

National Family Health Survey

(MCH and Family Planning)

**International Institute for Population Sciences
Bombay**

December 1995

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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 Nagaland, a total of 1,060 households were covered, and the interviewers collected information from 1,149 ever-married women age 13-49 (240 in urban areas and 909 in rural areas). The fieldwork was conducted between May 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.

- Nagaland, with its population of about 1.2 million in 1991, is one of the smallest states of India. The state consists primarily of tribal population and 96 percent of household heads belong to scheduled tribes. Ninety-three percent of the household heads are Christian and 5 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; 41 percent of the population is under age 15. Persons age 65 or older constitute 1 percent of the population. The sex ratio of the *de jure* population is 991 females per 1,000 males, which is slightly higher than the sex ratio of 944 observed for the country as a whole.
- Nagaland, 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, 72 percent of all females age 6 and above are literate, and 15 percent have a secondary education or higher. Correspondingly, 80 percent of males age 6 and above are literate, and 20 percent have a secondary education or higher. Ninety percent of children age 6-14 attend school and boys and girls do not differ much in this respect. Seventy percent of households get piped water for drinking, and another 27 percent use well water for drinking. Seventy-seven percent of the households have electricity, 79 percent have a sanitation facility, and 70 percent live in *kachcha* houses.

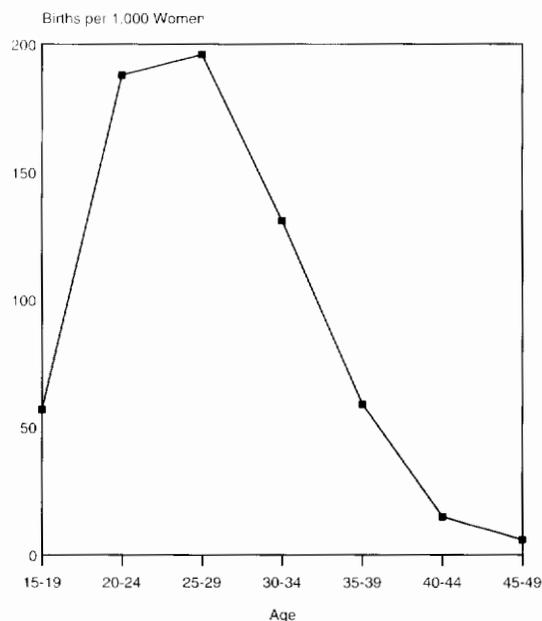
Fertility Levels and Trends

- The NFHS total fertility rate (TFR) for women age 15-49 in Nagaland for the period 1990-92 is 3.3 children per woman, almost the same as the national TFR of 3.4, 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 31.3 per 1,000 population for the period 1990-92.

At current fertility rates, women in Nagaland will have an average of 3.3 children, almost the same as the national average.

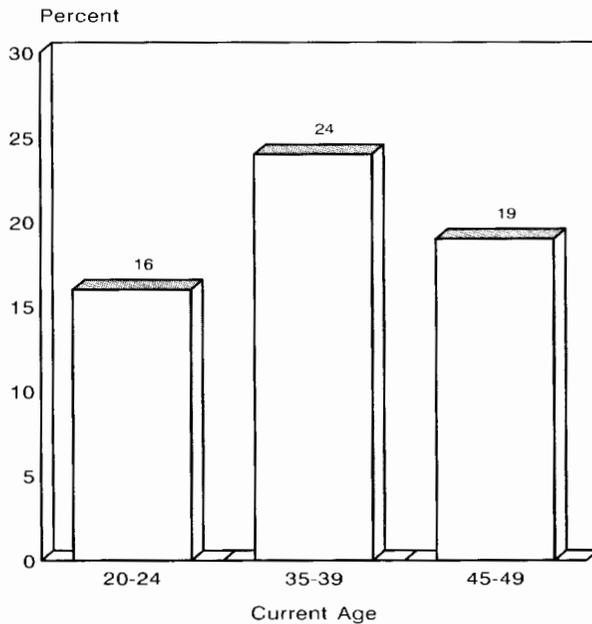
- The NFHS also collected data on cohort fertility, as measured by the number of children ever born to women of different ages. Women age 40-49 at the time of survey had borne an average of 4.2 children per woman. This is much higher than current fertility as measured by the total fertility rate of 3.3 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 Nagaland 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 Nagaland is concentrated in the age group 20-34. Seventy-nine percent of total fertility is concentrated in this age group. Fertility rates decline sharply after age 30, reaching very low levels for women in their forties. Only 9 percent of total fertility is accounted for by births to women under age 20. Only 8 percent of women age 15-19 ever had a child, and only 4 percent of those currently age 40-49 had a child after age 39.
- The median interval between births is 28.1 months. Thirteen 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 Nagaland, and usually takes place at a relatively later age. At age 15-19, only 12 percent of women are married, and at age 20-24, 57 percent are married. Above age 34, less than 1 percent remain unmarried.
- The singulate mean age at marriage is 26 years for men and 23 years for women. The median age at marriage for women age 25-49 is 20 years. Marriage at very young ages is not very common in Nagaland. Only 2 percent of women age 45-49 and less than 1 percent of women age 15-19 married before the age of 15. Sixteen percent of women currently age 20-24 married before age 18.

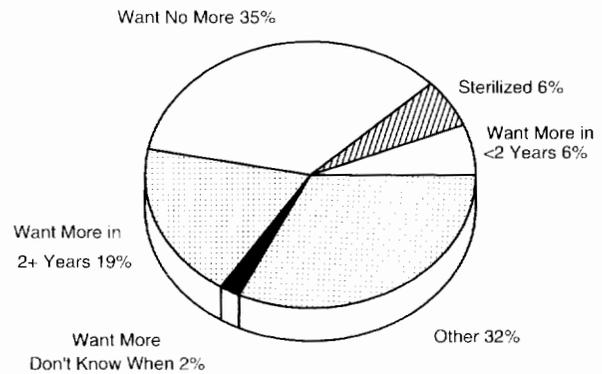
Marriage below age 18 is not very common in Nagaland.

- The urban and rural women do not differ much in the median age at marriage across all the age groups. However, there exist differences in marriage age by education. Among illiterate women currently age 25-49, the median age at marriage is 19.8 years, which is nearly three 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 24 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 17 percent.

Fertility Preferences

- Thirty-five percent of women say they do not want any more children, and 6 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 42 percent of all currently married women in Nagaland. Only 26 percent of the women say that they want another child sometime in the future, and 19 percent say that it is up to God. Among the women who say they want another child sometime in the future, the majority (72 percent) say they would like to wait at least 2 years before having the next child. Overall, 60 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. Fifty-two percent of women with one living child say they want an additional child. The proportion who want another child drops to 33 percent for women with two living children and 22 percent for those with three living children.
- The desire for spacing children is very strong for women who have fewer than three children. Thirty-eight 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 41 percent of women with one living child and is 23 percent of women with 2 living children. Since 42 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.

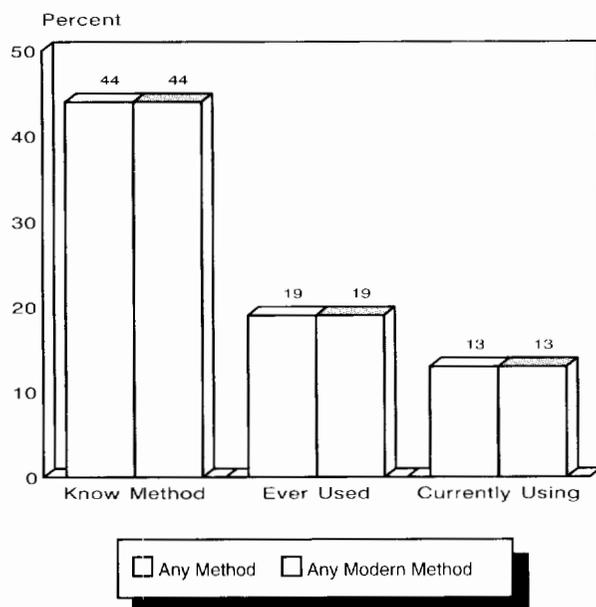
- Unlike in most other states of India, the preference for having a son as the next child is weak in Nagaland. Among women who want an additional child, 26 percent say they want a son, 20 percent express a desire for a daughter, and 55 percent say that the sex of the child does not matter (26 percent) or that it is up to God (29 percent).
- The ideal number of children is quite large in Nagaland, an average of 4.0 children among ever-married women giving numeric response to the question on ideal family size. Only 19 percent of women consider two or fewer children as ideal and only 12 percent consider

three children as the ideal family size. The mean ideal family size consists of an almost equal number of sons and daughters.

*The ideal family size for
married women is 4 children.*

- The mean ideal number of children is somewhat smaller in urban (3.6) than rural (4.1) areas. The increase in the level of education of ever-married women reduces the ideal number of children from 4.3 for illiterate women to 3.4 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

- Among the Indian states, knowledge of contraceptive methods is lowest in Nagaland. Only 44 percent of currently married women know at least one method of contraception and only 40 percent know where to obtain a modern method. Thirty percent of women know about female sterilization, 29 percent about the condom, 25 percent about the pill, 24 percent about the IUD and 21 percent about male sterilization. Eleven percent of women know a traditional method.

More than half of married women in Nagaland are not aware of a single method of family planning.

- The knowledge of modern contraceptive methods and their source is higher among urban women. Sixty-six percent of urban women know of any modern method of contraception compared with 39 percent of rural women. Contraceptive knowledge increases with the level of education. Whereas 27 percent of illiterate women know any modern method of contraception, 74 percent of women who have completed at least high school know any modern method.

Contraceptive Use

- In Nagaland, only 19 percent of currently married women have ever used any contraceptive method. Any modern method has been used by 19 percent and any traditional method by 2 percent. The rate of current use of family planning among currently married women is only 13 percent, and all of these women use modern methods. Six percent of the women are sterilized, and 2 percent each use the pill, IUD and the condom.

The contraceptive prevalence rate in Nagaland is the lowest in the country, with only 13 percent of married women currently using family planning.

- Current use of contraception is 21 percent in urban areas and 11 percent in rural 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 (7 percent) and women who have completed high school (21 percent). The use of contraception is positively related to the number of living children a woman has, and increases from 2 percent of women with no living children to around 18 percent of women with 3 or more living children.
- In Nagaland, 71 percent of current users obtain modern methods of family planning from the public sector (predominantly government/municipal hospitals, family planning clinics and Primary Health Centres)

Figure 5
Current Use of Modern Contraceptive Methods by Education

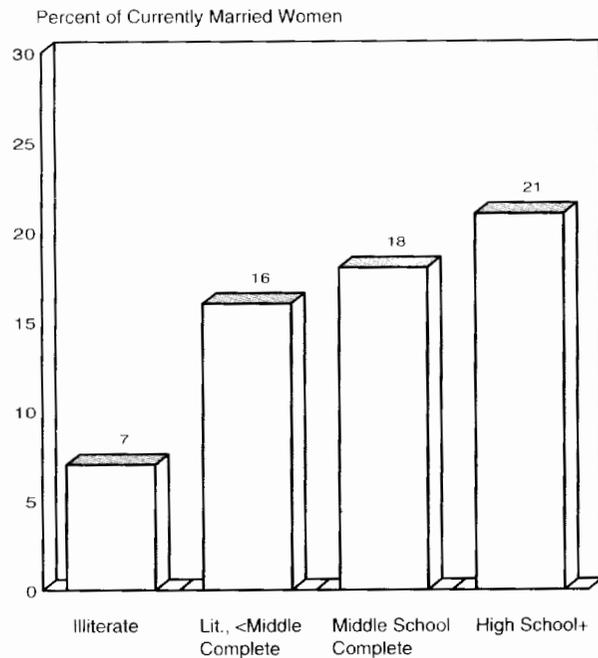
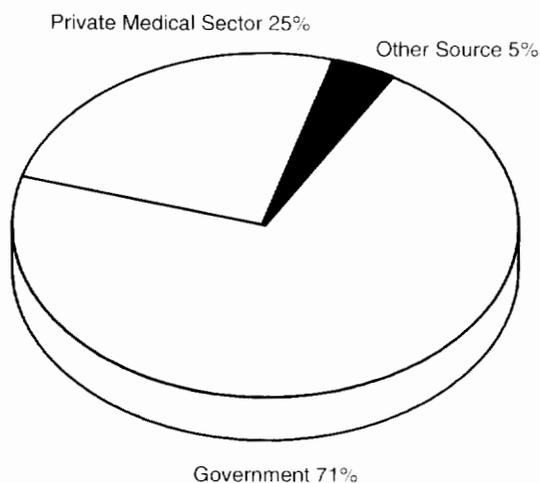


Figure 6
Sources of Family Planning Among Current Users of Modern Contraceptive Methods



and 25 percent obtain their methods from the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores). Only 5 percent of users obtain contraceptive methods from other sources, including shops.

Attitudes Toward Family Planning

- Attitudes toward family planning are generally less positive. Only 58 percent of currently married, nonsterilized women who know of a contraceptive method say that both they and their husbands approve of family planning use. However, 80 percent of women have discussed family planning with their husbands during the year preceding the survey.
- Only 13 percent of currently married nonusers say that they will use family planning in the future and another 40 percent are not sure about their intentions. Forty-seven 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. Forty-five 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 75 percent of women under age 30 and 25 percent of women age 30 or older. Another 16 percent stated that family planning use is against their religion.
- Among currently married women who are not using contraception, but who intend to use in the future, 45 percent prefer modern spacing methods and 35 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 39 percent of ever-married women in Nagaland. Moreover, only 42 percent find media messages on family planning acceptable. However, only 36 percent of households own a radio and 14 percent own a television, making it difficult to greatly expand the use of the electronic media for dissemination of family planning messages in Nagaland.

Need for Family Planning Services

- Twenty-seven percent of currently married women in Nagaland 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. Thirteen percent have an unmet need for spacing and 14 percent have an unmet need for limiting births. If all of the women with an unmet need were to use family planning, the contraceptive prevalence rate would increase from 13 percent to 40 percent of married women. In other words, only 33 percent of the total demand for family planning is met by the current family planning programme in the state.

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

Figure 7
Unmet Need for Family Planning by Selected Characteristics

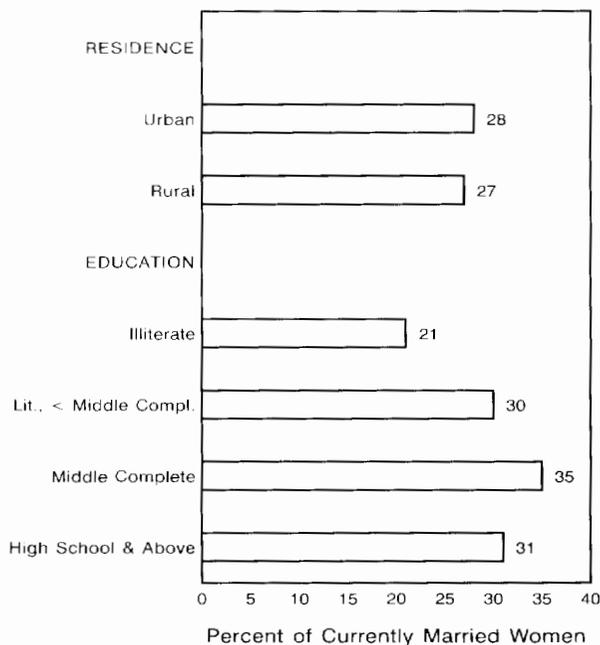
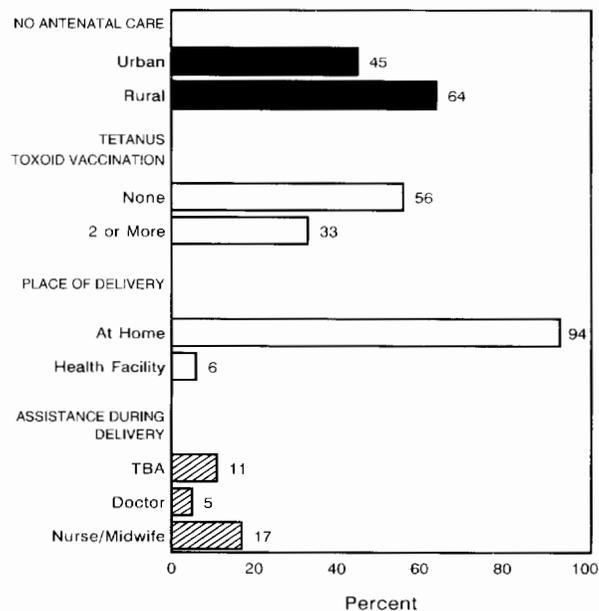


Figure 8
Antenatal Care, Place of Delivery, and Assistance During Delivery



Infant and Child Mortality

- In Nagaland, the infant mortality rate is 17 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, is 4 per 1,000. The under-five mortality rate (the probability of dying before age five) is 21 per 1,000 live births.

Nagaland has one of the lowest infant mortality rates in the country at 17 infant deaths per 1,000 live births.

Antenatal Care and Assistance at Delivery

- The majority of women in Nagaland receive no antenatal care. During the four years preceding the survey, mothers received antenatal care for only 39 percent of births. Women received two tetanus toxoid injections for only 33 percent of births and iron/folic acid tablets for only 24 percent of births.
- There are substantial differences in antenatal care by residence and by education. Mothers received antenatal care for 55 percent of births in urban areas and only 36 percent of births in rural areas. The proportion receiving antenatal care ranges from 21 percent for births to illiterate mothers to 72 percent for births to mothers with at least a high school education.

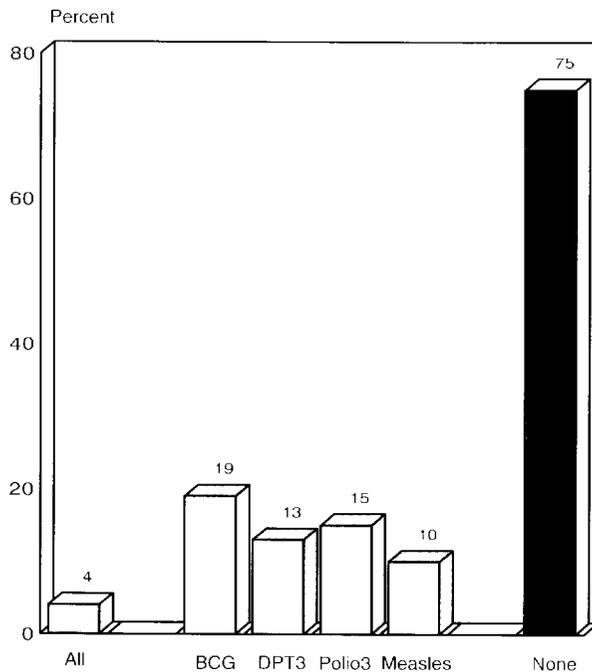
- Only 6 percent of births during the four years preceding the survey were delivered in health facilities, and 94 percent were delivered at home. Overall, only 22 percent of deliveries were attended by doctors or nurse/midwives and another 11 percent were attended by a Traditional Birth Attendant. Sixty-two percent were attended only by friends, relatives or neighbours.

Ninety-four percent of babies are delivered at home and only 22 percent of deliveries are assisted by a doctor or a nurse/midwife.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Nagaland, with 92 percent of all children born in the four years preceding the survey having been breastfed. The median duration of breastfeeding is 21 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. Whereas in most states, the majority of women squeeze the first milk from the breast, the practice is less evident in Nagaland. Forty-nine percent of mothers in Nagaland squeezed the first breast milk from the breast before feeding their infants. Overall, 64 percent of last-born children were breastfed within one hour of birth and 84 percent were breastfed within one day of birth.
- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is quite common in Nagaland for

Figure 9
Vaccination Coverage Among Children Age
12-23 Months



very young children as 61 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 Nagaland, only 44 percent of infants age 6-9 months receive solid or mushy food in addition to breast milk.

Only 44 percent 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. Nine percent of infants age 0-3 months in Nagaland are bottle fed and this proportion increases to 43 percent for children age 8-11 months. However the rate decreases to 16 percent of children age 24-47 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 Nagaland. Among children age 12-23 months, only 4 percent are fully vaccinated against the six common childhood diseases, and 75 percent have not received any vaccinations. Nineteen percent have been vaccinated against tuberculosis (BCG), 13-15 percent have received all three doses of DPT

and polio vaccines and 10 percent have been vaccinated against measles.

Only 4 percent of young children are fully vaccinated and 75 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 11 percent had diarrhoea. For each medical condition, 12-34 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, 80 percent of mothers are not familiar with ORS and 94 percent have never used it. Moreover, only one-fourth 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. Twenty-nine percent of all children under age four are underweight and 32 percent are stunted. Eight percent of children are *severely* undernourished according to weight-for-age and 13 percent according to height-for-age. One in every eight children is excessively thin (wasted).

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

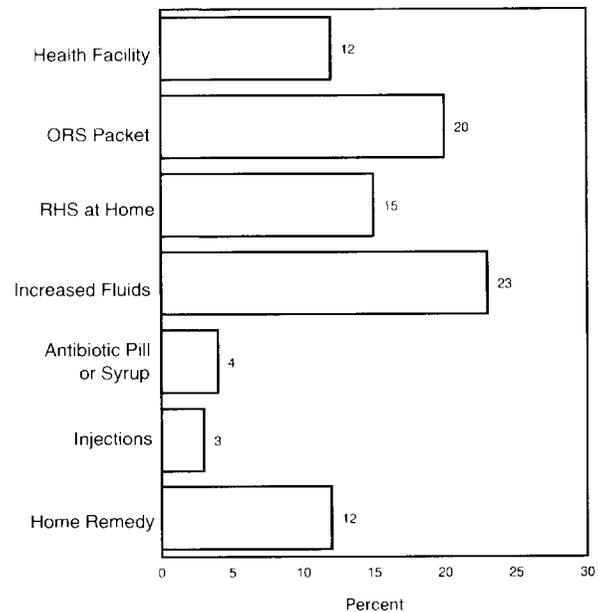
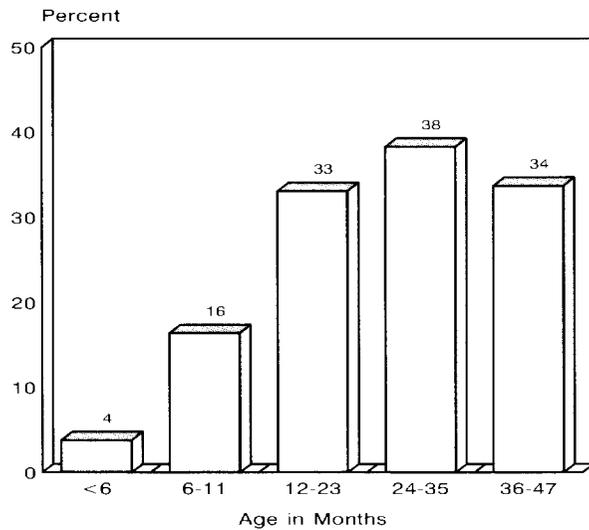
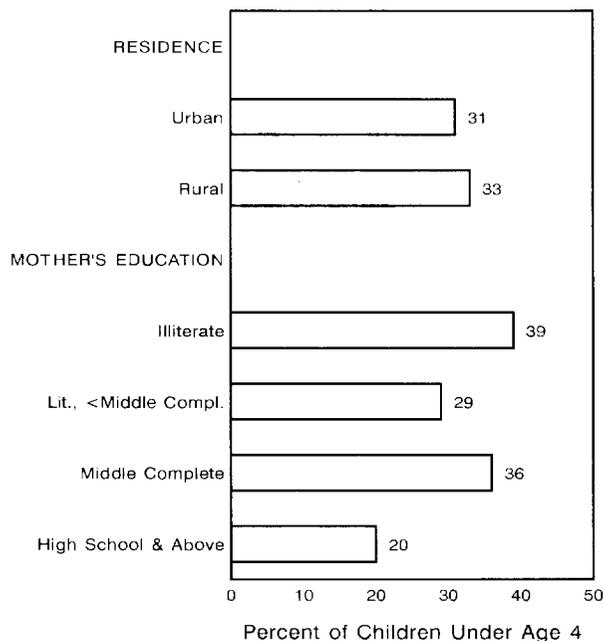


Figure 11
Percentage of Children Under Age Four Who Are Underweight, by Age



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



Twenty-nine percent of all children are underweight and 32 percent are stunted.

- Undernutrition varies substantially by the age of the child, being lowest in the first six months of life when the majority of children are fully breastfed. Rural children are more likely to be undernourished than urban children according to weight-for-age and weight-for-height measures. The percentage of children who are underweight or wasted, respectively, is 31 and 14 in rural areas and 20 and 6 in urban areas. The urban and rural areas, however, do not differ much in the proportion of children who are stunted.
- According to all the three measures, a somewhat higher percentage of boys are undernourished than girls. For instance, 32 percent of male children are underweight compared to 26 percent of female children. The percentage of underweight or stunted children declines consistently as the interval since the previous birth increases. 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, 40 percent are underweight and 39 percent are stunted compared to 18 percent underweight and 20 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 Nagaland. Only 41 percent of ever-married women age 13-49 have heard about AIDS. Most women (73 percent) have heard about AIDS from the radio. Friends and relatives are the next most important source (58 percent), followed by televisions (43 percent).
- Among women who have heard of AIDS, the percentage with misconceptions about different ways of getting AIDS ranges from 6 percent who think that it can be contracted from shaking hands with someone with AIDS to 46 percent who think that AIDS can be contracted from kissing someone with AIDS. Only 9 percent of women who have heard of AIDS erroneously think it is curable, and 8 percent think an AIDS vaccine exists. Fifty-nine percent correctly think that AIDS can be avoided by using condoms during intercourse and 48 percent think that it can be prevented by practising safe sex.

Fertility and Family Planning

- Nagaland has a fertility level similar to that in the country as a whole. According to the NFHS estimate, for the three-year period of 1990-92, the total fertility rate (TFR) in the state is 3.3 children per woman, and the crude birth rate is 31.3 per 1,000 population. More than half of the married women are not aware of any contraceptive method. Moreover, only 13 percent of women practice family planning and 47 percent of current nonusers say they do not intend to use contraception at any time in the future. The lack of knowledge about the family planning methods and the lack of intentions to use 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 create awareness among couples about contraceptive methods and to motivate them to use contraception. However, only 16 percent of ever-married women in Nagaland 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 awareness and motivation and to encourage continued use among contraceptive acceptors.
- Twenty-seven percent of women have an unmet need for family planning. If all of the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate would increase from 13 percent to 40 percent of married women.

Maternal and Child Health

- The maternal and child health care programme in Nagaland has not been very successful. Mothers did not receive antenatal care for 61 percent of births during the four years preceding the survey. Women received at least two tetanus toxoid injections for only 33 percent of live births. Most babies (94 percent) are delivered at home, and only 22 percent of deliveries were attended by doctors or nurse/midwives. The percentage of children fully vaccinated is very low at 4 percent, and three-fourths of the children have received no vaccinations at all. The immunization coverage in Nagaland is the lowest in the country. 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.
- Nagaland is faring well on most of the recommended infant feeding practices. Breastfeeding is nearly universal and of fairly longer duration. For most children, breastfeeding is initiated within 24 hours of birth, and the practice of squeezing the milk from the breast before breastfeeding is less common than in other states. It is important that infants should be exclusively breastfed until age 4-6 months, and three-fifths of infants under age 4 months are

given exclusive breastfeeding in Nagaland. However, inadequate nutrition is a problem in Nagaland. Twenty-nine percent of children under 4 years are underweight and 32 percent are stunted. Part of the reason for the high prevalence of undernutrition among children is the late introduction of solid/mushy food in the child's diet. Only 44 percent of children age 6-9 months receive both breast milk and solid foods as recommended.

- Knowledge of AIDS is present among only 41 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 Nagaland during 1988-92 was 17 per 1,000 live births); an under-

five mortality rate of 70 per 1,000 live births (under-five mortality in Nagaland during 1988-92 was 21); a crude death rate of 9 per 1,000 population (the crude death rate in Nagaland was 2 per 1,000 population in 1991-92); and a crude birth rate of 26 per 1,000 (the crude birth rate in Nagaland was 31 in 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Nagaland received antenatal care for only 39 percent of their pregnancies in 1988-92); 100 percent of deliveries by trained attendants (only 22 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 (in Nagaland only 13 percent of currently married women use contraception).

- The state is doing poorly in the provision and utilization of health care services, including antenatal and delivery care and immunization services, as well as the family planning services. Considerable efforts are needed to provide maternal and child care services as well as family planning services for improving the quality of life of people in Nagaland.

1991 Population Data

Office of the Registrar General and Census Commissioner

Total population (thousands)	1,209
Percent urban	17.2
Percent scheduled caste	0.0
Percent scheduled tribe	87.7
Decadal population growth rate (1981-91)	56.1

National Family Health Survey, 1993

Sample Population

Ever-married women age 13-49	1,149
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Background Characteristics of Women Interviewed

Percent urban	20.9
Percent illiterate	43.0
Percent completed secondary school or higher	15.8
Percent Hindu	5.3
Percent Christian	93.0
Percent working	43.7

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	61.0
Percent of women age 15-49 ever married	68.3
Singulate mean age at marriage for females (in years)	22.7
Singulate mean age at marriage for males (in years)	25.8
Percent of women married to first cousin ¹	1.5
Median age at marriage among women age 25-49	20.1
Median months of breastfeeding ²	21.2
Median months of postpartum amenorrhoea ²	6.3
Median months of postpartum abstinence ²	7.2

Fertility

Total fertility rate ³	3.3
Mean number of children ever born to women age 40-49	4.2

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	41.5
Want to delay their next birth at least 2 years	18.7
Mean ideal number of children ⁴	4.0
Percent of births in the last 4 years which were:	
Unwanted	18.7
Mistimed	18.7

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	44.4
Knowing a modern method	44.3
Knowing a source for a modern method	40.2
Ever used any method	19.2
Currently using any method	13.0

Percent of currently married women currently using:

Pill	2.1
IUD	2.0
Injection	0.2
Condom	2.1
Female sterilization	6.3
Male sterilization	0.1
Periodic abstinence	0.0
Withdrawal	0.0
Other method	0.0

Mortality and Health

Infant mortality rate ⁵	17.2
Under-five mortality rate ⁵	20.7
Percent of births ⁶ whose mothers:	
Received antenatal care from a doctor	
or other health professional	37.2
Received 2 or more tetanus toxoid injections	33.0
Percent of births ⁶ whose mothers were assisted at delivery by:	
Doctor	5.1
Nurse/midwife	17.1
Traditional birth attendant	11.1
Percent of children 0-3 months who are breastfeeding	100.0
Percent of children 12-15 months who are breastfeeding	70.3
Percent of children 12-23 months who received ⁷ :	
BCG	19.4
DPT (three doses)	12.5
Polio (three doses)	15.0
Measles	10.0
All vaccinations	3.8
Percent of children under 4 years ⁸ who:	
Had diarrhoea in the 2 weeks preceding the survey	11.2
Had a cough accompanied by rapid breathing	
in the 2 weeks preceding the survey	6.1
Had a fever in the 2 weeks preceding the survey	15.9
Are acutely undernourished (underweight) ⁹	28.7
Are chronically undernourished (stunted) ⁹	32.4
Are acutely undernourished (wasted) ⁹	12.7

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.