

**Manipur
Summary Report**

**National Family
Health Survey
1993**

**International Institute for Population Sciences
Bombay**

National Family Health Survey

(MCH and Family Planning)

**International Institute for Population Sciences
Bombay**

December 1995

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CONTENTS

Background	3
Population and Living Conditions	4
Fertility and Marriage	5
Fertility Levels and Trends	5
Marriage	6
Fertility Preferences	7
Family Planning	10
Knowledge of Family Planning Methods	10
Contraceptive Use	10
Attitudes Toward Family Planning	12
Exposure to Family Planning Messages	12
Need for Family Planning Services	13
Maternal and Child Health	14
Infant and Child Mortality	14
Antenatal Care and Assistance at Delivery	14
Breastfeeding and Supplementation	15
Vaccination of Children	17
Child Morbidity and Treatment Patterns	17
Nutritional Status of Children	18
Knowledge of AIDS	19
Conclusions	20
Fertility and Family Planning	20
Maternal and Child Health	20
Achievement of Programme Objectives	21
Fact Sheet	22

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 Manipur, a total of 1,086 households were covered, and the interviewers collected information from 953 ever-married women age 13-49 (307 in urban areas and 646 in rural areas). The fieldwork was conducted between March and May, 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; MODE Research Private Limited, Calcutta; the East-West Center/Macro International, USA; and the United States Agency for International Development (USAID), New Delhi. Funding for the survey was provided by USAID.

- Manipur, with its population of 1.8 million in 1991, is one of the smallest states of India. About one-third of the surveyed population live in urban areas. Thirty-seven percent of the population is under age 15 and persons age 65 or older constitute 4 percent of the population. The sex ratio of the *de jure* population is 987 females per 1,000 males, which is higher than the sex ratio of 944 observed for the country as a whole.
- Three-fifths of the household heads are Hindu, 29 percent are Christian and 5 percent are Muslim. Little less than 30 percent of the household heads belong to scheduled tribes, and none belongs to scheduled castes.
- In the survey households, 37 percent of all females age 6 and above are illiterate, and 18 percent have a secondary education or higher. On the other hand, 85 percent of males age 6 and above are literate. However, 90 percent of children age 6-14 (93 percent of males and 87 percent of females) attend school. Only 41 percent of households get piped water for drinking, and another 47 percent use surface water for drinking. Sixty-two percent of households have electricity, 83 percent have a sanitation facility, and half the households live in *kachcha* houses.

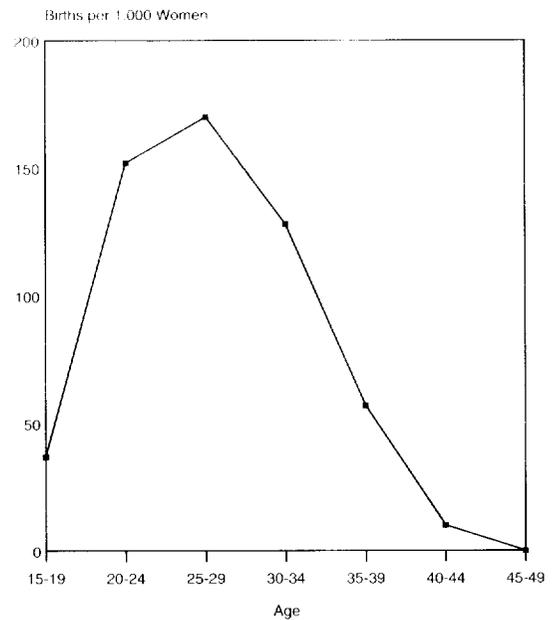
Fertility Levels and Trends

- The NFHS total fertility rate (TFR), for women age 15-49 in Manipur for the period 1990-92 is 2.8 children per woman, 19 percent lower than the national average, as estimated from the same source. The TFR represents the average number of children a woman would bear if she experienced current fertility rates throughout her reproductive years. The NFHS estimates a crude birth rate of 24.4 per 1,000 population for the period 1990-92.

At current fertility rates, women in Manipur will have an average of 2.8 children (19 percent lower than the national average).

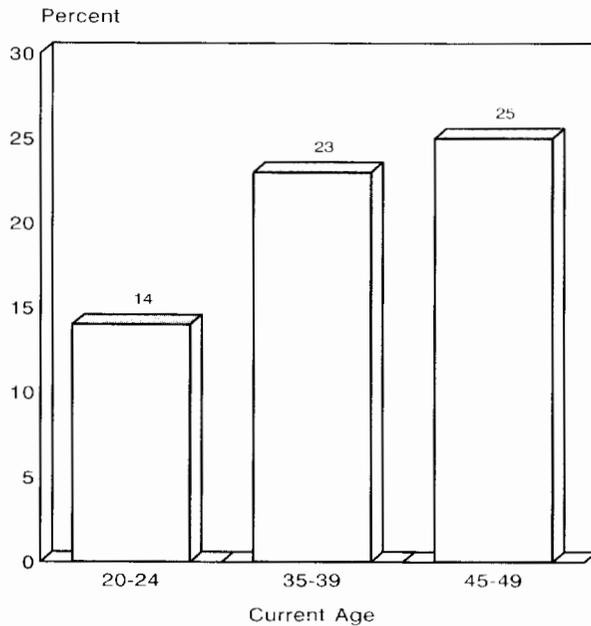
- The NFHS also collected data on cohort fertility, as measured by the number of children ever born to women of different ages. Women age 40-49 at the time of survey had borne an average of 4.8 children per woman. This is much higher than current fertility as measured by the total fertility rate of 2.8 for the 3 years preceding the survey because most of the fertility experienced by these older women occurred considerably back in time, when fertility rates were much higher. In other words, fertility levels in Manipur have fallen substantially in the recent past.

Figure 1
Age-Specific Fertility Rates



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

Figure 2
Percentage of Women Married before Age 18, by
Current Age



- Fertility in Manipur is concentrated in the age group 20-34. Eighty-two percent of total fertility is concentrated in this age group. Current fertility in Manipur is characterized by a substantial amount of late childbearing; 35 percent of total fertility is accounted for by births to women age 30-49 and the contribution from women under age 20 is only 7 percent. Only 3 percent of women age 15-19 have ever had a child. Seventy-seven percent of women currently age 45-49 had their last child after age 29, and 13 percent had a child after age 39.
- The median interval between births is 32 months. Eleven percent of births occur within 18 months of the previous birth and one-quarter of all births occur within 24 months. These are high-risk births with a relatively low probability of survival.

Marriage

- Marriage is nearly universal in Manipur, and takes place at a relatively later age. At age 20-24, only 43 percent of women are married and at age 25-29, 69 percent are married. Above age 34, only about 2-4 percent remain unmarried.
- The singulate mean age at marriage is 28 years for men and 25 years for women. The median age at marriage for women age 25-49 is about 21 years. Marriage at very young ages is not common in Manipur. Only 5 percent of women age 45-49 and 2 percent of women age 15-19 married before the age of 15. The proportion marrying before age 18 declined from 24-28 percent in the 40-49 age cohort to 14 percent in the 20-24 age cohort.

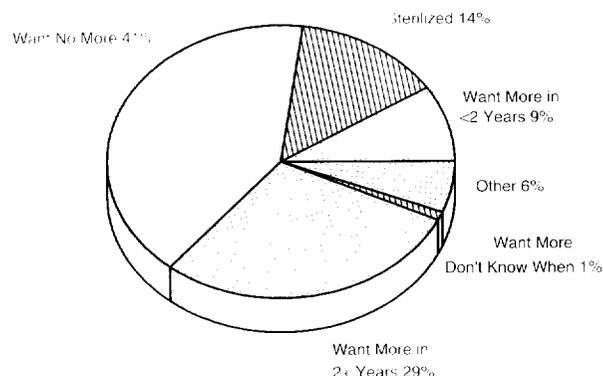
Marriage below age 18 is not very common in Manipur.

- Urban women age 25-29 marry 2.6 years later than rural women of the same age (24.1 years in urban areas and 21.5 in rural areas). Differences in marriage age by education are pronounced. Among illiterate women currently age 25-49, the median age at marriage is 19.5 years, which is nearly 5 years younger than 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. Although most marriages in Manipur take place at or above the legal minimum age at marriage, knowledge of the legal minimum age at marriage for men and women is not widespread. Only 21 percent of women know the minimum age at marriage for women and the percentage who know the minimum legal age at marriage for men is even less at 5 percent.

Fertility Preferences

- Forty-one percent of women say they do not want any more children, and 14 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 55 percent of all currently married women in Manipur. Only 38 percent of women say they want another child sometime in the future, and three-quarters of these women (29 percent of all women) say they would like to wait at least 2 years before having the next child. Overall, 84 percent of women want to either space their next birth or stop having children altogether.

Figure 3
Fertility Preference Among Currently Married Women Age 13-49



Only 38 percent of women say they want another child sometime in the future, and three-quarters of these women say they would like to wait at least two years before having the next child.

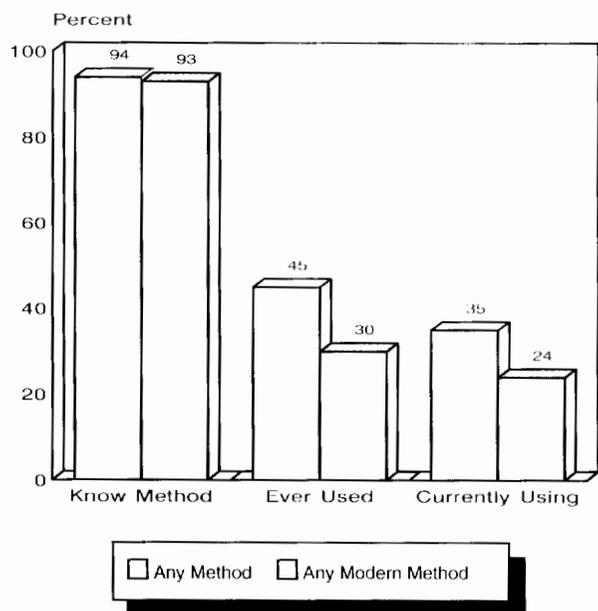
- The desire for more children declines as the number of children increases. Eighty-four percent of women with one living child say they want another child. The proportion who want another child drops to 57 percent for women with two living children and 29 percent for those with three living children.
- The desire for spacing children is very strong for women who have fewer than three children. The percentage of women who want to delay their next birth for two or more years is 33 percent among women with no children, 70 percent among women with one living child and 41 percent among women with two living children. Given that 39 percent of all women have fewer than three living children, the strong expressed desire for spacing children among these women cannot be ignored.
- Preference for sons is very strong in Manipur. Among women who want an additional child, 67 percent indicate that they would prefer a son and 19 percent say they would prefer a daughter. The remainder of women say that the sex of the child does not matter (12 percent) or that it is up to God (2 percent).

- A small family of two children is not considered ideal in Manipur. Only 14 percent of women consider two children as ideal whereas 61 percent consider three or four children as ideal and 22 percent consider five or more children as ideal. The average ideal family size for ever-married women age 13-49 is 3.7 children.

The ideal family size for married women is 3.7 children.

- The mean ideal number of children is not very different in urban (3.5) and rural (3.9) areas. The increase in the level of education of ever-married women reduces the ideal number of children from 4 for illiterate women to 3 for those who had completed at least a high school education.

Figure 4
Knowledge and Use of Family Planning
(Currently Married Women Age 13-49)



Knowledge of Family Planning Methods

- Knowledge of a method of family planning is high with 93 percent of currently married women knowing at least one modern contraceptive method, and 82 percent knowing where they could go to obtain a modern method. Knowledge about sterilization is most widespread and female and male sterilization are known to 87-88 percent of currently married women. In comparison, the three officially sponsored spacing methods are much less familiar to respondents. The most well known among the spacing methods are the IUD (81 percent) and the pill (78 percent). Only 60 percent of women know about the condom, and injections are the least known method with only 6 percent reporting knowledge of injections. Seventy-two percent of women know at least one traditional method with 71 percent reporting knowledge of periodic abstinence and 44 percent reporting knowledge of the withdrawal method.

Ninety-three percent of currently married women know at least one modern contraceptive method.

Contraceptive Use

- Thirty-five percent of currently married women age 15-49 in Manipur practice family planning: 24 percent use a modern contraceptive method

and 11 percent use a traditional method. Female sterilization is used by 11 percent and male sterilization by 3 percent. The modern spacing methods are used by only a small proportion of women (the pill by 2 percent, the IUD by 7 percent and the condom by 1 percent). Period abstinence is used by 10 percent and withdrawal by 1 percent.

Thirty-five percent of married women currently use family planning.

- The contraceptive use rate is higher in urban (44 percent) than in rural areas (30 percent). The difference between the use rate for illiterate women (30 percent) and the use rate for women who have completed high school (41 percent) is considerable.
- The use of contraception is positively related to the number of living children a woman has, and increases from 5 percent of women with no living children to 35 percent of women with 2 living children and to 47 percent of women with 3 living children. At parities one and two, the current use of contraceptive methods is lowest among women with no sons, indicating the existence of son preference in Manipur.
- Overall, 82 percent of current users obtain modern contraceptive methods from the public sector, consisting mainly of government/municipal hospitals, Primary Health Centres and sub-centres, compared with 17 percent from the private medical sector. Only 1 percent of users obtain their methods from other sources, including shops.

Figure 5
Current Use of Modern Contraceptive Methods by Education

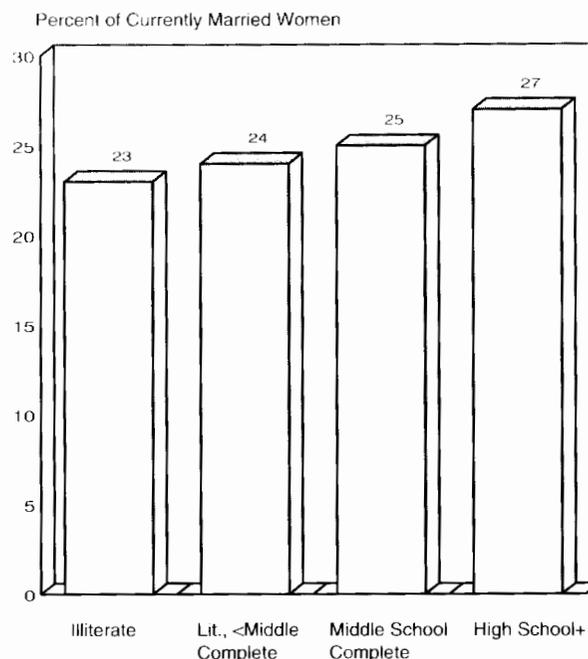
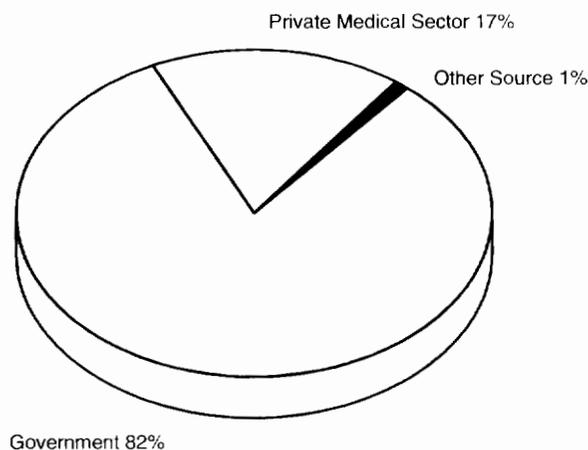


Figure 6
Sources of Family Planning Among Current Users of Modern Contraceptive Methods



Attitudes Toward Family Planning

- Fifty-nine percent of currently married, nonsterilized women who know of a contraceptive method say that both they and their husbands approve of family planning use. Seventy-two percent of women discussed family planning with their husbands during the past year.
- Sixty-six percent of currently married nonusers do not intend to use family planning in the future. Only 28 percent intend to use contraception in the future and 81 percent of them intend to use in the next 12 months. Sixty-seven percent of currently married nonusers who intend to use family planning in the future prefer modern spacing methods. Thus a larger percentage of intended users than current users favour modern spacing methods, suggesting that the family planning programme should give more attention to such methods to serve the needs of intended users.
- Among the nonusers who do not intend to use in the future, 41 percent do not intend to use because they want more children. Another 15 percent are either menopausal or believe that it is difficult for them to get pregnant. The desire for additional children was stated as the most important reason for not intending to use family planning in the future by a larger proportion (69 percent) of women under age 30 than by women age 30 and over (21 percent).

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching 63 percent of ever-married women in Manipur. Sixty-seven percent of women find media messages on

family planning acceptable. However, only 40 percent of households own a radio and 19 percent own a television, making it difficult to greatly expand the use of the electronic media for dissemination of family planning messages in Manipur.

Need for Family Planning Services

- Overall, 22 percent of currently married women have an unmet need for family planning, 12 percent for spacing births and 10 percent for limiting the number of births. These women 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. If all of the women with an unmet need were to use family planning, the contraceptive prevalence rate would increase from 35 percent to 57 percent of married women.

If all the women with an unmet need were to adopt family planning, the current use rate would increase from 35 to 57 percent.

Figure 7
Unmet Need for Family Planning by Selected Characteristics

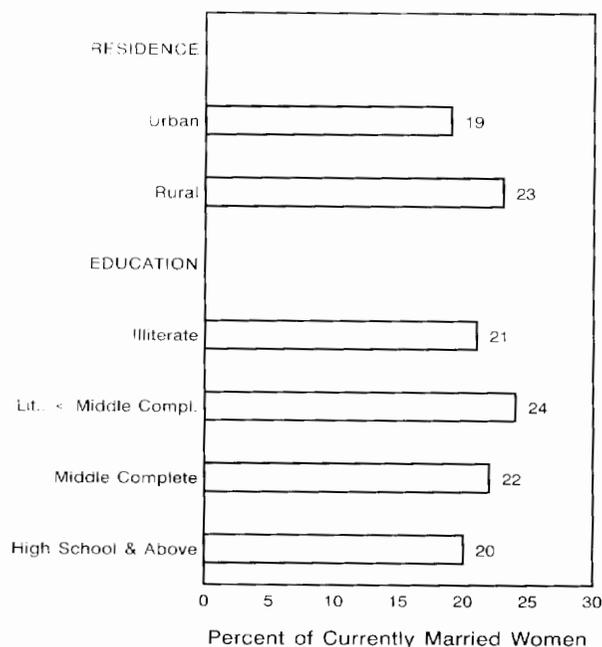
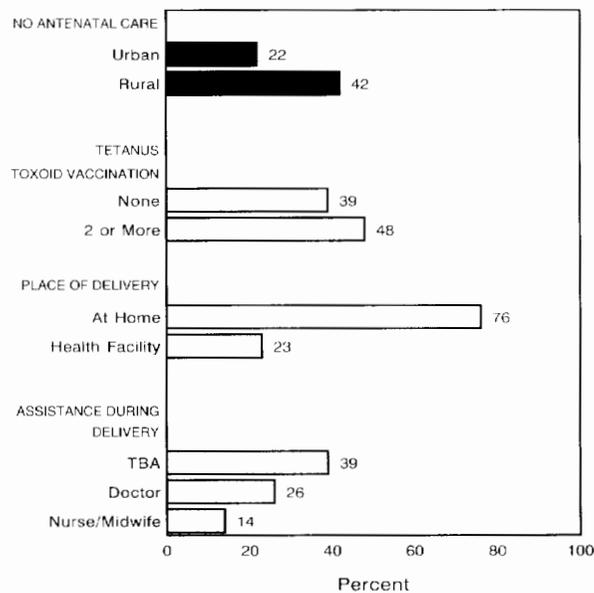


Figure 8
Antenatal Care, Place of Delivery, and Assistance During Delivery



Infant and Child Mortality

- In Manipur, the infant mortality rate was 42 per 1,000 live births during 1988-92 (0-4 years prior to the survey). The child mortality rate, which is the probability of dying between the first and fifth birthday, was 20 per 1,000. In Manipur, 1 in every 16 children dies before reaching age five.

One in every sixteen children dies before reaching age five.

Antenatal Care and Assistance at Delivery

- Mothers received antenatal care for 63 percent of their births during the four years preceding the survey. Mothers in urban areas received antenatal care for 78 percent of their births compared to 58 percent in rural areas. Utilization of antenatal care services is higher for more educated women, 48 percent of births to illiterate mothers received antenatal care, compared with 88 percent of births to mothers who completed high school. On average, mothers had the first antenatal care visit when they were four months pregnant.

Mothers received antenatal care for 63 percent of births during the four years preceding the survey.

- Antenatal care was provided by allopathic doctors for 60 percent of births and by other health professionals for 2 percent of births. Mothers in rural areas are less likely than mothers in urban areas to visit an allopathic doctor for antenatal care (53 percent compared with 75 percent).
- Mothers of 48 percent of births during the four years preceding the survey received two doses of tetanus toxoid. Mothers did not receive a single dose for 39 percent of births. Only 36 percent of births were to mothers who received iron and folic acid tablets.
- Only 23 percent of live births during the four years preceding the survey were delivered in health institutions and 76 percent were delivered at home. However, 41 percent of the deliveries were attended by doctors or nurses/midwives. Thirty-nine percent of births were delivered with the assistance of a traditional birth attendant.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Manipur. Ninety-three percent of children born during the four years preceding the survey were breastfed, and this proportion varies little by background characteristics. It is recommended that the first breast milk should be given to children because it contains colostrum, which provides natural immunity and important nutrients to children. However, a substantial majority (69 percent) of mothers squeeze the first milk from the breast before they begin breastfeeding their babies. Among the most recent births, only 12 percent of children were breastfed within one hour of birth and only 25 percent were breastfed within 24 hours of birth.

- The median duration of breastfeeding is 28.5 months, and the mean duration of breastfeeding is 30.8 months. Exclusive breastfeeding (which is recommended for all children through age 4-6 months), is quite common for very young children as 70 percent of children under four months are given only breast milk (i.e., are exclusively breastfed). The percentage of babies who are exclusively breastfed drops off rapidly after the first few months of life, to 5 percent or fewer children age 8 months or older.
- At 6-9 months of age, infants need adequate and appropriate complementary solid foods in addition to breast milk in order to prevent undernutrition. In Manipur, only one half of infants age 6-9 months receive solid or mushy food in addition to breast milk.

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

- The use of feeding bottles with nipples exposes children to an increased risk of developing diarrhoea and other diseases, because it is often difficult to sterilize the nipples properly. The use of feeding bottles for children is not common in Manipur, increasing from 4 percent in the first three months after birth to a high of only 10 percent of children age 12-23 months.

Vaccination of Children

- The Universal Immunization Programme (UIP) aims to vaccinate all children against six preventable diseases, namely tuberculosis, diphtheria, whooping cough (pertussis), tetanus, poliomyelitis and measles. The UIP has met with only limited success in Manipur. Among children age 12-23 months, only 29 percent are fully vaccinated against the six common childhood diseases, and 32 percent have not received any vaccinations. The coverage of individual vaccinations is higher. Sixty-four percent of children have received BCG, 39-43 percent have received all three doses of DPT and polio vaccines and 37 percent have been vaccinated against measles.

Only 29 percent of young children are fully vaccinated and 32 percent have not received any vaccination at all.

Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 15 percent of children under age four had symptoms of acute respiratory infection (cough accompanied by fast breathing), 25 percent were sick with fever, and 12 percent had diarrhoea. For each medical condition, only 35-40 percent of children were taken to a health facility or provider for treatment.
- Knowledge and use of Oral Rehydration Salt (ORS) packets for the treatment of diarrhoea are widespread. Overall, 86 percent of mothers are familiar with ORS and 60 percent have ever used it. Moreover, 63 percent of

Figure 9
Vaccination Coverage Among Children Age 12-23 Months

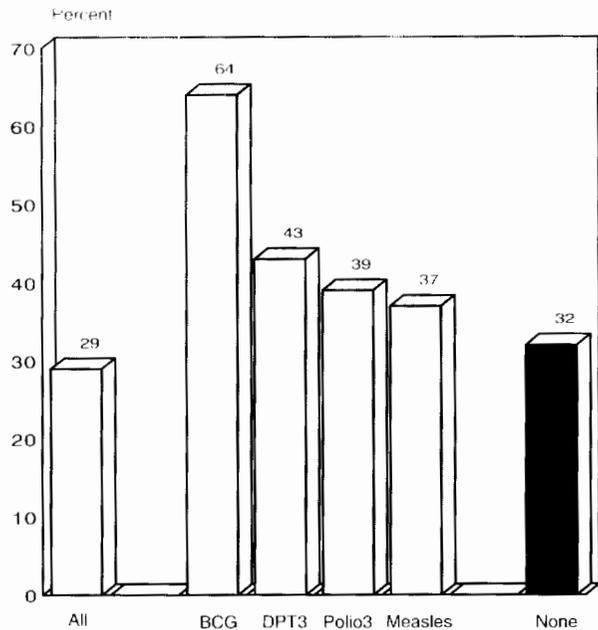


Figure 10
Treatment of Diarrhoea in the Two Weeks Preceding the Survey (Children Under 4 Years)

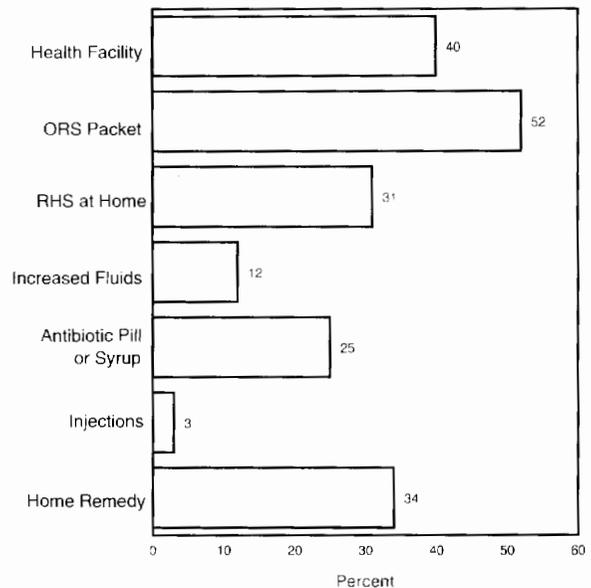
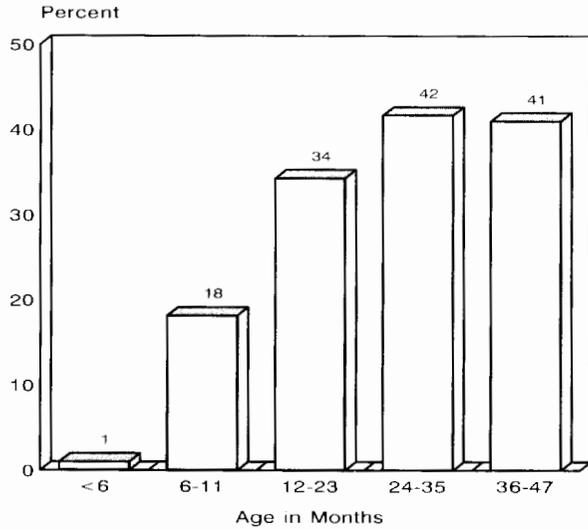
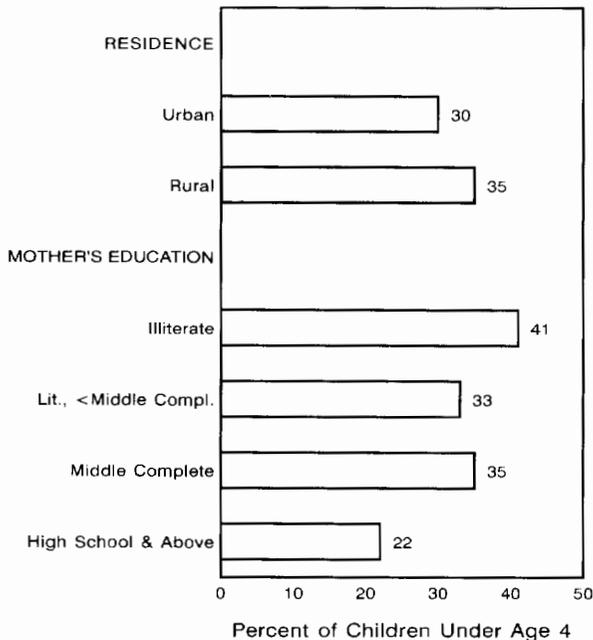


Figure 11
Percentage of Children Under Age Four Who Are Underweight, by Age



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

Figure 12
Chronic Undernutrition (Stunting) by Selected Characteristics



young children with recent episodes of diarrhoea were treated with ORS or with a recommended home oral rehydration fluid.

Nutritional Status of Children

- In the NFHS, both weight and height measurements were obtained for each child under four years of age in order to assess the nutritional status. Based on these measures, both chronic and acute undernutrition are high in Manipur. Thirty percent of all children under age four are underweight and 34 percent are stunted. Moreover, 7-16 percent of children are *severely* undernourished according to the weight-for-age and height-for-age measures. One in every eleven children is excessively thin (wasted).

Thirty percent of all children are underweight and 34 percent are stunted.

- A higher percentage of male children are stunted and wasted (35 and 11 percent, respectively) than female children (32 and 6 percent, respectively). Male and female children, however, do not differ much in terms of weight-for-age. Rural children are more likely to be underweight and stunted than urban children and less likely to be wasted. The percentage of children who are undernourished increases with the age of the child from 1 percent of those less than 6 months to more than 40 percent of those age 2-3 years. The percentage undernourished is negatively related to the length of the birth interval, that is children born after a longer birth interval are less likely to be undernourished than those with short birth intervals.

- Knowledge of the existence of Acquired Immune Deficiency Syndrome (AIDS) is fairly high in Manipur. Seventy-three percent of ever-married women age 13-49 have heard about AIDS. Most women hear about AIDS from the radio (63 percent) and friends and relatives (54 percent).

Seventy-three percent of ever-married women age 13-49 have heard about AIDS.

- Among women who have heard of AIDS, the percentage with misconceptions about different ways of getting AIDS ranges from 11 percent who think that it can be contracted from shaking hands with someone with AIDS to 55 percent who think that AIDS can be contracted from kissing someone with AIDS. Fifteen percent of women who have heard of AIDS erroneously think it is curable and another 15 percent think that an AIDS vaccine exists. Forty-nine percent correctly think that AIDS can be avoided by practising safe sex and 24 percent know that it can be prevented by sterilizing needles and syringes for injection. Only 18 percent mention that using condoms during intercourse prevents the transmission of AIDS.

Fertility and Family Planning

- Fertility has continued to decline in Manipur. According to the NFHS estimate, for the three-year period of 1990-92, the total fertility rate (TFR) in Manipur is 2.8 children per woman, 19 percent below the national rate, and the crude birth rate is 24.4 per 1,000 population. Women in Manipur marry at a relatively later age and there is a substantial amount of childbearing above age 29. Thirty-five percent of currently married women age 15-49 were using a contraceptive method at the time of the survey. Only 38 percent of women say they want an additional child sometime in the future and three-fourths of these women want to wait at least two years before having the next child. However, over one-fifth of currently married women have an unmet need for family planning. In other words, 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 35 to 57 percent of married women.
- Among currently married nonusers, 66 percent stated that they did not intend to use a method in the future. Hence, there is a strong need to revitalise the Information, Education and Communication (IEC) programme. Selective use of mass media as well as personal communication through medical/paramedical professionals would create a more favourable atmosphere for family planning. The emphasis should be given to spacing methods as well as the quality of family planning services.

Maternal and Child Health

- Although the percentage of births for which mothers received antenatal care is quite high (63 percent) in Manipur, there are certain aspects of maternal and child health which should receive the attention of programme implementors. Mothers received two doses of the tetanus toxoid vaccine for only 48 percent of births and iron/folic acid tablets for 36 percent of births. Moreover, only 23 percent of deliveries were made in health institutions and 41 percent of deliveries were attended by doctors or other health professionals.
- There is also an urgent need to improve the vaccination coverage for children. Although the coverage for BCG is relatively high (63 percent), a large majority of children have not received all the recommended vaccinations. Only 29 percent of children age 12-23 months are fully vaccinated and 39 percent are partially vaccinated. Drop-out of children from the vaccination course needs to be reduced in order to improve the vaccination coverage for children.
- Thirty percent of the children under four years are underweight and 34 percent are stunted. Part of the reason for high prevalence of undernutrition among children is the late initiation of breastfeeding and late introduction of solid/mushy foods in the child's diet. Although breastfeeding is universal, and breastfeeding is continued for a fairly longer duration, most babies are not given breast milk within one hour or even one day after the birth. Only half of the children 6-9 months of age receive both breast milk and solid foods as is recommended. A greater emphasis should be given to the subject of correct infant feeding practices in the current IEC Programmes.

Achievement of Programme Objectives

- Major national objectives of the Child Survival and Safe Motherhood (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 Manipur during 1988-92 was 42 per 1,000 live births); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in Manipur during 1988-92 was 62); a crude death rate of 9 per 1,000 population (the crude death rate in Manipur was 6 per 1,000 population in 1991-92); and a crude birth rate of 27 per 1,000 (the crude

birth rate in Manipur was 24 in 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Manipur received antenatal care for 63 percent of their pregnancies in 1988-92); 100 percent of deliveries by trained attendants (41 percent of deliveries were attended by a doctor or a nurse/midwife in 1988-92), and a couple protection rate of 75 percent among couples in reproductive ages (the contraceptive prevalence rate was only 35 percent in Manipur in 1992-93). Therefore, Manipur has exceeded the national demographic objectives but has not yet achieved the remaining objectives.

1991 Population Data
Office of the Registrar General and Census
Commissioner

Total population (thousands)	1.837
Percent urban	27.5
Percent scheduled caste	2.0
Percent scheduled tribe	34.4
Decadal population growth rate (1981-91)	29.3

National Family Health Survey, 1993

Sample Population

Ever-married women age 13-49	953
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Background Characteristics of Women Interviewed

Percent urban	32.2
Percent illiterate	47.6
Percent completed secondary school or higher	22.6
Percent Hindu	62.4
Percent Christian	26.0
Percent working	53.5

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	55.5
Percent of women age 15-49 ever married	59.1
Singulate mean age at marriage for females (in years)	25.0
Singulate mean age at marriage for males (in years)	28.3
Percent of women married to first cousin ¹	2.1
Median age at marriage among women age 25-49	20.8
Median months of breastfeeding ²	28.5
Median months of postpartum amenorrhoea ²	8.7
Median months of postpartum abstinence ²	2.5

Fertility

Total fertility rate ³	2.8
Mean number of children ever born to women age 40-49	4.8

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	55.2
Want to delay their next birth at least 2 years	29.1
Mean ideal number of children ⁴	3.7
Percent of births in the last 4 years which were:	
Unwanted	5.5
Mistimed	12.1

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	93.6
Knowing a modern method	93.0
Knowing a source for a modern method	81.8
Ever used any method	44.8
Currently using any method	34.9

Percent of currently married women currently using:

Pill	2.4
IUD	6.7
Injection	0.0
Condom	1.2
Female sterilization	10.9
Male sterilization	2.9
Periodic abstinence	10.0
Withdrawal	0.8
Other method	0.0

Mortality and Health

Infant mortality rate ⁵	42.4
Under-five mortality rate ⁵	61.7
Percent of births ⁶ whose mothers:	
Received antenatal care from a doctor	
or other health professional	61.8
Received 2 or more tetanus toxoid injections	48.0
Percent of births ⁶ whose mothers were assisted at delivery by:	
Doctor	26.3
Nurse/midwife	14.2
Traditional birth attendant	39.0
Percent of children 0-3 months who are breastfeeding	100.0
Percent of children 12-15 months who are breastfeeding	89.5
Percent of children 12-23 months who received ⁷ :	
BCG	63.8
DPT (three doses)	43.3
Polio (three doses)	39.4
Measles	37.0
All vaccinations	29.1
Percent of children under 4 years ⁸ who:	
Had diarrhoea in the 2 weeks preceding the survey	12.4
Had a cough accompanied by rapid breathing	
in the 2 weeks preceding the survey	14.5
Had a fever in the 2 weeks preceding the survey	25.3
Are acutely undernourished (underweight) ⁹	30.1
Are chronically undernourished (stunted) ⁹	33.6
Are acutely undernourished (wasted) ⁹	8.8

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 13-49, 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 Underweight assessed by weight-for-age, stunting assessed by height-for-age, wasting assessed by weight-for-height; undernourished children are those more than 2 standard deviations below the median of the International Reference Population, recommended by the World Health Organization.