

PN-ABY-153

National Family Health Survey

(MCH and Family Planning)

**International Institute for Population Sciences
Bombay**

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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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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 Meghalaya, a total of 992 households were covered, and the interviewers collected information from 1,137 ever-married women age 13-49 (221 in urban areas and 916 in rural areas). The fieldwork was conducted between April and June, 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.

- Meghalaya, with its population of about 1.8 million in 1991, is one of the smallest states of India. The state consists primarily of tribal population and 89 percent of household heads belong to scheduled tribes. Seventy-six percent of the household heads are Christian and 9 percent are Hindu.
- Twenty-one percent of the surveyed population live in urban areas. The age structure of the population indicates the prevailing high fertility in the state; 42 percent of the population is under age 15. Persons age 65 or older constitute 2 percent of the population. The sex ratio of the *de jure* population is 955 females per 1,000 males, which is slightly higher than the sex ratio of 944 observed for the country as a whole.
- Meghalaya, like most of the northeastern states, has higher literacy levels than India as a whole, and males and females do not differ much in literacy and educational attainment. In the survey households, 60 percent of all females age 6 and above are literate, and 8 percent have a secondary education or higher. Correspondingly, 67 percent of males age 6 and above are literate, and 12 percent have a secondary education or higher. Three-fourths of children age 6-14 attend school and boys and girls do not differ much in this respect. Forty-three percent of households get piped water for drinking, a similar proportion have electricity, 54 percent have a sanitation facility, and 77 percent live in *kachcha* houses.

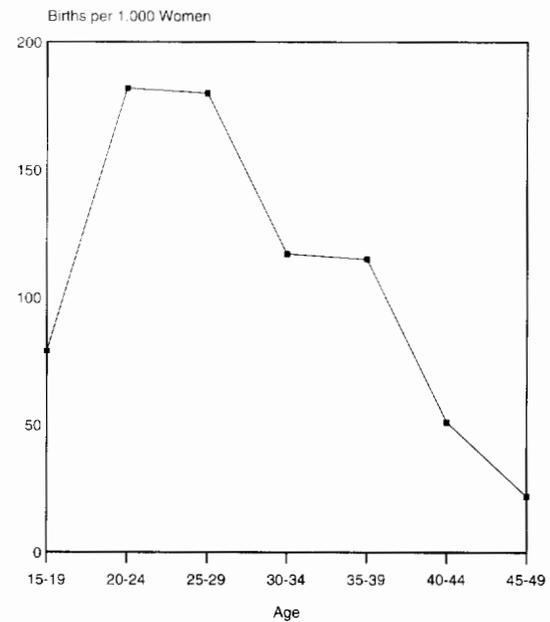
Fertility Levels and Trends

- The NFHS total fertility rate (TFR) for women age 15-49 in Meghalaya for the period 1990-92 is 3.7 children per woman, 10 percent higher 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 31.9 per 1,000 population for the period 1990-92.

At current fertility rates, women in Meghalaya will have an average of 3.7 children (10 percent higher than the national average).

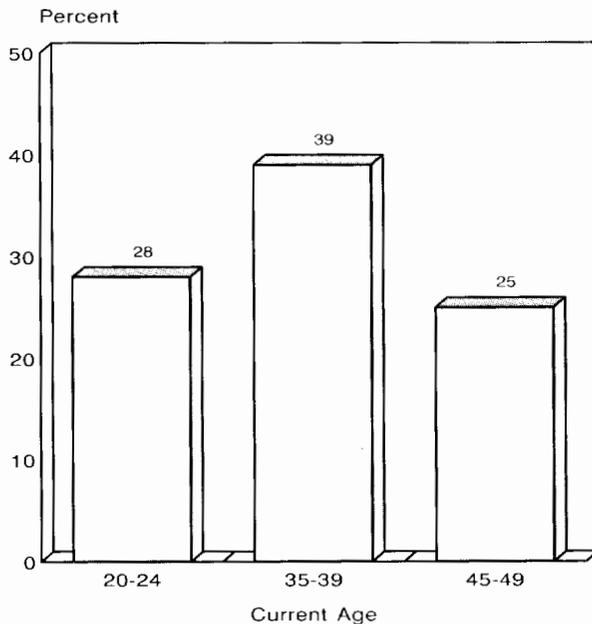
- The NFHS also collected data on cohort fertility, as measured by the number of children ever born to women of different ages. Women age 40-49 at the time of survey had borne an average of 4.9 children per woman. This is much higher than current fertility as measured by the total fertility rate of 3.7 for the three 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 Meghalaya have fallen significantly 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 Meghalaya is concentrated in the age group 20-39. Eighty percent of total fertility is concentrated in this age group. Current fertility in Meghalaya is characterized by a substantial amount of late childbearing; 41 percent of total fertility is accounted for by births to women age 30-49 and a sharp decline in fertility is observed only after age 39. The contribution of births to women under age 20 to total fertility is 11 percent. Sixty-one percent of women currently age 45-49 had their last child after age 30, and 17 percent had a child after age 39.
- The median interval between births is 27.5 months. Twelve percent of births occur within 18 months of the previous birth and 34 percent 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 Meghalaya, and usually takes place at a relatively young age. At age 15-19, 21 percent of women are married, and at age 20-24, 68 percent are married. Above age 34, only about 1-2 percent remain unmarried.
- The singulate mean age at marriage is 25 years for men and 21 years for women. The median age at marriage for women age 25-49 is 19 years. Marriage at very young ages is not very common in Meghalaya. Only 5 percent of women age 45-49 and 2 percent of women age 15-19 married before the age of 15. However, a substantial minority of women marry before the legal minimum age at marriage of 18 years for females. For example, 28 percent of women currently age 20-24 married before age 18.

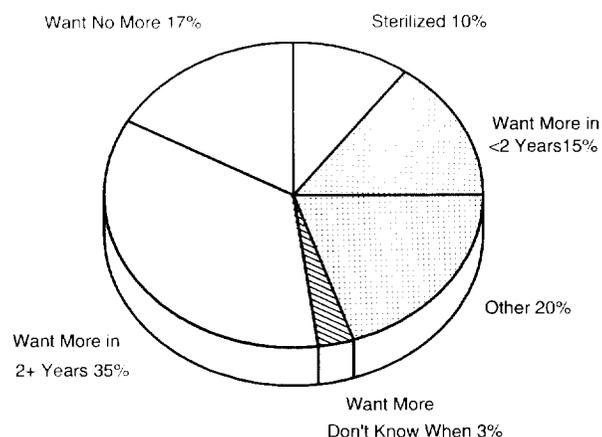
Marriage below age 15 is not very common in Meghalaya.

- Urban women age 25-29 marry 2.7 years later than rural women of the same age (21.4 years in urban areas and 18.7 years in rural areas). The median age at first marriage differs also by educational level of the woman. Among illiterate women currently age 25-49, the median age at marriage is 18.7 years, which is nearly three and a half years younger than women with at least a high school education.
- It is noteworthy that more than 14 years after the amendment of the Child Marriage Restraint Act, which stipulated a minimum age at marriage of 18 years for females and 21 years for males, only 28 percent of ever-married women know the minimum age at marriage for females and the percentage who know the minimum legal age at marriage for males is even less at 14 percent.

Fertility Preferences

- Seventeen percent of women say they do not want any more children, and 10 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 27 percent of all currently married women in Meghalaya. More than half of the women (53 percent) say that they want another child sometime in the future, and 66 percent of these women (35 percent of all women) say they would like to wait at least 2 years before having the next child. Overall, 62 percent of women want to either space their next birth or stop having children altogether.

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



- The desire for more children declines as the number of children increases. Eighty-four percent of women with one living child say they want an additional child. The proportion who want another child drops to 63 percent for women with two living children and 42 percent for those with three living children.
- The desire for spacing children is very strong for women who have fewer than three children. Thirty-two percent of women with no children say that they would like to wait at least two years before having their first child, and this percentage increases to 59 percent of women with one living child and is 42 percent of women with 2 living children. Since 45 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.

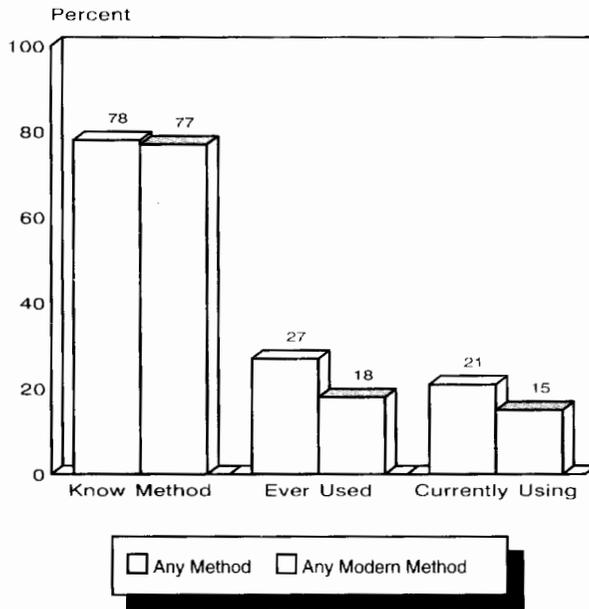
- Unlike in most other states of India, there is no preference for having a son as the next child in Meghalaya. Among women who want an additional child, 17 percent say they want a son, 27 percent express a desire for a daughter, and 56 percent say that the sex of the child does not matter (33 percent) or that it is up to God (23 percent).
- The ideal number of children is quite large in Meghalaya, an average of 4.6 children among ever-married women giving a numeric response to the question on ideal family size. Only 11 percent of women consider two children and only 15 percent consider three children as the

ideal family size. The mean ideal family size consists of an equal number of sons and daughters.

The ideal family size for married women is 4.6 children.

- The mean ideal number of children is somewhat smaller in urban (4.1) than rural (4.7) areas. The increase in the level of education of ever-married women reduces the ideal number of children from 5.0 for illiterate women to 3.6 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

- Awareness of contraceptive methods is widespread among women in Meghalaya. Seventy-eight percent of currently married women know at least one method of contraception, and 71 percent know where to obtain a modern method. Seventy-seven percent know a modern method and 44 percent know a traditional method. Most women (72 percent) know about female sterilization, followed by pills (59 percent) and IUDs (49 percent). Condoms and male sterilization are known to 48 and 47 percent of currently married women, respectively. Among traditional methods, periodic abstinence is better known (36 percent) than withdrawal (18 percent).

Female sterilization is more widely known than other methods of family planning, as in most Indian states.

- The knowledge of modern contraceptive methods and their source is higher among urban women. Eighty-nine percent of urban women know of any modern method of contraception compared with 74 percent of rural women. Contraceptive knowledge increases with the level of education. Whereas 63 percent of illiterate women know any modern method of contraception, over 90 percent of women who have completed at least middle school know any modern method.

Contraceptive Use

- In Meghalaya, only 27 percent of currently married women have ever used any contraceptive method. Any modern method has been used by 18 percent and any traditional method by 12 percent. The rate of current use of family planning among currently married women is only 21 percent, with 15 percent using modern methods and 6 percent using traditional methods. Female sterilization is the most popular contraceptive method as in most Indian states but in Meghalaya only 9 percent of women are sterilized. Two percent of women use the pill and another 2 percent use the IUD. No other modern method of family planning is used by more than 1 percent of currently married women.

Only 21 percent of married women currently use family planning.

- Current use of contraception is 32 percent in urban areas and 18 percent in rural areas. Current use of most modern methods of family planning is higher in urban areas than in rural areas. But the current use of traditional methods is slightly higher in rural than in urban areas.
- A strong positive relationship exists between education and the level of current use of contraceptives. Differentials in current use by education are most evident between illiterate women (17 percent) and women who have completed high school (32 percent). The use of contraception is positively related to the number of living children a woman has, and

Figure 5
Current Use of Modern Contraceptive Methods by Education

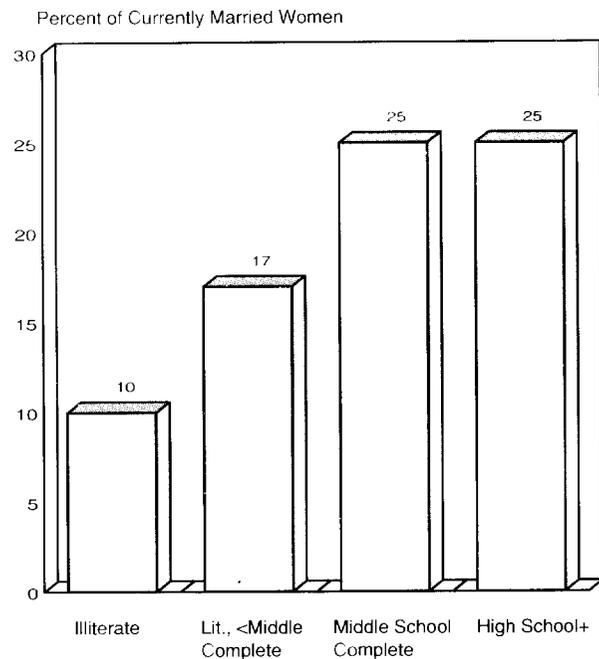
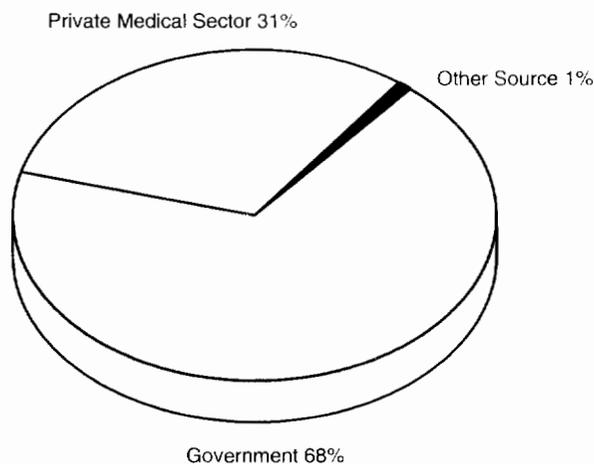


Figure 6
Sources of Family Planning Among Current
Users of Modern Contraceptive Methods



increases from 4 percent of women with no living children to 24 percent of women with 2 living children, and to 32 percent of women with 3 children.

- In Meghalaya, 68 percent of current users obtain modern methods of family planning from the public sector (predominantly government/municipal hospitals and Primary Health Centres) and 31 percent obtain their methods from the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores). Only 1 percent of users obtain contraceptive methods from other sources, including shops.

Attitudes Toward Family Planning

- Attitudes toward family planning are generally less positive. Only 44 percent of currently married, nonsterilized women who know of a contraceptive method say that both they and their husbands approve of family planning use. Only 48 percent of women have discussed family planning with their husbands during the year preceding the survey.
- Only 18 percent of currently married nonusers say that they will use family planning in the future and another 25 percent are not sure about their intentions. Fifty-eight percent of nonusers say that they do not intend to use family planning in the future. Intentions to use family planning in the future are low for all current nonusers, regardless of their number of children. Fifty-six percent of nonusers who do not intend to use family planning in the future say they do not intend to use because they want more children. This reason was given by 78 percent of women under age 30 and 35 percent of women age 30 or older.
- Among currently married women who are not using contraception, but who intend to use in the future, 42 percent prefer modern spacing

methods and 22 percent prefer female sterilization.

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching only 35 percent of ever-married women in Meghalaya. Moreover, only 40 percent find media messages on family planning acceptable. However, 42 percent of households in Meghalaya own a radio and 20 percent own a television, so there is still some scope for expanding the use of media messages for family planning dissemination.

Need for Family Planning Services

- One-quarter of currently married women in Meghalaya have an unmet need for family planning, that is, they are not using contraception even though they do not want any more children or want to wait at least two years before having their next child. The unmet need for spacing is greater than the unmet need for limiting, 21 percent compared with 5 percent. If all of the women with an unmet need were to use family planning, the contraceptive prevalence rate would increase from 21 percent to 46 percent of married women. In other words, only 45 percent of the total demand for family planning is met by the current family planning programme in the state.

Twenty-five percent of married women have an unmet need for family planning and 21 percent have an unmet need for spacing.

Figure 7
Unmet Need for Family Planning by Selected Characteristics

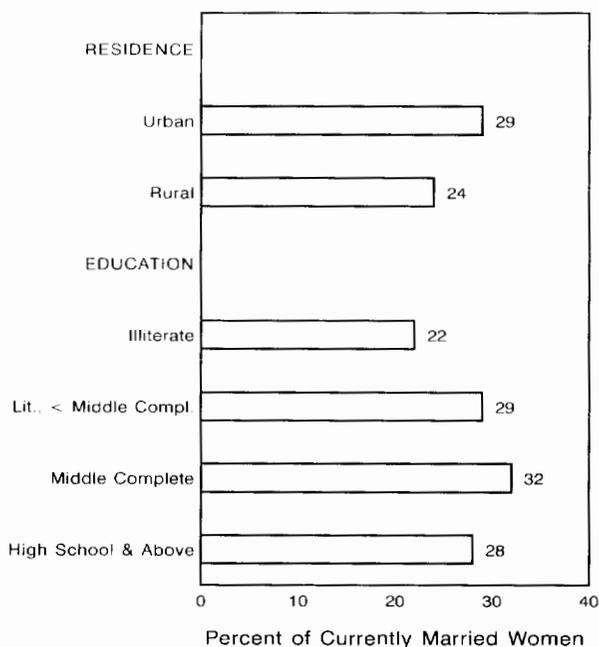
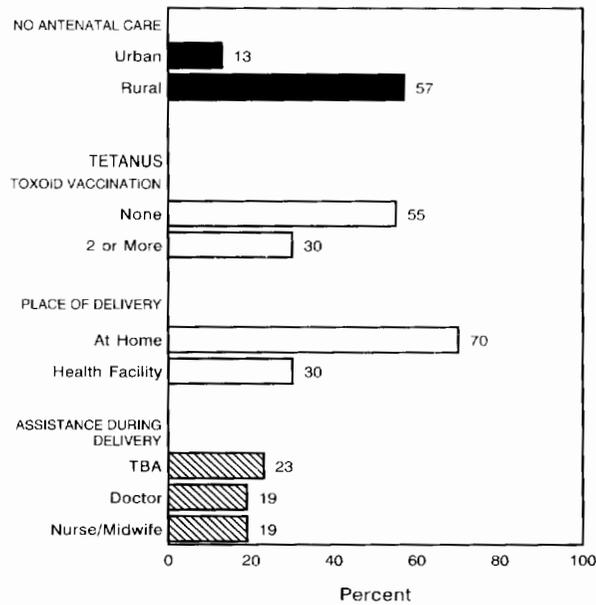


Figure 8
Antenatal Care, Place of Delivery, and Assistance During Delivery



Infant and Child Mortality

- In Meghalaya, the infant mortality rate was 64 per 1,000 live births for the period 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 24 per 1,000. In Meghalaya, 1 in every 12 children dies before reaching age five.

One in every twelve children dies before reaching age five.

Antenatal Care and Assistance at Delivery

- A sizeable proportion of women in Meghalaya receive no antenatal care. During the four years preceding the survey, mothers received antenatal care for only 52 percent of births. Women received two tetanus toxoid injections for only 30 percent of births and iron/folic acid tablets for 50 percent of births.
- There are substantial differences in antenatal care by residence and by education. Mothers received antenatal care for 87 percent of births in urban areas and only 43 percent of births in rural areas. The proportion receiving antenatal care ranges from 26 percent for births to illiterate mothers to 93 percent for births to mothers with at least a high school education.
- Only 30 percent of births during the four years preceding the survey were delivered in

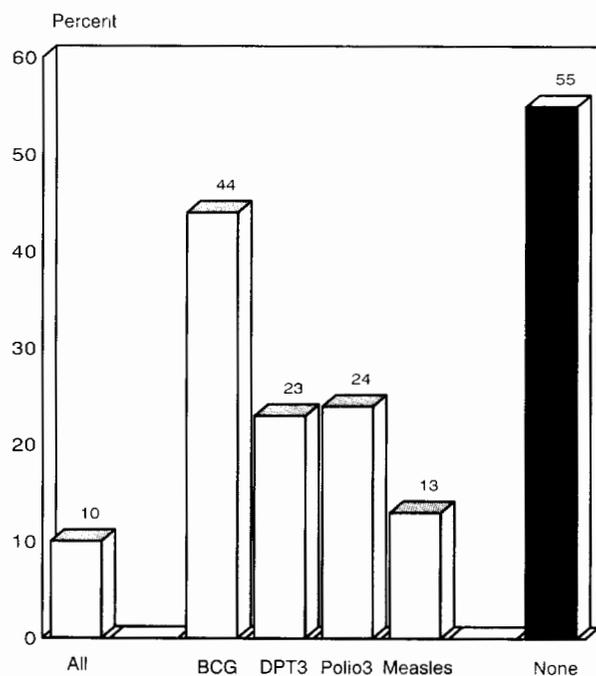
health facilities, and 70 percent were delivered at home. Overall, only 37 percent of deliveries were attended by doctors or nurse/midwives and another 23 percent were attended by a Traditional Birth Attendant. Forty percent were attended only by friends, relatives or neighbours.

Seventy percent of babies are delivered at home and only 37 percent of deliveries are assisted by a doctor or a nurse/midwife.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Meghalaya, with 96 percent of all children born in the four years preceding the survey having been breastfed. There is little difference in the breastfeeding rate by background characteristics. The median duration of breastfeeding for Meghalaya is one of the lowest among the Indian states, as the median duration of breastfeeding is only 18 months.
- 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. The majority of mothers (64 percent) in Meghalaya squeezed the first breast milk from the breast before feeding their infants. Only 8 percent of last-born children were breastfed within one hour of birth and 69 percent were breastfed within one day of birth.

Figure 9
Vaccination Coverage Among Children Age
12-23 Months



- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is not common in Meghalaya even for very young children as only 18 percent of children under four months are exclusively breastfed.
- 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 Meghalaya, 56 percent of infants age 6-9 months receive solid or mushy food in addition to breast milk.
- 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 very common in Meghalaya. Eighteen percent of infants age 0-3 months are bottle fed and this proportion increases to 25-27 percent for children age 4-11 months. However the rate decreases to 6 percent after 11 months of age.

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 Meghalaya. Among children age 12-23 months, only 10 percent are fully vaccinated against the six common childhood diseases, and 55 percent have not received any vaccinations. Forty-four percent have been vaccinated against tuberculosis (BCG), 23-24 percent have received all three doses of DPT and polio vaccines and only 13 percent have been vaccinated against measles.

Only 10 percent of young children are fully vaccinated and 55 percent have not received any vaccination at all.

Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 6 percent of children under age four had symptoms of acute respiratory infection (cough accompanied by fast breathing), 16 percent were sick with fever, and 8 percent had diarrhoea. For each medical condition, 60-87 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 not widespread. Overall, 60 percent of mothers are not familiar with ORS and 80 percent have never used it. Moreover, only 41 percent of 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 Meghalaya. Forty-six percent of all children under age four are underweight and slightly more than half (51 percent) are stunted. Moreover, 17 percent of children are *severely* undernourished according to weight-for-age and 38 percent according to height-

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

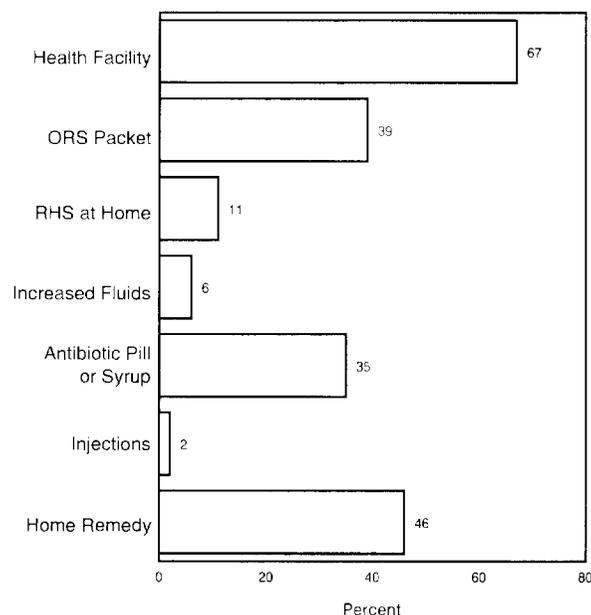
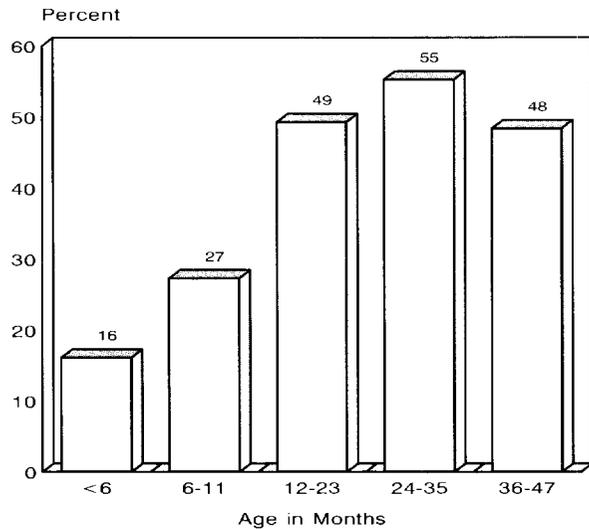
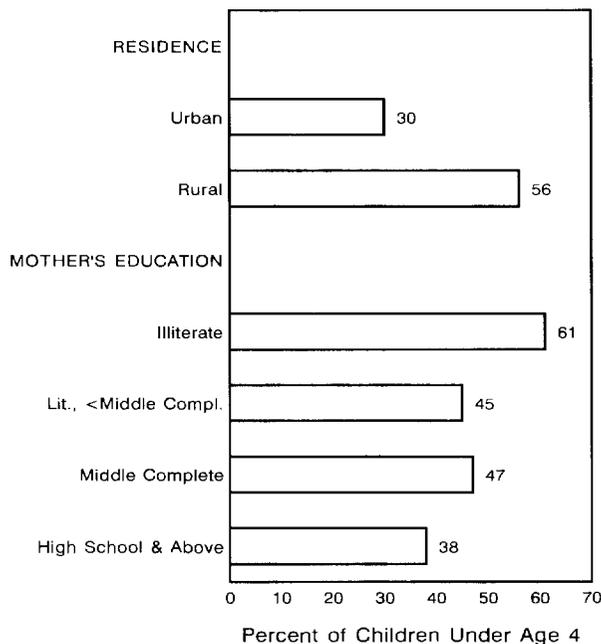


Figure 11
 Percentage of Children Under Age Four Who Are Underweight, by Age



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



for-age. One in every five children is excessively thin (wasted).

Forty-six percent of all children are underweight and 51 percent are stunted.

- Undernutrition varies substantially by the age of the child, being lowest in the first six months of life. Rural children are more likely to be undernourished than urban children according to all of the nutritional measures. The percentages of children who are underweight or stunted, respectively, is 47 and 56 in rural areas and 38 and 30 in urban areas.
- According to all the three measures, a higher percentage of boys are undernourished than girls. For instance, 23 percent of male children are wasted (low weight-for-height) compared to 14 percent of female children. There also exists a strong association between the level of education of the mother and the percentage of underweight and stunted children. For example, among children of illiterate mothers, 55 percent are underweight and 61 percent are stunted compared to 26 percent underweight and 38 percent stunted for children of mothers with at least a high school education.

- Knowledge of the existence of Acquired Immune Deficiency Syndrome (AIDS) is limited in Meghalaya. Only a quarter (27 percent) of ever-married women age 13-49 have heard about AIDS. Most women (69 percent) have heard about AIDS from friends and relatives. Newspapers are the next most important source (45 percent), followed by radios (38 percent).
- Among women who have heard of AIDS, the percentage with misconceptions about different ways of getting AIDS ranges from 18 percent who think that it can be contracted from hugging someone with AIDS to 71 percent who think that AIDS can be contracted from mosquito, flea and bedbug bites. Only 8 percent of women who have heard of AIDS erroneously think it is curable, and 4 percent think an AIDS vaccine exists. Sixty-eight 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 injections, and another 23 percent know that checking blood prior to transfusion is important. However, only 19 percent specifically say that using condoms during intercourse prevents the transmission of AIDS.

Fertility and Family Planning

- Meghalaya constitutes a small proportion of India's population and it has a fertility level higher than the national average. According to the NFHS estimate, for the three-year period of 1990-92, the total fertility rate (TFR) in the state is 3.7 children per woman, 10 percent above the national rate, and the crude birth rate is 31.9 per 1,000 population. Only 21 percent of women practice family planning and 58 percent of current nonusers say they do not intend to use contraception at any time in the future. Only 44 percent of currently married, nonsterilized women who know of a contraceptive method say that both they and their husbands approve of family planning. The lack of intentions to use family planning and the lack of positive attitudes toward family planning suggest 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. However, only 35 percent of ever-married women in Meghalaya have heard a family planning message on either radio or television in the month prior to the survey interview. Limited exposure to electronic mass media indicates that alternative communication strategies will have to be employed, such as interpersonal communication and the distribution of video cassettes with culturally appropriate programmes that can be shown on community television sets. The accessibility and quality of service also need to be improved to overcome low motivation and to encourage continued use among contraceptive acceptors.
- More than half of the women say they want another child sometime in the future and the majority of these women say they would like to wait at least 2 years before having the next child. Twenty-five percent of women have an unmet need for family planning, and 21 percent have an unmet need for spacing. These findings indicate that the *potential* demand for modern temporary 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 the state. 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 21 percent to 46 percent of married women.

Maternal and Child Health

- The maternal and child health care programme in Meghalaya has not been very successful. Mothers did not receive antenatal care for 48 percent of births during the four years preceding the survey. Women received at least two tetanus toxoid injections for only 30 percent of live births. Most babies (70 percent) are delivered at home, and 37 percent of deliveries were attended by doctors or nurse/midwives. The percentage of children fully vaccinated is very low at 10 percent, and more than half of children have received no vaccinations at all. The family welfare programme could be improved by providing women and children with much more access to antenatal care, health services such as vaccinations and access to institutional medical care by trained health professionals. Women should be informed of the services available and encouraged to use them.

- Forty-six percent of the children under four years are underweight and 51 percent are stunted. Breastfeeding is universal, but the median length of breastfeeding is only about 18 months. Most babies are not given breast milk soon after the birth and a majority of mothers squeeze the first breast milk from the breast before breastfeeding their infants. It is important that infants should be exclusively breastfed until age 4 months, but at age 0-3 months, 82 percent of the children are given water or other supplements. However, 56 percent of children 6-9 months of age receive both breast milk and solid foods as is recommended.
- Knowledge of AIDS is present among only 27 percent of ever-married women. It is therefore, necessary to undertake efforts to increase the awareness of AIDS and accompanying health hazards with proper knowledge about preventing the onslaught of the disease.

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 Meghalaya during 1988-92 was 64 per 1,000 live births); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in Meghalaya during 1988-92 was 87); a crude death rate of 9 per 1,000 population (the crude death rate in Meghalaya was 6 per 1,000 population in 1991-92); and a crude birth rate of 26 per 1,000 (the crude birth rate in Meghalaya was 32 in 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Meghalaya received antenatal care for 52 percent of their pregnancies in 1988-92); 100 percent of deliveries by trained attendants (37 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 the reproductive ages (in Meghalaya only 21 percent of currently married women use contraception).

1991 Population Data

Office of the Registrar General and Census Commissioner

Total population (thousands)	1,775
Percent urban	18.6
Percent scheduled caste	0.5
Percent scheduled tribe	85.5
Decadal population growth rate (1981-91)	32.9

National Family Health Survey, 1993

Sample Population

Ever-married women age 13-49	1,137
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Background Characteristics of Women Interviewed

Percent urban	19.4
Percent illiterate	51.4
Percent completed secondary school or higher	10.4
Percent Hindu	8.6
Percent Christian	76.7
Percent working	41.8

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	64.8
Percent of women age 15-49 ever married	73.6
Singulate mean age at marriage for females (in years)	21.2
Singulate mean age at marriage for males (in years)	25.1
Percent of women married to first cousin ¹	2.3
Median age at marriage among women age 25-49	19.0
Median months of breastfeeding ²	18.4
Median months of postpartum amenorrhoea ²	8.7
Median months of postpartum abstinence ²	4.0

Fertility

Total fertility rate ³	3.7
Mean number of children ever born to women age 40-49	4.9

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	27.0
Want to delay their next birth at least 2 years	35.0
Mean ideal number of children ⁴	4.6
Percent of births in the last 4 years which were:	
Unwanted	4.6
Mistimed	30.7

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	78.0
Knowing a modern method	76.9
Knowing a source for a modern method	70.8
Ever used any method	26.5
Currently using any method	20.7

Percent of currently married women currently using:	
Pill	2.4
IUD	2.2
Injection	0.0
Condom	0.5
Female sterilization	9.4
Male sterilization	0.6
Periodic abstinence	1.2
Withdrawal	0.6
Other method	3.8

Mortality and Health

Infant mortality rate ⁵	64.2
Under-five mortality rate ⁵	86.9
Percent of births ⁶ whose mothers:	
Received antenatal care from a doctor or other health professional	49.8
Received 2 or more tetanus toxoid injections	30.0
Percent of births ⁶ whose mothers were assisted at delivery by:	
Doctor	18.5
Nurse/midwife	18.5
Traditional birth attendant	22.5
Percent of children 0-3 months who are breastfeeding	98.4
Percent of children 12-15 months who are breastfeeding	63.6
Percent of children 12-23 months who received ⁷ :	
BCG	43.8
DPT (three doses)	22.9
Polio (three doses)	23.6
Measles	13.2
All vaccinations	9.7
Percent of children under 4 years ⁸ who:	
Had diarrhoea in the 2 weeks preceding the survey	8.3
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	5.9
Had a fever in the 2 weeks preceding the survey	15.8
Are acutely undernourished (underweight) ⁹	45.5
Are chronically undernourished (stunted) ⁹	50.8
Are acutely undernourished (wasted) ⁹	18.9

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.