

National Family Health Survey

(MCH and Family Planning)

**International Institute for Population Sciences
Bombay**

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BEST AVAILABLE

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)

CONTENTS

Background	3
Population and Living Conditions	4
Fertility and Marriage	5
Fertility Levels and Trends	5
Marriage	6
Fertility Preferences	8
Family Planning	10
Knowledge of Family Planning Methods ..	10
Contraceptive Use	10
Attitudes Toward Family Planning	12
Exposure to Family Planning Messages ...	13
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	20
Conclusions	21
Fertility and Family Planning	21
Maternal and Child Health	21
Achievement of Programme Objectives ...	22
Fact Sheet	23

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 Tripura, a total of 1,139 households were covered, and the interviewers collected information from 1,100 ever-married women age 13-49 (221 in urban areas and 879 in rural areas). The fieldwork was conducted between February and April, 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.

- Tripura, with its population of about 2.8 million in 1991, is one of the smallest states of India. Eighty-six percent of the household heads are Hindu, 8 percent are Muslim, and 3 percent are Christian. Seventeen percent of the household heads belong to scheduled tribes, and less than 1 percent belong to scheduled castes.
- Nineteen percent of the surveyed population live in urban areas. Thirty-seven percent of the population is under age 15. Persons age 65 or older constitute 6 percent of the population. The sex ratio of the *de jure* population is 989 females per 1,000 males, which is slightly higher than the sex ratio of 944 observed for the country as a whole.
- Tripura, like most of the northeastern states, has higher literacy levels than India as a whole. In the survey households, 64 percent of all females age 6 and above are literate, and 7 percent have a secondary education or higher. Correspondingly, 81 percent of males age 6 and above are literate, and 14 percent have a secondary education or higher. Seventy-nine percent of children age 6-14 (82 percent of boys and 77 percent of girls) attend school. Only 26 percent of households get piped water for drinking, and another 19 percent get water from a handpump. More than one-third use surface water for drinking. Only 45 percent of the households have electricity, 90 percent live in *kachcha* houses, and 79 percent have a sanitation facility.

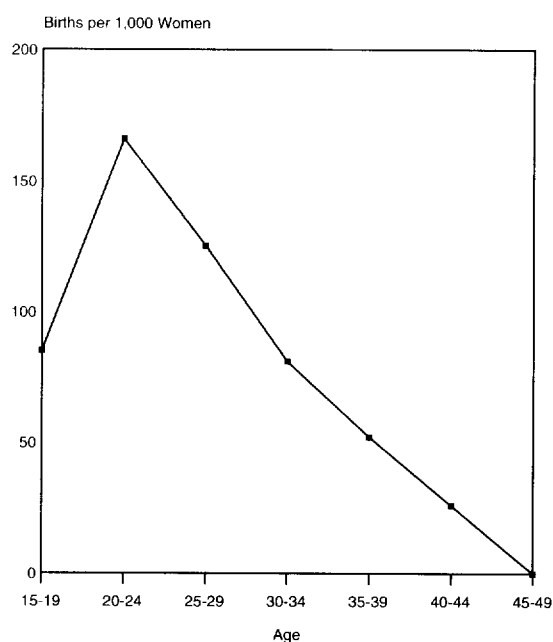
Fertility Levels and Trends

- The NFHS total fertility rate (TFR), for women age 15-49 in Tripura for the period 1990-92 is 2.7 children per woman, 21 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 23.1 per 1,000 population for the period 1990-92.

At current fertility rates, women in Tripura will have an average of 2.7 children (21 percent lower than the national average).

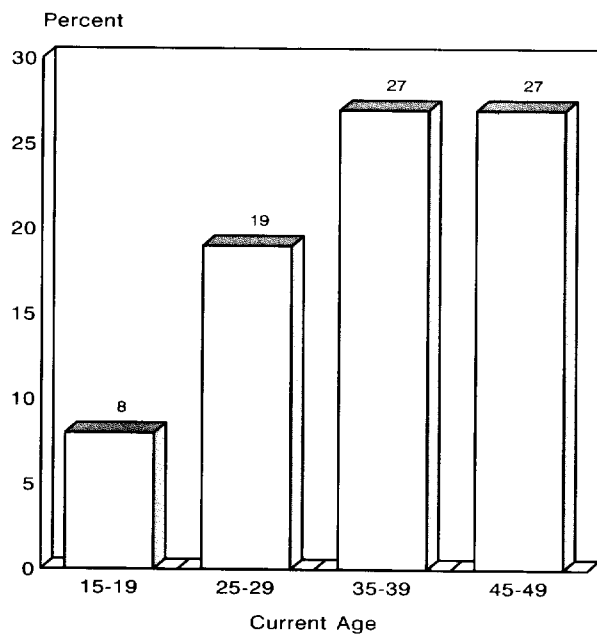
- The NFHS also collected data on cohort fertility, as measured by the number of children ever born to women of different ages. Women age 40-49 at the time of survey had borne an average of 5.4 children per woman. This is much higher than current fertility as measured by the total fertility rate of 2.7 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 Tripura 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 15, by
Current Age



- Fertility peaks in the 20-24 age group, reflecting a pattern of early marriage and childbearing. Fertility rates decline steadily after age 25, reaching very low levels for women in their forties. Fertility is highly concentrated in the 15-29 age group. Seventy percent of total fertility is concentrated in this age group. Current fertility in Tripura is characterized by a substantial amount of early childbearing; 16 percent of total fertility is accounted for by births to women in the age group 15-19.
- The median interval between births is 33.9 months. Nine percent of births occur within 18 months of the previous birth and 22 percent of all births occur within 24 months. These are high-risk births with a relatively low probability of survival.

Marriage

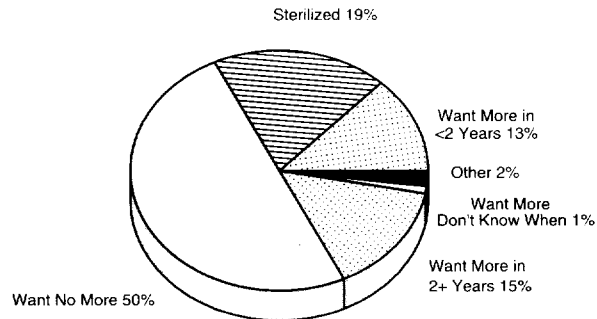
- Marriage is nearly universal in Tripura, and usually takes place at a relatively young age. At age 15-19, 28 percent of women are married, and at age 20-24, 66 percent are married. Above age 34, less than 1 percent remain unmarried.
- The singulate mean age at marriage is 27 years for men and 21 years for women. The median age at marriage for women age 25-49 is 17 years. There has been a dramatic decline in the proportion of women marrying at young ages. The proportion of women marrying before age 15 declined from 27 percent of those age 45-49 to 8 percent of those age 15-19.

*Marriages at very young ages
have been declining
dramatically over time.*

- Urban women age 25-29 marry 3.3 years later than rural women of the same age (20.4 years in urban areas and 17.1 years in rural areas). The age at marriage increases sharply with the education of women. Among women age 25-29, the median age at marriage rises from 16.0 years for illiterate women to 24.5 years for women who have completed high school, a difference of more than eight years.
- According to the Child Marriage Restraint Act 1978, the minimum legal age at marriage in India is 18 years for women and 21 years for men. Despite this Act, two-fifths of women age 20-24 married before the legal minimum age at marriage. A large majority of women are not even aware of the legal minimum age at marriage for men and women. Only 28 percent of women could correctly report age 18 as the legal minimum age at marriage for females and only 6 percent could correctly report age 21 as the legal minimum age at marriage for males.

*Two-fifths of women age 20-24
married before age 18.*

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



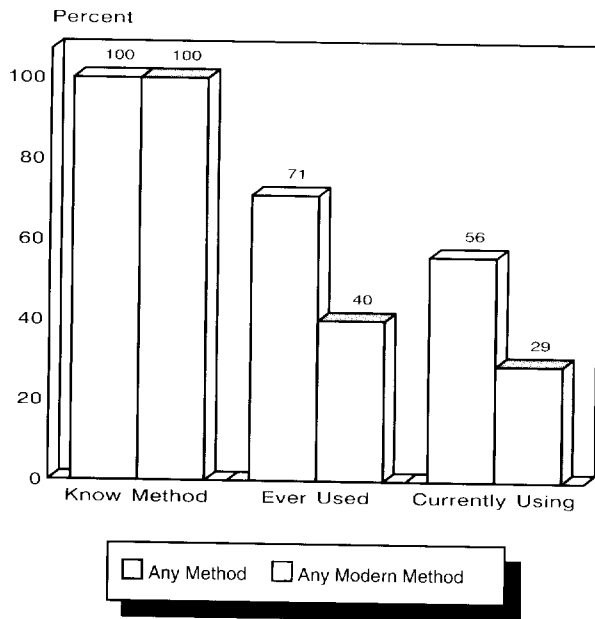
Fertility Preferences

- One half of women say they do not want any more children, and 19 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 69 percent of all currently married women in Tripura. Only 29 percent of the women say that they want another child sometime in the future, and more than half of these women (15 percent of all women) say they would like to wait at least 2 years before having the next child. Overall, 85 percent of women want to either space their next birth or stop having children altogether.
- The desire for more children declines as the number of children increases. Eighty-three percent of women with one living child say they want an additional child. The proportion who want another child drops to 22 percent for women with two living children and 4 percent for those with three living children. The desire for spacing children is very strong for women who have one living child; 58 percent of the women with one living child want to wait at least two years before having the next child.
- Among women who want an additional child, far more express a preference that the next child be a son than a daughter. Forty-seven percent say they want a son, only 19 percent express a desire for a daughter, and the rest say the sex of the child does not matter (26 percent) or that it is up to God (8 percent).

- The ideal number of children is moderate in Tripura, an average of 2.6 children among ever-married women giving a numeric response to the question on ideal family size. The mean ideal number of children is somewhat smaller in urban (2.1) than rural (2.7) areas. The increase in the level of education of ever-married women reduces the ideal number of children from 2.9 for illiterate women to 1.9 for those who had completed at least a high school education.

*The ideal family size for
married women is 2.6 children.*

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



Knowledge of Family Planning Methods

- Knowledge of family planning is nearly universal in Tripura: 100 percent of currently married women know of at least one contraceptive method, and 97 percent know where they could go to obtain a modern method. Over three-fourths of all currently married women can name a modern method of family planning without interviewer probing. Almost all women know about female sterilization (99 percent), the pill (94 percent) and male sterilization (89 percent). Condoms and IUDs are known to 68 and 65 percent of currently married women, respectively. Although current use of injections is negligible, knowledge is reasonably high at 42 percent. Awareness of traditional methods is also widespread in Tripura, with 86 percent of currently married women reporting knowledge of at least one traditional method. Periodic abstinence is better known than withdrawal.

Knowledge of at least one modern contraceptive method is universal.

Contraceptive Use

- In Tripura, 71 percent of currently married women have ever used any contraceptive method, and the distinguishing feature of the state is the widespread use of traditional methods. More women report having used periodic abstinence and withdrawal than any

other method. Overall, modern methods have been used by 40 percent of currently married women, and traditional methods by 56 percent.

The distinguishing feature of Tripura is the high use of traditional methods.

- Current use of contraception is high at 56 percent of currently married women age 15-49, and almost an equal proportion use modern methods (29 percent) and traditional methods (28 percent). Seventeen percent of the women are sterilized and a similar proportion practice periodic abstinence. Pills are used by 6 percent, and IUDs and condoms are used by 2 percent each of currently married women. The withdrawal method of contraception is followed by 10 percent of the couples in Tripura.

Fifty-six percent of married women currently use family planning, and almost half of current users use traditional methods of family planning.

- The contraceptive use rate is 71 percent in urban areas and 52 percent in rural areas. The positive relationship between education and current use is seen for any contraceptive method and any traditional method, but not for any modern method. The current use rate for any method and any traditional method

Figure 5
Current Use of Modern Contraceptive Methods by Education

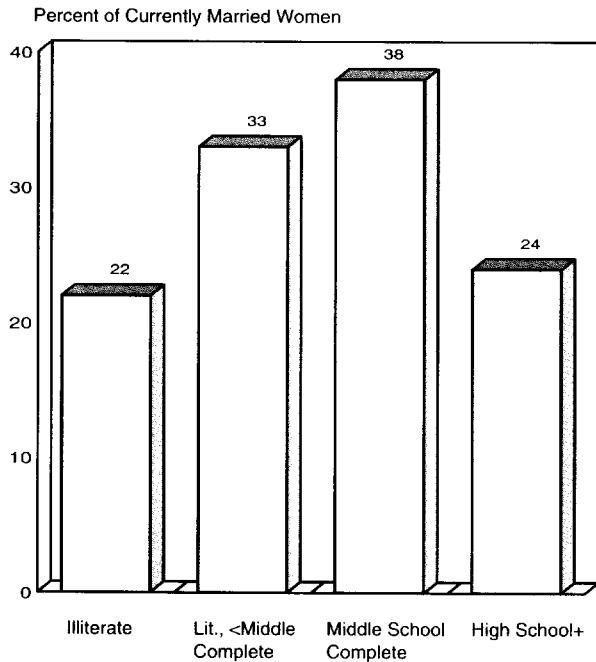
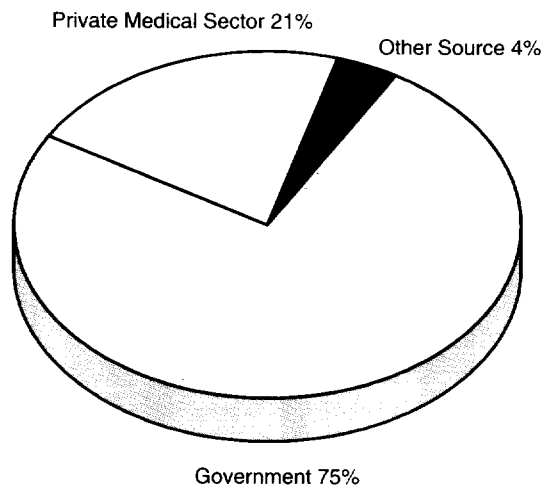


Figure 6
Sources of Family Planning Among Current Users of Modern Contraceptive Methods



increases from 45 and 23 percent, respectively, among illiterate women to 68 and 43 percent, respectively, among women with at least a high school education. On the other hand, the current use of any modern method is highest among literate women who have not completed high school (33-38 percent), and it is low at 22 percent for illiterate women and 24 percent for women who have completed at least high school.

- In Tripura, 75 percent of current users obtain modern methods of family planning from the public sector (predominantly government/municipal hospitals and Primary Health Centres) and 21 percent obtain their methods from the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drugstores). Only 4 percent of users obtain contraceptive methods from other sources.

Attitudes Toward Family Planning

- Attitudes toward family planning are generally positive. Eighty-one percent of currently married, nonsterilized women who know of a contraceptive method say that both they and their husbands approve of family planning use. Sixty-five percent of women have discussed family planning with their husbands during the year preceding the survey.
- Fifty-one percent of currently married nonusers say that they will use family planning in the future and another 42 percent say that they do not intend to use family planning in the future. Thirty-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 74 percent of women

under age 30 and 15 percent of women age 30 or older. Another 31 percent gave the actual or perceived sterility as the main reason for not intending to use contraception in the future.

- Among currently married women who are not using contraception, but who intend to use in the future, 42 percent prefer modern spacing methods, 32 percent prefer female sterilization, and only 16 percent prefer traditional methods of family planning.

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching only 38 percent of ever-married women in Tripura. However, 89 percent find media messages on family planning acceptable. It may be noted here that only 38 percent of households own a radio and 17 percent own a television, making it difficult to greatly expand the use of the electronic media for dissemination of family planning messages in Tripura.

Need for Family Planning Services

- Fourteen percent of currently married women in Tripura 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. Unmet need for limiting the number of children is slightly greater (8 percent) than the need for spacing births (5 percent). If all of the women with an unmet need were to use family planning, the contraceptive prevalence rate would increase from 56 percent to 70 percent of married women.

Figure 7
Unmet Need for Family Planning by Selected Characteristics

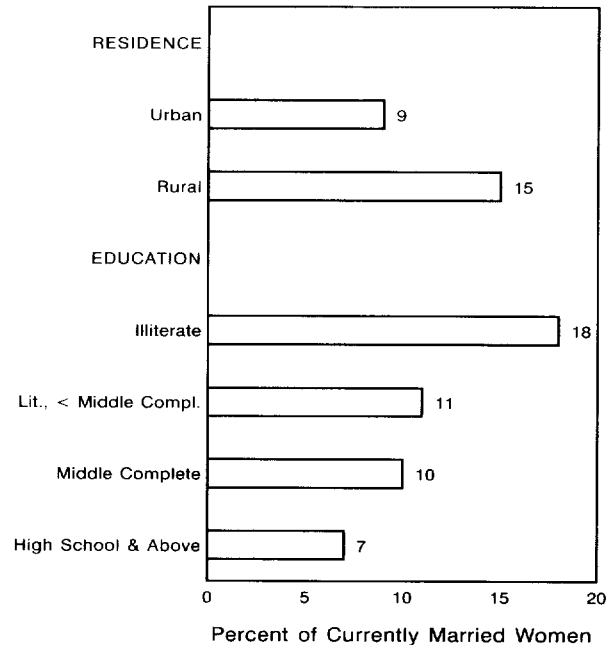
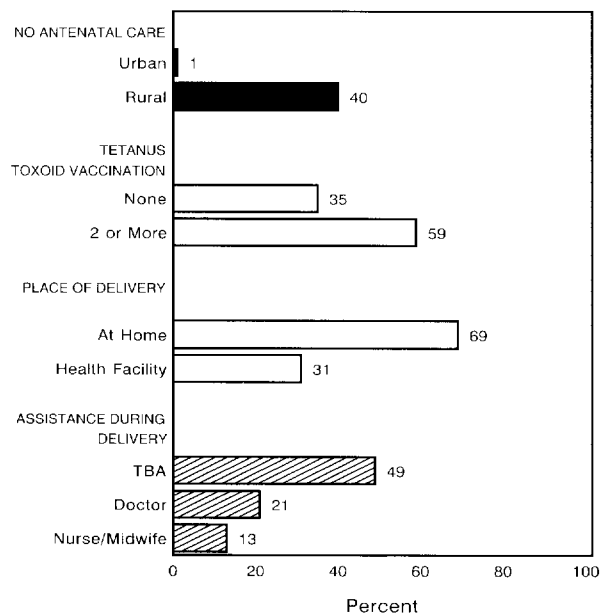


Figure 8
Antenatal Care, Place of Delivery, and Assistance During Delivery



Infant and Child Mortality

- In Tripura, the infant mortality rate was 76 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 31 per 1,000. One in every 10 children born in Tripura dies before reaching age five. Therefore, child survival programmes need to be intensified further to reduce infant and child mortality in the state.

One in every 10 children dies before reaching age five.

Antenatal Care and Assistance at Delivery

- Utilization of both antenatal care and delivery services is poor in Tripura. A sizeable proportion of women receive no antenatal care. During the four years preceding the survey, mothers received antenatal care for 65 percent of births. Women received two tetanus toxoid injections for 59 percent of births and iron/folic acid tablets for 53 percent of births.
- There are substantial differences in antenatal care by residence and by education. Mothers received antenatal care for 99 percent of births in urban areas and only 60 percent of births in rural areas. The proportion receiving antenatal care ranges from 47 percent for births to illiterate mothers to 100

percent for births to mothers with at least a high school education.

- Only 31 percent of births during the four years preceding the survey were delivered in health facilities, and 69 percent were delivered at home. Overall, only one-third of deliveries were attended by doctors or nurse/midwives and nearly one-half were attended by a Traditional Birth Attendant. Seventeen percent were attended only by friends, relatives or neighbours.

Sixty-nine percent of babies are delivered at home and only 33 percent of deliveries are assisted by a doctor or a nurse/midwife.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Tripura, with 96 percent of all children born in the four years preceding the survey having been breastfed. Children are breastfed for a fairly longer duration; the median duration of breastfeeding is about 34 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. For the majority of children (69 percent) born in the four years preceding the survey, mothers squeezed the first breast milk from the breast before breastfeeding their infants. Moreover, only 7 percent of last-born children were breastfed within one hour of birth and

only 28 percent were breastfed within one day of birth.

- Exclusive breastfeeding (which is recommended for all children through age 4-6 months) is often not practised in Tripura as more than half the children below four months are given water or other supplements along with the breast milk.
- 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 Tripura, 65 percent of infants age 6-9 months receive solid or mushy food in addition to breast milk.

Sixty-five 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. Nineteen percent of infants age 0-3 months in Tripura are bottle fed and this proportion increases to 41 percent for children age 4-7 months. However the rate decreases to 23 percent of children age 8-11 months, and further to 3 percent of children age 2-3 years.

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 Tripura. Among children age 12-23 months, only 19 percent are fully vaccinated against the six common childhood diseases, and 42 percent have not received any vaccinations. Forty percent have been vaccinated against tuberculosis (BCG), 32 percent have received all three doses of DPT and polio vaccines and 29 percent have been vaccinated against measles.

Only 19 percent of young children are fully vaccinated and 42 percent have not received any vaccination at all.

Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 23 percent of children under age four had symptoms of acute respiratory infection (cough accompanied by fast breathing), 36 percent were sick with fever, and 4 percent had diarrhoea. Fifty-five and 60 percent of children suffering from fever and symptoms of acute respiratory infection, respectively, 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, 80 percent of

Figure 9
Vaccination Coverage Among Children Age 12-23 Months

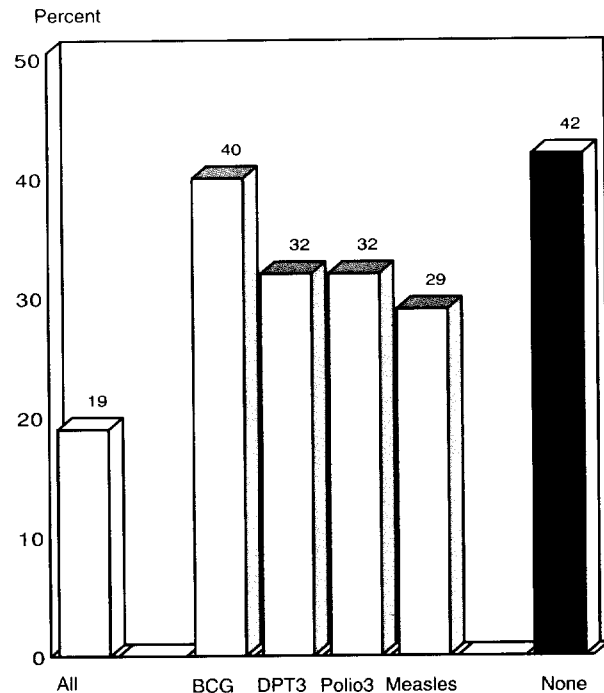
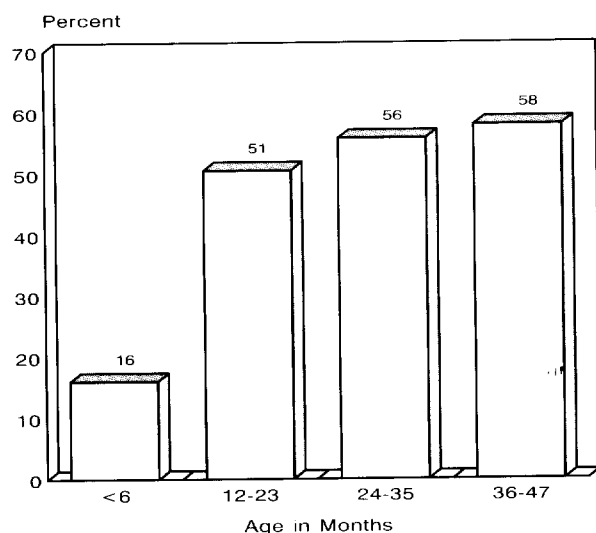


Figure 10
Percentage of Children Under Age Four Who
Are Underweight, by Age



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

mothers are familiar with ORS and 51 percent have ever used it.

Nutritional Status of Children

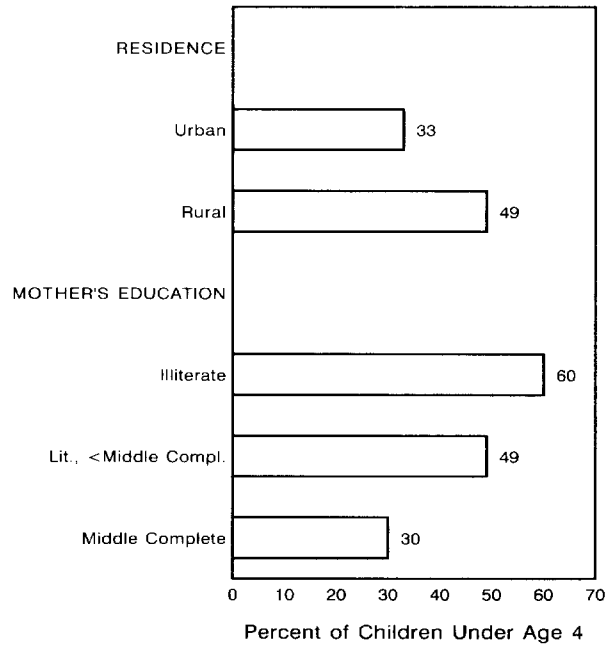
- In the NFHS, both weight and height measurements were obtained for each child under four years of age in order to assess the nutritional status. Based on these measures, both chronic and acute undernutrition are high in Tripura. Forty-nine percent of all children under age four are underweight and 46 percent are stunted. Nineteen percent of children are *severely* undernourished according to weight-for-age and 21 percent according to height-for-age. One in every six children is excessively thin (wasted).

Forty-nine percent of all children are underweight and 46 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 all three measures. The percentage of children who are underweight or stunted, respectively, is 53 and 49 in rural areas and 32 and 33 in urban areas.
- Boys and girls do not differ much according to weight-for-age and height-for-age measures. However, a greater proportion of male children are wasted (21 percent) than female children (14 percent). The percentage of underweight or stunted children declines

consistently as the interval since 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, 64 percent are underweight and 60 percent are stunted compared to 34 percent underweight and 30 percent stunted for children of mothers who have completed middle school, but do not have a high school education.

Figure 11
Chronic Undernutrition (Stunting) by Selected Characteristics



- Knowledge of the existence of Acquired Immune Deficiency Syndrome (AIDS) is limited in Tripura. Only 13 percent of ever-married women age 13-49 have heard about AIDS. Most women (54 percent) have heard about AIDS from the television. Radios (45 percent) and newspapers (40 percent) are the next most important sources.
- Among women who have heard of AIDS, the percentage with misconceptions about different ways of getting AIDS ranges from 35 percent who think that it can be contracted from shaking hands with someone with AIDS to 82 percent who think that AIDS can be contracted through mosquito, flea, or bedbug bites. Forty-one percent of women who have heard of AIDS erroneously think it is curable, and 3 percent think an AIDS vaccine exists. Only 30 percent correctly think that AIDS can be avoided by using condoms during intercourse and 35 percent think that it can be prevented by practising safe sex. Other modes of avoidance of AIDS such as checking blood prior to transfusion, sterilizing needles and syringes for injections and avoiding pregnancy when infected with AIDS are mentioned by only 13 percent or fewer women who have heard about AIDS.

Fertility and Family Planning

- Tripura has experienced considerable decline in fertility in recent decades. According to the NFHS estimate, for the three-year period of 1990-92, the total fertility rate (TFR) in the state is 2.7 children per woman, 21 percent lower than the national average, and the crude birth rate is 23 per 1,000 population.
- Women on average marry at around 17 years of age, and start childbearing relatively early in their reproductive lives. Sixteen percent of total fertility is accounted for by births to women below age 20 and 16 percent of all women age 15-19 have had a child. A major effort is needed to discourage marriage below the legal minimum age at marriage of 18 years for females and to reduce the extent of early childbearing, which can be detrimental to the health of the children.
- While 56 percent of currently married women are practising family planning, this percentage drops to 29 percent if only modern methods of contraception are considered. The distinguishing feature of family planning in Tripura is the relatively high (28 percent) use of traditional methods of contraception.

Maternal and Child Health

- The infant mortality rate remains high in Tripura; 1 in 13 children dies before reaching age one, and 1 in 10 children dies before reaching age five. Therefore, child survival measures need to be improved in the state to reduce infant and child mortality rates.
- The improvement of services is crucial to the success of Child Survival and Safe Motherhood (CSSM) Programme. Mothers did not receive antenatal care for 35 percent of births during the four years preceding the survey. Women received at least two tetanus toxoid injections for 59 percent of live births. Most babies (69 percent) are delivered at home, and only 33 percent of deliveries were attended by doctors or nurse/midwives. The percentage of children fully vaccinated is very low at 19 percent, and 42 percent of the 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.
- Inadequate nutrition continues pose a serious problem: nearly half of children are underweight and 46 percent are stunted. Although breastfeeding is nearly universal and of fairly longer duration, most babies are not given breast milk soon after birth. Moreover, most women squeeze the first milk from the breast before they start breastfeeding, despite the fact that the first breast milk is beneficial for babies. It is important that infants should be exclusively breastfed until age 4-6 months, but only 48 percent of infants under age 4 months are given exclusive breastfeeding in Tripura. However, 65 percent of children age 6-9 months receive both breast milk and solid foods as recommended.
- Knowledge of AIDS is present among only 13 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 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 Tripura during 1988-92 was 76 per 1,000 live births); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in Tripura during 1988-92 was 105); a crude death rate of 9 per 1,000 population (the crude death rate in

Tripura was 12 per 1,000 population in 1991-92); and a crude birth rate of 26 per 1,000 (the crude birth rate in Tripura was 23 in 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Tripura received antenatal care for 65 percent of their pregnancies in 1988-92); 100 percent of deliveries by trained attendants (only 33 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 Tripura 56 percent of currently married women use contraception). Therefore, renewed efforts are necessary to improve the population and health situation in Tripura.

1991 Population Data

Office of the Registrar General and Census Commissioner

Total population (thousands)	2,757
Percent urban	15.3
Percent scheduled caste	16.4
Percent scheduled tribe	30.9
Decadal population growth rate (1981-91)	34.3

National Family Health Survey, 1993

Sample Population

Ever-married women age 13-49	1,100
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Background Characteristics of Women Interviewed

Percent urban	20.1
Percent illiterate	41.3
Percent completed secondary school or higher	8.6
Percent Hindu	87.2
Percent Muslim	7.8
Percent working	25.7

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	67.2
Percent of women age 15-49 ever married	73.7
Singulate mean age at marriage for females (in years)	21.2
Singulate mean age at marriage for males (in years)	27.3
Percent of women married to first cousin ¹	1.4
Median age at marriage among women age 25-49	17.2
Median months of breastfeeding ²	33.8
Median months of postpartum amenorrhoea ²	6.9
Median months of postpartum abstinence ²	3.3

Fertility

Total fertility rate ³	2.7
Mean number of children ever born to women age 40-49	5.4

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	69.3
Want to delay their next birth at least 2 years	15.2
Mean ideal number of children ⁴	2.6
Percent of births in the last 4 years which were:	
Unwanted	15.5
Mistimed	14.4

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	99.7
Knowing a modern method	99.7
Knowing a source for a modern method	96.9
Ever used any method	70.6
Currently using any method	56.1

Percent of currently married women currently using:

Pill	6.4
IUD	1.5
Injection	0.0
Condom	1.6
Female sterilization	16.7
Male sterilization	2.4
Periodic abstinence	16.7
Withdrawal	10.5
Other method	0.4

Mortality and Health

Infant mortality rate ⁵	75.8
Under-five mortality rate ⁵	104.6
Percent of births ⁶ whose mothers:	
Received antenatal care from a doctor or other health professional	62.5
Received 2 or more tetanus toxoid injections	58.7
Percent of births ⁶ whose mothers were assisted at delivery by:	
Doctor	20.6
Nurse/midwife	12.8
Traditional birth attendant	48.5
Percent of children 0-3 months who are breastfeeding	97.9
Percent of children 12-15 months who are breastfeeding	98.1
Percent of children 12-23 months who received ⁷ :	
BCG	39.7
DPT (three doses)	32.2
Polio (three doses)	32.2
Measles	28.9
All vaccinations	19.0
Percent of children under 4 years ⁸ who:	
Had diarrhoea in the 2 weeks preceding the survey	3.6
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	22.8
Had a fever in the 2 weeks preceding the survey	35.5
Are acutely undernourished (underweight) ⁹	48.8
Are chronically undernourished (stunted) ⁹	46.0
Are acutely undernourished (wasted) ⁹	17.5

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.