muslim	5.1
Percent working	32.4

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	86.9
Percent of women age 15-49 ever married	91.1
Singulate mean age at marriage for females (in years)	17.4
Singulate mean age at marriage for males (in years)	22.0
Percent of women married to first cousin ²	4.0
Median age at first marriage among women age 25-49	14.5
Median months of breastfeeding ³	24.7
Median months of postpartum amenorrhoea ⁴	8.3
Median months of postpartum abstinence ⁴	2.5

Fertility

Total fertility rate ⁵	3.9
Mean number of children ever born to women age 40-49	5.2

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	51.1
Want to delay their next birth at least 2 years	25.3
Mean ideal number of children ⁶	3.1
Percent of births in the last 4 years which were:	
Unwanted	7.4
Mistimed	8.7

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	88.1
Knowing a modern method	87.8
Knowing a source for a modern method	80.0
Ever used any method	41.8
Currently using any method	36.5

Percent of currently married women currently using:

Pill	0.7
IUD	1.1
Injection	0.0
Condom	2.2
Female sterilization	26.4
Male sterilization	5.1
Periodic abstinence	0.7
Withdrawal	0.1
Other method	0.3

Mortality and Health

Infant mortality rate ⁷	85.2
Under-five mortality rate ⁷	130.3

Percent of births⁸ whose mothers:

Received antenatal care from a doctor or other health professional	36.3
Received 2 or more tetanus toxoid injections	42.8

Percent of births⁹ whose mothers were assisted at delivery by:

Doctor	14.1
Nurse/midwife	15.9
Traditional birth attendant	29.9

Percent of children 0-1 months who are breastfeeding

99.1

Percent of children 12-13 months who are breastfeeding

91.7

Percent of children 12-23 months who received:⁹

BCG	56.8
DPT (three doses)	43.7
Polio (three doses)	46.6
Measles	40.7
All vaccinations	29.2

Percent of children under 4 years¹⁰ who:

Had diarrhoea in the 2 weeks preceding the survey	8.6
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	4.7
Had a fever in the 2 weeks preceding the survey	15.8
Are undernourished (underweight) ¹¹	57.4

¹ 1986-91

² Based on ever-married women

³ Current status estimate based on births during the 48 months preceding the survey

⁴ Current status estimate based on births during the 36 months preceding the survey

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. Excludes women who gave a non-numeric response to family size (16 percent of women age 13-49)

⁷ During the 5 years preceding the survey (1987-91)

⁸ Births in the period 1-47 months preceding the survey

⁹ Based on information from vaccination cards and mothers' reports

¹⁰ Children born in the period 1-47 months preceding the survey

¹¹ Undernourishment assessed by weight-for-age; the percent undernourished are those below -2SD from the median of the International Reference Population, recommended by the World Health Organization