National Family Health Survey  
(MCH and Family Planning)

International Institute for Population Sciences  
Bombay  

December 1995
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@axcess.net.in)
CONTENTS

Background .................................................. 3

Population and Living Conditions ................. 4

Fertility and Marriage ................................. 5
  Fertility Levels and Trends ......................... 5
  Marriage .................................................. 6
  Fertility Preferences ................................... 7

Family Planning ......................................... 9
  Knowledge of Family Planning Methods ............ 9
  Contraceptive Use ....................................... 9
  Attitudes Toward Family Planning .................. 11
  Exposure to Family Planning Messages .......... 11
  Need for Family Planning Services ................. 12

Maternal and Child Health ............................. 13
  Infant and Child Mortality ......................... 13
  Antenatal Care and Assistance at Delivery ........ 13
  Breastfeeding and Supplementation ................. 14
  Vaccination of Children .............................. 15
  Child Morbidity and Treatment Patterns .......... 16
  Nutritional Status of Children ...................... 16

Knowledge of AIDS ..................................... 18

Conclusions ............................................... 19
  Fertility and Family Planning ............... 19
  Maternal and Child Health .................. 19
  Achievement of Programme Objectives ....... 19

Fact Sheet ................................................. 20
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 Mizoram, a total of 1,087 households were covered, and the interviewers collected information from 1,045 ever-married women age 13-49 (517 in urban areas and 528 in rural areas). The fieldwork was carried out during 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.
Mizoram, with its population of 689,756 in 1991, is one of the smallest states of India. Fifty-two percent of the surveyed population live in urban areas. The state consists primarily of tribal population and 97 percent of household heads belong to scheduled tribes. Ninety-six percent of the household heads are Christian.

Thirty-seven percent of the population is under age 15 and persons age 65 or older constitute 3 percent of the population. The sex ratio of the *de jure* population is 986 females per 1,000 males, which is higher than the sex ratio of 944 observed for the country as a whole.

Mizoram distinguishes itself with the highest levels of literacy in India. In the survey households, 89 and 93 percent, respectively, of all females and males age 6 and above are literate. Moreover, more than 90 percent of children age 6-14 (89 percent of females and 93 percent of males) attend school.

Only 38 percent of households get piped water for drinking, and another 39 percent use surface water for drinking. Seventy-six percent of households have electricity, 98 percent have a sanitation facility, and 61 percent live in *pucca* or semi-*pucca* houses.
Fertility Levels and Trends

• The NFHS total fertility rate (TFR), for women age 15-49 in Mizoram for the period 1990-92 is 2.3 children per woman, 32 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 20.8 per 1,000 population for the period 1990-92.

At current fertility rates, women in Mizoram will have an average of 2.3 children (32 percent lower than the national average).

• The NFHS also collected data on cohort fertility, as measured by the number of children ever born to women of different ages. Women age 40-49 at the time of survey had borne an average of 4.3 children per woman. This is much higher than current fertility as measured by the total fertility rate of 2.3 for the 3 years preceding the survey because most of the fertility experienced by these older women occurred considerably back in time, when fertility rates were much higher. In other words, fertility levels in Mizoram have fallen substantially in the recent past.
- Fertility in Mizoram is concentrated in the age group 20-29. Sixty-two percent of total fertility is concentrated in this age group. Fertility rates decline sharply after age 25, reaching very low levels for women in their forties. Only 10 percent of total fertility is accounted for by births to women under age 20. Only 5 percent of women age 15-19 ever had a child, and only 6 percent of those currently age 40-49 had a child after age 39.

- The median interval between births is 28 months. One in every seven births occurs within 18 months of the previous birth and 36 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 Mizoram, and takes place at a relatively later age. Among women age 20-24, only 1 percent married before age 15, and 13 percent married before age 18. The median age at first marriage for women age 25-49 is 21 years. The singulate mean age at marriage is 28 years for men and 25 years for women.

---

**Marriage below age 18 is not very common in Mizoram.**

---

- Urban women age 25-29 marry 3 years later than rural women of the same age (23.3 years in urban areas and 20.2 years in rural areas). Differences in marriage age by education are more pronounced. Among illiterate women currently age 25-49, the median age at marriage is 19.7 years, which is nearly four and half years younger than women with at least a high school education.
According to the Child Marriage Restraint Act of 1978, the minimum legal age at marriage in India is 18 years for women and 21 years for men. Women in Mizoram have a better knowledge of the legal minimum age at marriage for women than for men. Fifty-five percent of women know the minimum age at marriage for women and the percentage who know the minimum legal age at marriage for men is 28.

Fertility Preferences

- Ten percent of women say they do not want any more children, and 45 percent of women (or their husbands) are sterilized, so that they cannot have any more children. These two groups together constitute 55 percent of all currently married women in Mizoram. Only 38 percent of women say they want another child sometime in the future, and almost two-thirds of these women (24 percent of all women) say they would like to wait at least 2 years before having the next child. Overall, 79 percent of women want either to space their next birth or stop having children altogether.

---

Overall, 79 percent of women want to either space their next birth or stop having children altogether.

---

- The desire for more children declines rapidly as the number of children increases. Eighty-eight percent of women with one living child say they want another child. The proportion who want another child drops to 54 percent for women with two living children and 26 percent for those with three living children.
The desire for spacing children is very strong for women who have fewer than three children. The percentage of women who want to delay their next birth for two or more years is 20 percent among women with no children, 66 percent among women with one living child and 36 percent among women with two living children. Given that 39 percent of all women have fewer than three living children, the strong expressed desire for spacing children among these women cannot be ignored.

Among women who want an another child, there is a preference for having a son as the next child. Forty-six percent of women say they want a son, 33 percent express a desire for a daughter, and the rest say that the sex of the child does not matter (16 percent) or that it is up to god (6 percent).

Although the current fertility is low in Mizoram, most women do not consider a small family as ideal. Only 4 percent of women consider two children and only 23 percent consider three children as the ideal number of children a couple should have. The mean ideal number of children considered ideal is 4.3 children.

The ideal family size for married women is 4.3 children.

The mean ideal number of children is not very different in urban (4.1) and rural (4.5) areas. The increase in the level of education of ever-married women reduces the ideal number of children from 4.7 for illiterate women to 3.7 for those who had completed at least a high school education.
Knowledge of Family Planning Methods

- Knowledge of family planning is nearly universal in Mizoram. Ninety-eight percent of currently married women know of at least one modern contraceptive method, and a similar percentage of women know where they could go to obtain a modern method. Knowledge about sterilization is most widespread and female sterilization is known to substantially more women (98 percent) than male sterilization (71 percent). The most well known among the modern spacing methods are the IUD (76 percent) and the pill (70 percent). Only 61 percent of women know about the condom, and injections are the least known method with only 2 percent reporting knowledge of injections. Forty-four percent of women know at least one traditional method with 36 percent reporting knowledge of periodic abstinence and 31 percent reporting knowledge of the withdrawal method.

Knowledge of at least one modern contraceptive method is almost universal.

Contraceptive Use

- Fifty-seven percent of currently married women in Mizoram have ever used a contraceptive method. Modern methods have been used by 56 percent and traditional methods by 4 percent. Current use of family planning is also high at 54 percent of
Currently married women age 15-49, and almost all of these women use modern methods. Female sterilization is the most popular contraceptive method, as in most Indian states. Forty-five percent of currently married women are sterilized. Five percent of women use the IUD and 3 percent use the pill. No other method of family planning is used by more than 1 percent of currently married women.

Fifty-four percent of married women currently use family planning.

- The urban and rural areas do not differ much in the contraceptive use rate. The contraceptive use rate is 57 percent in urban areas and 51 percent in rural areas. No clear pattern is observed in the relationship between education and contraceptive use, although the illiterate women are less likely to use family planning (35 percent) than the literate women (49-59 percent).

- The use of contraception is positively related to the number of living children a woman has, and increases from 1 percent of women with no living children to 49 percent of women with 2 living children and 67 percent of women with 3 living children.

- In Mizoram, 91 percent of current users obtain modern contraceptive methods from the public sector, consisting mainly of government/municipal hospitals, Primary Health Centres and sub-centres, compared with 8 percent from the private medical sector. Only 1 percent of users obtain their methods from other sources, including shops.
Attitudes Toward Family Planning

- Attitudes toward the use of family planning are generally positive in Mizoram. Sixty-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. Fifty-six percent of women discussed family planning with their husbands during the year preceding the survey.

- However, only 30 percent of currently married nonusers intend to use contraception in the future and another 35 percent are not sure about their intentions. Slightly over one-half of currently married nonusers who intend to use family planning in the future prefer modern spacing methods, and 48 percent prefer female sterilization.

- Among the 35 percent of nonusers who do not intend to use in the future, 67 percent do not intend to use because they want more children. (This reason is given by 89 percent of women under age 30 and 51 percent of women above age 30.) Another 16 percent are either menopausal or believe that it is difficult for them to get pregnant.

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching 51 percent of ever-married women in Mizoram in the month preceding the survey. Moreover, 71 percent of women find media messages on family planning acceptable.
Need for Family Planning Services

- Overall, 12 percent of currently married women have an unmet need for family planning. These women are not using family planning, even though they either do not want any more children or want to wait at least two years before having another child. The unmet need is greater for spacing births (9 percent) than for limiting births (3 percent). Together with the 54 percent of women who are using contraception, a total of 66 percent of currently women have a demand for family planning. In other words, if all of the women with an unmet need were to use family planning, the contraceptive prevalence rate would increase from 54 percent to 66 percent of married women.

If all the women with an unmet need were to adopt family planning, the current use rate would increase from 54 to 66 percent.
Infant and Child Mortality

- The infant mortality rate of 15 per 1,000 live births for the five-year period preceding the survey (1988-92) was the lowest of all the states in India. The child mortality rate, which is the probability of dying between the first and fifth birthday, was also 15 per 1,000. The under-five mortality rate (the probability of dying before age five) was 29 per 1,000 live births.

**Mizoram has the lowest infant mortality rate in the country at 15 infant deaths per 1,000 live births.**

Antenatal Care and Assistance at Delivery

- Utilization of both antenatal and delivery services is high in Mizoram. Mothers received antenatal care for 89 percent of their births during the four years preceding the survey. Most antenatal care was provided by allopathic doctors or other health professionals. Women received iron and folic acid tablets for 64 percent of births, but received two doses of tetanus toxoid injections for only 43 percent of births.
Mothers received antenatal care for 89 percent of births during the four years preceding the survey.

- The differences in antenatal care by residence and education of the mother are not substantial. For instance, the proportion of births for which the mothers received antenatal care is 93 percent in urban areas and 84 percent in rural areas.

- Fifty-one percent of births during the four years preceding the survey were delivered at home, 44 percent in public health facilities and 5 percent in private health facilities. However, 62 percent of deliveries were assisted by a doctor or a nurse/midwife, another 26 percent by a traditional birth attendant, and 13 percent by a relative or other person.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Mizoram. Ninety-seven percent of children born during the four years preceding the survey were breastfed, and this proportion varies little by background characteristics. The median duration of breastfeeding for Mizoram is one of the lowest among the Indian states, as children are breastfed, on average, for only 18 months.

- It is recommended that the first breast milk should be given to child because it contains colostrum, which provides natural immunity and important nutrients to children. For the majority of children (79 percent) born in
the four years preceding the survey, mothers squeezed the first breast milk from the breast before breastfeeding their infants. However, 30 percent of last-born children were breastfed within one hour of birth and 68 percent were breastfed within one day of birth.

• **Exclusive breastfeeding** (which is recommended for all children through age 4-6 months) is not common in Mizoram even for very young children. Only 46 percent of children age 0-3 months are exclusively breastfed, and this proportion drops to 23 percent for children age 4-7 months.

• 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 Mizoram, 64 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 Mizoram, increasing from 9 percent of children age 0-3 months to a maximum of 27 percent of those age 8-11 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 performance of the UIP has been higher in Mizoram than in the other northeastern states, and better than the national performance.
Among children age 12-23 months, 56 percent are fully vaccinated against the six common childhood diseases. Seventy-seven percent of children have received BCG, around 70 percent have received all three doses of DPT and polio vaccines and 66 percent have been vaccinated against measles.

**Fifty-six percent of young children are fully vaccinated.**

**Child Morbidity and Treatment Patterns**

- During the two weeks preceding the survey, 4 percent of children under age four had symptoms of acute respiratory infection (cough accompanied by fast breathing), 27 percent were sick with fever, and 22 percent had diarrhoea. For each medical condition, only 32-35 percent of children were taken to a health facility or provider for treatment.

- Knowledge and use of Oral Rehydration Salt (ORS) packets for the treatment of diarrhoea are widespread. Overall, 75 percent of mothers are familiar with ORS and 39 percent have ever used it. However only one-quarter 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-eight percent of all children under age four are underweight and 41 percent are stunted. Moreover, 5 and 16
percent of children are severely undernourished according to the weight-for-age and height-for-age measures, respectively. Wasting (low weight for height, i.e., excessively thin) is not common among children, affecting only 2 percent.

Twenty-eight percent of all children are underweight and 41 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 underweight and stunted (35 and 54 percent, respectively) than urban children (22 percent underweight and 29 percent stunted). Variation by the child's sex, length of previous birth interval, and other demographic characteristics is very modest.

- Variation in nutritional status by mother's education is substantial. Undernutrition declines with the increasing education of the mother according to the measures for weight-for-age and height-for-age. For instance, among children of mothers who are literate but have not completed middle school, 32 percent are underweight and 43 percent are stunted, and among children of mothers who have completed at least a high school education, 19 percent are underweight and 26 percent are stunted.
Knowledge of the existence of Acquired Immune Deficiency Syndrome (AIDS) is high in Mizoram. Eighty-five percent of ever-married women age 13-49 have heard about AIDS. Among women who have heard about AIDS, 69 percent obtained knowledge from friends and relatives, 59 percent from the radio and 51 percent from newspapers.

---

Eighty-five percent of ever-married women age 13-49 have heard about AIDS.

---

Among women who have heard of AIDS, the percentage with misconceptions about different ways of getting AIDS ranges from 20 percent who think that it can be contracted from shaking hands with someone with AIDS to 77 percent who think that AIDS can be contracted from kissing someone with AIDS, and 80 percent who think that it can be contracted from mosquito, flea and bedbug bites. Nineteen percent of women who have heard of AIDS erroneously think it is curable, and 24 percent think that an AIDS vaccine exists. Eighty-eight percent correctly think that AIDS can be avoided by practising safe sex and 46 percent also know that it can be prevented by sterilizing needles and syringes for injection, but less than 15 percent have knowledge of any other means of prevention such as use of condoms, checking blood prior to transfusions, and avoiding pregnancy when infected with AIDS to prevent its contraction by the unborn child.
Fertility and Family Planning

• Fertility has continued to decline in Mizoram. According to the NFHS estimate, for the three-year period of 1990-92, the total fertility rate (TFR) is 2.3 children per woman, 32 percent below the national rate, and the crude birth rate is 21 per 1,000 population. Fifty-four percent of currently married women age 15-49 were using a contraceptive method at the time of the survey. 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 54 to 66 percent of married women.

Maternal and Child Health

• Various indicators of maternal and child health show that in almost every respect, Mizoram is faring well. The percentage of births for which mothers received antenatal care is very high at 89 percent. Although half the births are delivered at home, 61 percent of deliveries are assisted by a doctor or nurse/midwife. Fifty-six percent of children age 12-23 months are fully vaccinated. The low infant and child mortality rates attest to the success of the maternal and child health care programme in Mizoram.

• The Child Survival and Safe Motherhood (CSSM) programme could be improved in Mizoram by encouraging women to give birth in health institutions. A higher percentage of pregnant women should be given tetanus vaccines and iron folic acid tablets to improve the health of the mother and her child.

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 Mizoram during 1988-92 was 15 per 1,000 live births); an under-five mortality rate of 70 per 1,000 live births (under-five mortality in Mizoram during 1988-92 was 29); a crude death rate of 9 per 1,000 population (the crude death rate in Mizoram was 3 per 1,000 population in 1991-92); and a crude birth rate of 26 per 1,000 (the crude birth rate in Mizoram was 21 in 1990-92). The national targets for service coverage include 100 percent coverage of antenatal care (women in Mizoram received antenatal care for 89 percent of their pregnancies in 1988-92); 100 percent of deliveries by trained attendants (62 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 (the contraceptive prevalence rate in Mizoram was 54 percent in 1992-93).

• These comparisons reveal that Mizoram has achieved several national targets with little evidence of discrimination against women and girls in terms of health and education. The NFHS results suggest that the commendable achievements in family planning and maternal and child health in Mizoram may be related to the high level of both male and female literacy, which is the highest in India. With its small population of about 690,000 in 1991, it should be possible for Mizoram to meet all of the national goals in the near future.
### 1991 Population Data

**Office of the Registrar General and Census Commissioner**

- Total population (thousands): 689
- Percent urban: 46.1
- Percent scheduled caste: 0.1
- Percent scheduled tribe: 94.8
- Decadal population growth rate (1981-91): 39.7

### National Family Health Survey, 1993

#### Sample Population

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever-married women age 13-49</td>
<td>1,045</td>
</tr>
</tbody>
</table>

#### Background Characteristics of Women Interviewed

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent urban</td>
<td>49.5</td>
</tr>
<tr>
<td>Percent illiterate</td>
<td>8.4</td>
</tr>
<tr>
<td>Percent completed secondary school or higher</td>
<td>14.6</td>
</tr>
<tr>
<td>Percent Christian</td>
<td>96.7</td>
</tr>
<tr>
<td>Percent working</td>
<td>33.2</td>
</tr>
</tbody>
</table>

#### Marriage and Other Fertility Determinants

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of women age 15-49 currently married</td>
<td>56.6</td>
</tr>
<tr>
<td>Percent of women age 15-49 ever married</td>
<td>65.3</td>
</tr>
<tr>
<td>Singulate mean age at marriage for females (in years)</td>
<td>22.9</td>
</tr>
<tr>
<td>Singulate mean age at marriage for males (in years)</td>
<td>27.8</td>
</tr>
<tr>
<td>Percent of women married to first cousin</td>
<td>0.3</td>
</tr>
<tr>
<td>Median age at marriage among women age 25-49</td>
<td>21.0</td>
</tr>
<tr>
<td>Median months of breastfeeding</td>
<td>18.2</td>
</tr>
<tr>
<td>Median months of postpartum amenorrhoea</td>
<td>5.1</td>
</tr>
<tr>
<td>Median months of postpartum abstinence</td>
<td>1.3</td>
</tr>
</tbody>
</table>

#### Fertility

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fertility rate</td>
<td>2.3</td>
</tr>
<tr>
<td>Mean number of children ever born to women age 40-49</td>
<td>4.3</td>
</tr>
</tbody>
</table>

#### Desire for Children

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of currently married women who:</td>
<td></td>
</tr>
<tr>
<td>Want no more children or are sterilized</td>
<td>54.8</td>
</tr>
<tr>
<td>Want to delay their next birth at least 2 years</td>
<td>24.3</td>
</tr>
<tr>
<td>Mean ideal number of children</td>
<td>4.3</td>
</tr>
<tr>
<td>Percent of births in the last 4 years which were:</td>
<td></td>
</tr>
<tr>
<td>Unwanted</td>
<td>4.2</td>
</tr>
<tr>
<td>Mistimed</td>
<td>10.5</td>
</tr>
</tbody>
</table>

#### Knowledge and Use of Family Planning

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of currently married women:</td>
<td></td>
</tr>
<tr>
<td>Knowing any method</td>
<td>98.1</td>
</tr>
<tr>
<td>Knowing a modern method</td>
<td>98.1</td>
</tr>
<tr>
<td>Knowing a source for a modern method</td>
<td>97.9</td>
</tr>
<tr>
<td>Ever used any method</td>
<td>57.4</td>
</tr>
<tr>
<td>Currently using any method</td>
<td>53.8</td>
</tr>
</tbody>
</table>

### Mortality and Health

- **Infant mortality rate**: 14.6
- **Under-five mortality rate**: 29.3
- **Percent of births whose mothers:**
  - Received antenatal care from a doctor: 85.9
  - Received 2 or more tetanus toxoid injections: 42.5
- **Percent of births whose mothers were assisted at delivery by:**
  - Doctor: 21.7
  - Nurse/midwife: 39.8
  - Traditional birth attendant: 25.7
- **Percent of children who are breastfeeding:**
  - 0-3 months: 100.0
  - 12-15 months: 81.6
- **Percent of children 12-23 months who received:**
  - BCG: 77.3
  - DPT (three doses): 71.8
  - Polio (three doses): 69.1
  - Measles: 65.5
  - All vaccinations: 56.4
- **Percent of children under 4 years who:**
  - Had diarrhoea in the 2 weeks preceding the survey: 22.3
  - Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey: 4.1
  - Had a fever in the 2 weeks preceding the survey: 26.6
  - Are acutely undernourished (underweight): 28.1
  - Are chronically undernourished (stunted): 41.3
  - Are acutely undernourished (wasted): 2.2

1 Based on ever-married women
2 Current status estimate based on births during the 36 months preceding the survey
3 Based on births to women age 15-49 during the 3 years preceding the survey
4 Based on ever-married women age 15-49, 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.

---

1,045 24.3 4.3 1.3 2.3 4.3 3.3 1.3 1.3 2.2 1.3 2.3 4.3 0.3 21.7 2.2 39.8 25.7 100.0 81.6 77.3 71.8 69.1 65.5 56.4 22.3 4.1 26.6 28.1 41.3 2.2