

Reproductive and Sexual

Health of Young People in India

Secondary analysis of data from National Family Health Surveys of India - 1,2,3 (1992-2006)
for age group 15-24 years.



Ministry of Health and Family Welfare
Government of India
July 2009



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Supported by World Health Organisation
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Ministry of Health and Family Welfare,
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World Health Organization
Country Office for India

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MESSAGE

Adolescents constitute a nation's core resource for national renewal and growth. To invest in their health and development is to invest in the greater well-being of the country. Recognising this, the Ministry of Health and Family Welfare has undertaken provision of adolescent friendly health services as part of the Adolescent Reproductive and Sexual Health Strategy under the Reproductive and Child Health (RCH-II) programme, which is a key programme of the National Rural Health Mission.

Access to information regarding the status of health of our adolescents is critical for effectively planning for their health. Therefore, commend the Mission's initiative in commissioning a secondary analysis of relevant data available from National Family Health Surveys, the support of WHO in carrying this through and in the publication of this report. The report addresses the long felt need of policy makers, health administrators, health care professionals in India for disaggregated data on adolescent health status and trends. I am sure they will find it quite useful for designing effective policies and programmes and better targeted policies and programmes.

I would like to compliment the team led by Shri Amit Mohan Prasad, Joint Secretary, RCH and Shri Sanjay Prasad, Director, IEC who were ably assisted by Ms. Geetanjli Agrawal, Consultant ARSH along with the Statistics divisions of the Ministry and the WHO staff, Dr. Neena Raina, Dr. Rajesh Mehta and Dr. Kiran Sharma for bringing out the publication.

Naresh Dayal

(Naresh Dayal)



सम्पर्क से पहले सोचो, एच आईवी/एडस से बचो **HIV/AIDS : Prevention is better than cure**



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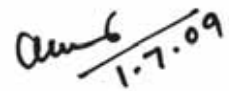
FOREWORD

Adolescents constitute a large and vulnerable segment of India's population. Yet, their access to health services remains poor. To address this, Adolescent Reproductive and Sexual Health (ARSH) has been identified as a key strategy in the Reproductive and Child Health (RCH-II) programme under the National Rural Health Mission (NRHM). States have been implementing adolescent friendly health services in line with the National RCH-II ARSH Implementation Guide.

For proper planning of health services for adolescents, availability of relevant data is essential. Unfortunately, availability of data related to adolescents and young people in India, as in many other countries, is rather limited. This has hindered the development of specific targeted strategies for various segments of the adolescent population. Survey data are currently not presented in a form that indicates the health status and trends across time for various segments of adolescent population.

To address this, the Ministry of Health & Family Welfare has formulated plans to obtain disaggregated data by age and sex in future rounds of District Level Health Survey (DLHS) and National Family Health Survey (NFHS) as well as the routine HMIS. A beginning has been made with NFHS Round 3. For immediate purposes as well as for purposes of identifying and analysing trends over time, it is nevertheless important to look at the data available from NFHS Rounds. Therefore, a secondary analysis of the data available from the earlier NFHS rounds was commissioned with the support of WHO. Available data on the health indicators from NFHS Rounds 1 and 2 have been analysed for the national and state levels for the 15 to 19, 20 to 24 and 25 to 49 years age-groups, separately for males and females and these have been presented alongside NFHS Round 3 data.

The above analysis has been presented in this report. It should serve to provide health planners, administrators and service providers' new insight into the health status and trends across segments of our adolescent population, spanning the period from 1992 to 2006. It is hoped that this will serve as a useful resource and enable better evidence based planning of adolescent health services by government at the national and state levels as well as by other health sector partners and stakeholders.

Handwritten signature and date in black ink.

(Amit Mohan Prasad)



MESSAGE

Recognizing the need for providing friendly and effective health services for the adolescent population, the Government of India has laudably initiated the implementation of the Adolescent Reproductive and Sexual Health (ARSH) strategy in RCH-II under the National Rural Health Mission. The states are presently in the process of scaling up adolescent friendly health services.

WHO recommends a systematic approach to promote adolescent health and development, including supportive policy environment; provision of adolescent friendly health services; inter-sectoral collaboration; and availability of strategic information. Considering the strategic information is crucial for appropriate planning, it is commendable that the Ministry of Health and Family Welfare has commissioned a secondary analysis of the Demographic and Health Survey (DHS) data available from the previous rounds of the National Family Health Survey. This age-and-sex- disaggregated data for 15-19 and 20-24 years age groups would enable the states to undertake a focused planning for ARSH services and their monitoring. The generation of health information is a continuous evolving effort and we look forward to including data related to 10-14 years age group, and programme relevant data through the routine health management information system.

This publication significantly addresses related information gaps and is very useful to the health planners and managers at all levels.

A handwritten signature in blue ink, appearing to read "S J Habayeb".

Dr. S J Habayeb

WHO Representative to India



EXECUTIVE SUMMARY

Adolescents (10-19 years) constitute about one fourth of India's population and young people (10-24 years) about one third of the population. This huge section of population represents a great 'demographic dividend' and offers a dependable potential to drive and sustain economic growth that India has experienced in last few years. In order to fulfill this potential the nation must be able to invest in their education, health and development adequately. In order to ensure that they grow healthy they require information and skills; health services and counselling; as well as a safe and supportive environment. Adolescents are generally considered healthy by themselves, their families, even healthcare providers and society at large. Yet they are known to suffer significant morbidity caused by risk taking behaviour and inadequate access to health care. In addition, programmes and services must recognize their special needs and address these in a supporting and non-judgmental manner. This requires a better understanding of their existing status within the prevailing socio-cultural settings and their vulnerabilities.

Adolescents' access to and use of existing health services is observed to be limited. Health sector's response to address the health needs of adolescents has been inadequate till quite recently. The main reasons for the lack of effective response to health and development of adolescents is lack of understanding about the situation of adolescents in the country and lack of systematic evidence. It is argued that for advocacy as well as strengthening policies and programmes, there is a need for systematic collection and analysis of data. Adolescent Health has been prioritized significantly in the Reproductive Child Health Programme (RCH-II) under the National Rural Health Mission (NRHM). For monitoring of the RCH programme several demographic health surveys have been commissioned by the Ministry of Health and Family Welfare. These include: National Family Health Survey (NFHS) for national and state level data; and District Level Health Survey (DLHS) for the district level data. These surveys collect data primarily from married women of 15-49 years age group. In NFHS-3 (2005-06) unmarried women and men have also been included. The first two rounds of both NFHS and DLHS did not report age disaggregated analysis, for example, for 15-19 and 20-24 years age groups. However, NFHS-3 has reported age disaggregation to a limited extent.



The Ministry commissioned a secondary analysis of data available from NFHS 1 and 2 rounds to obtain disaggregated analysis of data related to 15-19, 20-24 and 25-49 years age groups. The objective was to review the existing situation and trends of adolescents related to the indicators covered in these RCH surveys. This will provide the policy makers, programme managers and institutions working with adolescents a better understanding of the situation of adolescents / young people and would also provide the comparative data base and trends of adolescent health. The report presents the disaggregated analysis to provide insight into the trends over a period of a decade and a half across NFHS 1, 2 and 3 rounds from 1992 to 2006.

It must be noted that the data for 10-14 years age group has never been collected in these surveys and data about boys and men was not collected in the first and second rounds of NFHS. Despite these limitations, the disaggregated analysis does throw a significant light on the situation and trends of RCH related indicators for the population of 15-19 and 20-24 years age groups from 1992 to 2006 in India.

The Findings

Regarding the demographic indicators, the analysis reveal that nearly one third of female and one fourth of males in the age groups of 15-19 and 20-24 years have had no formal education. It is also evident that gender disparities persist at all levels of education putting girls at a disadvantage. Adolescent boys are more likely to be in employment than adolescent girls. Almost half of men aged 15-19 and more than 81% of men aged 20-24 years are employed (NFHS 3). There is a large gender differential in other areas as well, including, exposure/access to media, mobility, and participation in decision making processes including their own health care. Younger women are more disadvantaged with regard to access to financial resources. More than 20% women aged 15-19 years have experienced physical violence since the age of 15 (NFHS-3). Five per cent of women in the age group of 15-19 years and 9% of 20-24 years age group experienced sexual violence. Alcohol and tobacco use is more prevalent among young men (15-19 years) as compared to young women.

As far as **nutritional status** is concerned, the data on BMI reveals a high level of under-nutrition among adolescent boys and girls. The mean BMI for adolescent girls (15-19 years) is 19, a little above the lower normal (range of 18.5-24.9). For boys of the same age group it is lower than normal at 18.3. Almost half of adolescents (both girls and boys) fall below the normal range varying from totally thin to severely thin. Almost 12% women (15-19 years) were found to be fewer than 145 cm in height, thus faced with risks in



pregnancy and the health of their babies. According to NFHS-3 more than half of women, more so in the rural areas, were anaemic in every age group. The prevalence of anaemia is higher for those aged 15-19 years in both women and men. It was found that there has been no change in the prevalence of anaemia among women aged 15-19 and 20-24 years across NFHS-1 and 2. In fact, as per NFHS-3, anaemia is more widespread among both women and children and has risen almost 5 percent since NFHS-2 in both the groups. Iodized salt was used only in approximately 50% of the households (NFHS-3).

Regarding the **utilization of private health services** it was found that private sector utilization was more prevalent especially in the urban areas. Only 26% use the public medical sector services. NFHS-3 shows adolescents (26%) are less likely to visit public health facility or camps as compared to women of older age groups. However, those who utilized the public health facilities found the quality of services satisfactory. Ninety six percent women (15-19 years) reported that the health worker was responsive to their problems and needs. In addition, women who reported that a health or family planning worker had visited her during the 12 months preceding the survey, indicates that more than 90% were satisfied with the amount of time spent by the health worker with them. However, women (48%) are faced with many socio-economic challenges in accessing health services. The most common of these were distance to a health facility, transport, and concern over non-availability of health provider especially the female health provider, and/or drugs at the health facility.

As far as **age at marriage** is concerned, it was found that a large proportion of girls marry early in India, before the age of 18 which is risky in terms of earlier sexual activity, pregnancy, STIs etc. Although the trends show that the number of girls marrying before the legal minimum age at marriage of 18 years has been decreasing over the time, still more than 47% of women aged 20-24 years get married by 18 years of age. In addition, women and men living in urban areas and those with higher levels of education marry later as compared to those living in rural areas and those who are less educated. The median age at first marriage among men aged 25-49 is 23 years, nearly six years higher than the median age at first marriage among women often leading to significant spousal age gaps. (NFHS-3). The median age at first sexual intercourse for men (25-49 years) is 22.6 years according to NFHS-3.]

The various issues related to maternal health of adolescents were also analyzed. Overall, access and utilization of antenatal care (ANC) services (women aged 15-49 years) has increased over time from 66% in NFHS-2 to more than 76% in NFHS-3. According to



NFHS-3, more than 76% mothers (15-49 years) received at least one antenatal check-up while 52% received 3 or more. It was also observed that the percentage of women (less than 20 years) receiving ANC from doctors and other health professionals has increased progressively from NFHS-1 to NFHS-3. Although this is more true for the adolescent mothers living in urban areas compared to those living in rural areas. About 80% of the mothers received 2 or more TT injections during pregnancy for their most recent birth and 66% received or purchased iron folic acid tablet or syrup (NFHS-3). However, the younger women are still less likely to receive the 2 TT injections and iron and folic acid supplementation compared to those aged 20-24 years (NFHS-1 and 2).

The number of institutional deliveries is also increasing; the younger mothers are more likely to go for institutional delivery as compared to older mothers. For mothers aged less than 20 years it has increased from 24% (NFHS-1) to 38% (NFHS-3) and from 30% to 40% among women aged 20-24 years. Delivery of births by health care professionals is also increasing. However, a higher percentage of older mothers (20-24 years) are assisted by doctors during delivery compared to those in the 15-19 years age group. A higher proportion of younger women (less than 20 years) reported more symptoms of postpartum complications compared to those aged 20-24 years (NFHS-2 and 3). A majority of women aged less than 20 years (61%) did not receive any postnatal check-up after their most recent birth (NFHS-3). Higher rate of lower birth weight babies is reported among mothers aged less than 20 years compared to older mothers (NFHS-3). Neonatal, postnatal, infant and child mortality is higher among mothers aged less than 20 years as compared to those aged 20-24 years. Overall findings through age disaggregated data reveal that adolescent mothers (less than 15 years and 15-19 years) are more vulnerable to risks related to pregnancy and childbearing. They are also more disadvantaged in terms of health services like antenatal and postnatal care, delivery and assistance during delivery. They suffer higher levels of postpartum complications and risk of having low birth babies along with higher levels of neonatal, postnatal, infant and child mortality.

Fertility trends indicate a slow but steady decline in the seven years between NFHS-2 and NFHS-3 compared to NFHS-1 and NFHS-2. There is a considerable contribution of adolescents to total fertility accounting for 14% of total fertility in urban areas and 18% in rural areas of those aged 15-19 years. A slight decrease in adolescent fertility from NFHS-2 to NFHS-3 especially in rural areas has been observed. Age specific fertility rates have declined for both urban and rural women aged 15-19 years and 20-24 years. Currently, the age specific fertility rates are higher for young rural women. **Adolescent childbearing** is common in India. Significant proportions of married adolescents give birth during



adolescence, despite the fact that pregnancy in adolescence is associated with higher risks than older ages. NFHS-3 shows that 12% of all women (married and unmarried) aged 15-19 years and 44% of currently married women in the same age group have begun childbearing. A slight decrease in adolescent childbearing was found among married women from NFHS-2 to NFHS-3. As far as number of children is concerned, NFHS-3 shows that 44% of married women (15-19 years) were mothers of one or more children. More than 47% (NFHS-1) and 48 % (NFHS-2) 15-19 year married women had one or more children. In comparison, it was found that 20% married women during NFHS-1 and 22% during NFHS-2 had already borne a child at the age of 15 years.

Analysis of **pregnancy outcomes** (NFHS-1) reveals that younger mothers experienced higher rates of spontaneous abortions and induced abortion and a lower rate of live births as compared to mothers aged 20-24 years. Higher percentage of negative outcome of pregnancy among young married adolescents was found related to socio-economic factors like limited mobility, lack of decision making power and lack of control over resources necessary to seek timely reproductive health care. It is important to note that the lack of availability and access of health care in rural areas was found to be related to higher negative outcomes of pregnancy among adolescent mothers in rural areas.

Knowledge of contraceptives is almost universal among adolescent women as is the case with older women. Almost 99% of currently married women aged 15-24 years know of some method of contraception (NFHS-3). The awareness about methods of family planning is also increasing over the years. The increase has been substantial between NFHS-1 and NFHS-2 as compared to NFHS-2 and NFHS-3. Adolescent women are more likely to know about modern spacing methods; more so about the pills than the IUD. Adolescents in the age group of 15-19 years from the rural areas are less likely to have information about the methods of family planning. However, the higher the educational level the higher the extent of awareness. As far as adolescent boys are concerned, it was found that 97% of 15-24 years old men knew of some methods of contraception. Men of this age group were found to be slightly more knowledgeable about contraceptive methods than women in the same age group.

Access to contraception and overall use of contraception has increased over time both in rural as well as urban areas but has remained less than desirable. According to NFHS-3, among married adolescent women 13% of 15-19 years old and 33% of 20-24 years old are currently using some methods of family planning. The CPR among adolescent married women aged 15-19 years has increased gradually from 7% in NFHS-1 to 8% in



NFHS-2 and further to 13% by NFHS-3. Similarly for married women aged 20-24 years the couple protection rate has increased from 21% in NFHS-1 to 26% in NFHS-2 and further to 33% by NFHS-3. Still there is substantial **unmet need** among married adolescents; it is about 27% (15-19 years) to 21% (20-24 years) among currently married adolescent women. The analysis indicates that though the overall percentage of demand satisfied for family planning has increased over the years, the adolescent married women remained at a disadvantage with a much lower percentage of their demand for family planning services being satisfied, especially more so for adolescents in the age group of 15-19 years old. Television has been reported to be the major source of awareness about methods of family planning.

The **HIV prevalence among youth** (15-24 years) is 0.1 percent. The prevalence among men aged 15-24 years is 0.09% and 0.11% among women (NFHS-3). HIV prevalence among youth was found to be higher in urban areas (0.14%) as compared to rural (.09%) and higher among women in both the areas. Early marriage, early sexual activity, lack of knowledge and exposure to HIV related information and limited access to health care services and condoms, make young women more vulnerable to HIV risk. Among young women HIV prevalence is higher for those whose first sexual partner was more than 10 years older. The proportion of women (15-24 years) who have heard of HIV/ AIDS and those who know how to prevent HIV has increased significantly over time (from NFHS-2 to NFHS-3). Although, a large majority of adolescents were aware of HIV/AIDS but the awareness level of adolescents and youth is much lower when it comes to knowledge of prevention and transmission of HIV. Comprehensive knowledge about HIV/AIDS is also found significantly related to the educational level; wealth and exposure to media and residence in urban areas among both young men and women. Higher percentage of condom use was reported by unmarried men than women. Younger men and women (15-19 years) reported more high risk sexual activity and low condom use compared to those in the 20-24 years age group. The utilization of services provided under HIV prevention programme are not reported to be inadequately utilized or accessed by the adolescents, as only a very small percentage of youth went for HIV testing in the past 12 months preceding the survey.

Challenges in the process

During this process of secondary analysis several pressing gaps in the available data were encountered, which not only relate to the different age groups that were targeted during the three NFHS rounds but also the non-availability of data on men in NFHS 1 and 2. There



is a complete lack of data on the 10-14 years age group. Only in the NFHS-3, both marrieds and unmarried young men have been included. Additionally, there is no consistency in the age group divisions between NFHS-1, 2 and 3. While in NFHS-1 the age group starts at 13 years, for NFHS-2 and 3 it is 15 years. Secondly, on certain indicators in NFHS-3 the age blocks of 10 years have been used instead of the usual 5 years. For example indicators on maternal health have age group categories of less than 20, 20-29 years age groups, in place of more standard 5 years age blocks like 15-19, 20-24 years. Similarly for state level data, age disaggregation has been limited to 15-24 years which if further disaggregated can bring out information that can be useful for state level planning that is intended under National Rural Health Mission that emphasizes on decentralized planning process.

Finally, these surveys have been designed to capture indicators related primarily to Reproductive and Child Health programme. The NFHS does not provide information on several crucial domains related to health and development of adolescents / young people. Notable ones are indicators on mental health, substance abuse, accidents and injuries. Also, these surveys do not capture data on the causes of death and disability.

In spite of these limitations the secondary analysis provides a significant insight into the situation and trends of RCH related health indicators in the age groups of 15-19 and 20-24 years. This will guide better and more informed planning of services for adolescents/ young people as envisaged under the Adolescent Reproductive and Sexual Health strategy under the national RCH-II programme.

Way forward

This report not only provides significant information related to situation and trends of health and development of adolescents / young people, but also, highlights crucial data gaps. It strengthens the argument that in order to plan and address the health and development needs of adolescents/young people, access to age and sex disaggregated data is very important. The need of the hour is to collect primary data at district and state levels from health facilities through routine MIS system, as well as from research and academic institutions in the public and private sectors. The data that is periodically collected through national surveys like NFHS and DLHS should be analyzed on age, gender and location/demographic disaggregated basis. Additionally, the age group of 10-14 years should be considered for inclusion for data collection in the national surveys from the next rounds. Such strategic information would be extremely useful to not only understand the current status of adolescents but also to guide strategic planning for adolescents/young people to address their needs more effectively.



Since several other domains of health and development like nutrition, mental health, injuries and violence etc. are not covered in national surveys conducted by the MoHFW other ministries like Women and Child Development, Youth and Sports could be encouraged to fill in this gap by conducting periodic surveys. This would help design a multi-sectoral national response for holistic development of adolescents/young people that is so critical for the country in order to harness this potent demographic force towards national development.



1

INTRODUCTION

Adolescence: A Significant Phase of Health and Development

WHO defines adolescence as the second decade of life, between the ages of 10 and 19 years. Adolescence is a phase during which tremendous physical and psychological changes occur, along with changes in social perceptions and expectations. Adolescents are distinct from children or adults. Although all adolescents pass through a transition phase, their experiences are diverse as they constitute a heterogeneous group. They differ in terms of age, sex, marital status, schooling levels, residence and socio-economic status which consequently determine their behaviour. The familial environments in which adolescents grow also have a tremendous impact on them and their diverse needs.

Adolescents today are confronted with a rapidly changing world, and face a range of health, social and economic challenges. Some adolescents have greater access to education and information and a growing ability to make well informed choices about their lives. On the other hand social and economic deprivation for many other adolescents means malnourishment, lack of education, unemployment, underemployment and the inability to develop and live to its full potential. It is also a phase of life that is woven within social and cultural dimensions and hence is perceived differently by diverse cultures. It is important to recognise that while often the world expands for boys thereby giving them greater autonomy, mobility, opportunity and power, for many girls it contracts as they are systematically deprived of these advantages.

Adolescents are generally believed to be healthy because death rates for this age group are lower than for children or for elderly people. However, adolescents face multiple health problems that include under-nutrition, early marriage and early childbearing for the deprived, for others obesity, smoking, alcohol and substance abuse. Early and unsafe sexual activity increasing the danger of unwanted pregnancies and abortions, sexually transmitted diseases including HIV/AIDS are additional problems. Violence and injuries, exposure to hazardous work, endemic diseases like tuberculosis and malaria and sexual exploitation also pose a threat to adolescent health and development. Some of these health problems affect the individual during adolescence (e.g. a death caused by suicide or



interpersonal violence or from the consequences of an unsafe abortion). Others affect the individual later in life (e.g. lung cancer resulting from tobacco use initiated during adolescence).

What adolescents need for healthy growth and development

For adolescents to grow healthy they require information and skills; health services and counseling; and a safe and supportive environment. Adolescent girls and boys, married and unmarried all have different priorities and needs and must overcome a different set of obstacles in accessing health information and services. Programmes and services must recognise their special needs and address their needs in a supporting and non judgemental manner. However within the current thrust of programmes and services adolescent vulnerabilities remain poorly understood and addressed. The existing policies and services are unable to meet the diverse needs of adolescent health and development. The available evidence suggests that when in need, many adolescents do not seek care from available public health services and that services are often not geared to respond to the special needs of adolescents.

As in many other countries of the world, in India adolescents and youth constitute a significant proportion of the population. Currently adolescent's access to and use of health services is limited. Young people still face significant barriers accessing to health services, including specific barriers related to the health system (e.g. lack of policies and standards that provide clear guidance on service delivery), health providers (e.g. lack of skills and orientation for working with young people), and families and communities (e.g. lack of family and community support). One of the main reasons for the lack of effective response to health and development of adolescents is huge knowledge gaps about adolescents and lack of systematic evidence that illustrates the multidimensionality of young people's lives and concerns.

Sources of strategic information within the existing MIS framework in India

For advocacy and to inform policies and programmes, there is a need for systematic collection and analysis of data. The Reproductive Child Health (RCH) Programme II is the flagship programme of the Government of India on reproductive, child and maternal health. For monitoring of the RCH programme different surveys have been undertaken by the Ministry of Health and Family Welfare. These include: Periodic National Surveys for tracking improvement in health (RCH) status, National Family Health Survey (NFHS) for



National and State level data, District Level Health Survey (DLHS) collecting District level data and Special Surveys.

Objectives of the Report

The primary objective of this data analysis related to adolescents/young people is to consolidate and review the existing trends and situation of adolescent health and development in India. This will help provide evidence and a quick reference base for policy makers, programme managers and institutions working with adolescents. The report summarizes the current situation of adolescent health and gives an insight into the trends over a period of almost two decades (1992-2006). To develop this report, information and data from the National Family Health Surveys have been used.

The **National Family Health Surveys**, initiated in the early 1990s, have emerged as a nationally important source of data on population, health and nutrition by background characteristics for national and state levels. It also measures trends in most of these indicators over the time. NFHS surveys are conducted under the stewardship of the Ministry of Health and Family Welfare, Government of India and are the result of the collaborative efforts of a large number of organizations.

The objectives of conducting the NFHS are:

- To strengthen India's demographic and health database by estimating reliable state level and national level indicators on population, maternal and child health, HIV/AIDS and nutrition.
- To facilitate evidence-based decision making in population, health and nutrition.
- To strengthen the survey research capabilities of Indian institutions and to provide high quality data to policy makers, family welfare and health programme managers, government agencies, NGOs, international agencies and researchers.

Over a period of time some of the key limitations and gaps within these existing surveys have been identified. These include lack of age and sex disaggregated data, non inclusion of unmarried men and women in the samples at national, state and district levels, lack of data on 10-14 years old and on special groups of adolescents and youth. Three surveys have been conducted so far, the NFHS-1(1992-93) and NFHS-2 (1998-99) and NFHS-3 (2005-2006). NFHS-3 provides information on several new and emerging issues including family life education, safe injections, prenatal mortality, and men's involvement in maternal care, **adolescent reproductive health, high-risk sexual behaviour**, tuberculosis and malaria. Unlike earlier surveys NFHS-3 provides information not only of ever married



women but also for unmarried men and women. NFHS-3 interviewed all women aged 15-49 and all men aged 15-54 years. More than 200,000 adults and young children were tested for anaemia. In addition, HIV prevalence was measured at national level and for selected states. NFHS-3 covered all 29 states in India, which comprise more than 99 percent of India's population.

Methodology

The report was prepared following the steps mentioned below:

- Identification of National Family Health Surveys as the main source of existing data for adolescents and youth at national and state level.
- To gain an insight on trends, changes and development over a period of time and all the National Family Health Surveys (3) was used since it was initiated in 1992 to the latest edition of 2006.
- Raw data was identified for NFHS 1 and 2 and was disaggregated by age and other background characteristics wherever possible.
- Along with the national data, state level data was also disaggregated by age and other background characteristics.
- The data was then analysed on selected indicators to make the adolescent profile.

Limitations

Through the process of analysis and consolidation of this profile, several pressing gaps in the available data have been identified. These include:

- Lack of data on the 10-14 years age group.
- No data for unmarried women for NFHS-1 and 2.
- Though NFHS-3 has included unmarried women, age-wise segregation for all indicators has not been done.
- No data on adolescent and young men available in NFHS-1 and 2. Though NFHS-3 has included both married and unmarried young men, age disaggregated data is missing for several indicators.
- There is no consistency in the age group divisions between NFHS-1, 2 and 3. While in NFHS-1 the age group starts at 13 years, for NFHS-2 and 3 it is 15 years. Secondly, on certain indicators in NFHS-3 the age group divisions are increased to 10 years instead of 5 years. For example indicators on maternal health have age group



divisions of less than 20, 20-29 years age groups, as compared to 15-19, 20-24 years, in the earlier editions. This is a disadvantage as it generalizes information on individuals who vary almost 10 years in age and there would be several degrees of difference in their problems and needs.

- Another major gap identified was the inability to segregate the raw data age-wise for all background characteristics like place of residence, education, wealth index etc. Consequently for most background indicators data is available only for 15-24 years as a whole. The significant differences evident on the basis of these background characteristics among this age group indicate that very useful information can be culled out if data for younger and older adolescents, married and unmarried, educated and uneducated, rich and poor, etc. can be segregated.
- Similarly for state level data, age -wise disaggregating has been limited to 15-24 years which if further disaggregated can bring out information that can be useful for state level interventions.
- Another gap evident is the lack of inclusion of indicators on mental health, accidents and injuries. There is no available data on the causes of death and disability, kind of stress and mental health problems young people suffer in adjusting to globalization and changing cultural values.
- Substance abuse is also a neglected area. Though NFHS-3 has a section on tobacco use and alcohol consumption, there is no information on use of other drugs or injecting drug use which is a growing concern with regard to HIV in some states of the country.

Organization of the Report

The report has been divided in nine sections. These include:

- Introduction
- Demographic and socio-economic profile
- Age at marriage
- Fertility
- Family planning
- Maternal health
- Nutritional status



- HIV/AIDS
- Health seeking behaviour.

The chapters include national level data of 15-24 year old women (and men where available); trends covering the period of the three NFHS (1992-2006) and state level data. Comparative analysis on the basis of age- less than 15, 15-19, 20-24, 25-49 years, residence, education and wealth has been included wherever possible.

(The terms adolescents, youth and young people have been used interchangeably to denote the age group of 15-24 years).



2

SOCIO-DEMOGRAPHIC PROFILE

This chapter highlights the socio-demographic profile of the respondents of NFHS-1, 2 & 3. It includes-

- Adolescent population: size & composition
- Mortality & Morbidity
- Educational status
- Employment status
- Exposure to mass media
- Women's autonomy
- Domestic and sexual violence
- Key findings

Adolescent Population: Size and Composition

Demographically, India is a young country today as more than 70 percent of the population is under the age of 35. According to Census 2001, there are 225 million adolescents in the age group of 10-19 years, comprising nearly one-fifth of the total population (21.8 percent) of India. Of the total adolescent population, 12 percent belong to 10-14 years age group and nearly 10% are in the 15-19 years age group.

National Family Health Surveys

The first National Family Health Survey (NFHS-1) conducted in 1992-93, had a national representative sample of 88,562 households and 89,777 ever married women age 13- 49 years in 24 states. The National Family Health Survey -2 (1998-99), covered a representative sample of over 91,000 ever married women aged 15-49 years across all 26 states of India. The NFHS-3 has a wider coverage, collecting information from a national representative sample of 1,09,041 households, 1,24,385 women (married and unmarried) aged 15-49 years and 74, 369 men (married and unmarried) aged 15-54 years, covering all 29 states of the country.

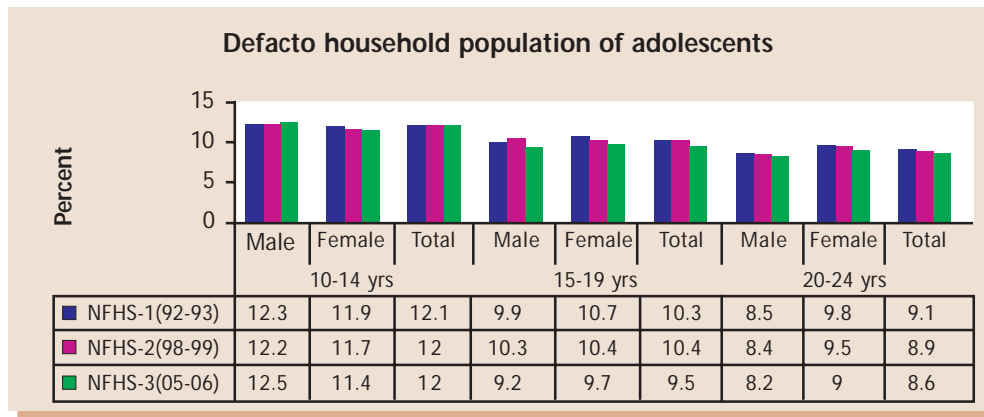
Household population by age and sex

According to the third National Family Health Survey the de facto household population shows that adolescents (10-19 years) constitute about 21.5% of the population while the



youth (15-24 years) constitutes more than 18% of the population (Figure 1). The age distribution of the household population for NFHS-3 shows one-third (35%) of the population below 15 years of age, 9% is above 59 years and the remaining 56% in the 15-59 years age group.

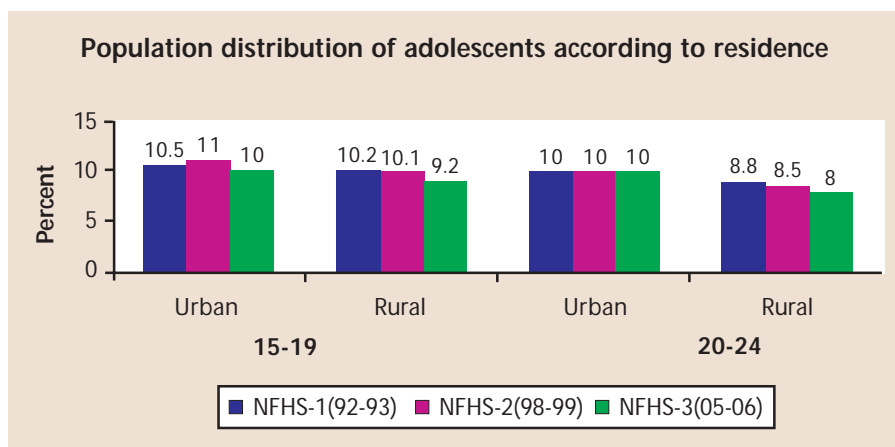
Figure 1



According to NFHS-3 the sex ratio of the de facto population is 1000 females per 1000 males implying an almost equal number of women and men in the enumerated population. The sex ratio is much higher in the rural areas (1030 females per 1000 males) than in urban areas (939 females per 1000 males) mostly due to rural -urban migration of males.

Population distribution of adolescents and youth according to their residence shows increase in urban population. The difference between urban and rural population is more in the 20-24 years age group as compared to the 15-19 years old (Figure 2).

Figure 2





Socio-Demographic profile of respondents

Table 1 shows the distribution of eligible respondents by age group. For NFHS-1 the young group (13-24 years) comprised of 30.5% of the respondent population, for NFHS-2 it was 27.6 % (15-24 years) and for NFHS-3 it was 38.2% of women and 35.8% of men. For both NFHS-1 and 2 only ever married women in the age group of 13-49 and 15-49 years respectively were eligible while for NFHS-3 all women (married and unmarried) age 15-49 and men aged 15-54 years were eligible.

Table 1: Percent distribution of eligible respondents by age group

Age group ?	13-14	15-19	20-24
NFHS-1(Women)	0.4%	10.1%	20%
NFHS-2 (Women)	-	9.2%	18.4%
NFHS-3 (Women)	-	19.9%	18.3%
NFHS-3 (Men)	-	18.6%	17.2%

Mortality

Adolescence is generally considered as a healthy period of life. Mortality rates among adolescents are generally lower than those observed at younger and older ages. Table 2 shows the age specific death rates by sex and residence for the survey population of NFHS-1 and 2. Trend analysis from the data shows a decline in mortality rates in all the age groups in both the sexes between the periods of 1992 to 1999. According to NFHS-1 and 2, age specific death rates in the age group of 10-14, 15-19 and 20-24 years is slightly higher for females as compared to males. The difference between male and female death rates is higher in the 15-19 and 20-24 years age groups. Underlying reasons could include lower nutritional intake, early marriage and childbirth, low level of knowledge and information about reproductive health and insufficient access to health care among other factors. Death rates are also higher in rural areas as compared to urban areas for both young men and women probably due to lack of health facilities in the rural areas.

¹ Eligible respondents are those who were identified by the survey as eligible for household questionnaire and those who completed an individual questionnaire).



Table 2: Age specific death rates (NFHS-1&2)

Age group ----->	10-14		15-19		20-24	
	Male	Female	Male	Female	Male	Female
NFHS-1						
Urban	1.6	0.3	1.3	1.7	1.8	1.4
Rural	1.6	2.2	2.2	3.4	2.9	3.2
Total	1.6	1.7	2	2.9	2.5	2.7
NFHS-2						
Urban	1.2	0.9	1.7	1.9	1.4	1.5
Rural	1	1.5	1.8	2.7	3.2	4.7
Total	1	1.4	1.8	2.5	2.7	3.8

Note: Age specific death rates not available for NFHS-3. Information on causes of adolescent death not available in any of the NFHS.

Morbidity

Adolescents are subject to most of the same illness as other age groups within the population. However, they are much less likely to recognise symptoms and know where to seek treatment for diseases like malaria, acute respiratory infections or other severe conditions. The National Family Health surveys have included questions to ascertain morbidity from common causes. Age disaggregated data from NFHS-2 shows the prevalence of common infectious and communicable diseases among adolescent women. Asthma is the most common ailment and the number of women suffering from the disease increases steadily with age (Table 3).

Table 3: Number of per 1,00,000 usual household residents suffering from asthma, tuberculosis, jaundice or malaria (NFHS-2)

Age ↓	Asthma	Tuberculosis	Medically treated tuberculosis	Jaundice during the past 12 months	Malaria during the past 3 months	Number of usual residents
15-19	843	270	190	1475	3320	52 118
20-24	977	390	291	1604	3355	44 056
25-49	2422	813	671	1296	3920	1 49 962



Table 4 : Number of women and men per 1,00,000 who reported that they have diabetes, asthma, goitre or any other thyroid disorder (NFHS-3)

Age ↓	Women				Men			
	Diabetes	Asthma	Goitre or other thyroid disorder	Number of women	Diabetes	Asthma	Goitre or other thyroid disorder	Number of men
15-19	191	841	441	24811	101	941	216	13008
20-34	403	1349	794	60852	422	1116	346	32586
35-49	2075	2787	1517	38722	2385	2685	524	24157

Data from NFHS-3 reveals that diseases like diabetes and goitre are also prevalent among adolescents. The prevalence of diabetes, asthma or goitre is higher among adolescent women as compared to adolescent men. The prevalence of goitre usually caused by iodine deficiency is twice as high among women as compared to men (Table 4) indicating poor nutritional status of adolescent women.

Education

An important indicator of socio-economic development, education, significantly impacts the quality of life of individuals. Education has the potential of empowering adolescents by equipping them with information and knowledge required to make beneficial life choices and increases their ability to access resources and services. Table 5 shows the distribution of female respondents (and male for NFHS-3) aged 15-19 and 20-24 years by the number of years of education completed. NFHS-3 data shows that the percentage of women and men who have had no education increases with age. More than 31% of women in the 20-24 years age group have never attended school while almost 22% in the 15-19 years age group have had no education. However among ever married women respondents of the NFHS-1 and 2 the data shows that a higher percentage of younger married women are illiterate compared to older ones revealing that early marriage sharply reduces girls' access to education. More than 60% of ever married women aged 15-19 years during NFHS-1 and 2 had no education while less than 6% of them have completed at least 10 years of education. Though NFHS-3 shows an increasing trend towards women receiving formal education, only about 18% of 15-19 years old women have completed at least 10-11 years of education. Women currently aged 20-24 years have the highest educational attainment of any age group, but even among them only one in five have completed 12 or more years of education.



Table 5: Respondent's level of education

Surveys ---->	NFHS-1		NFHS-2		NFHS-3			
Age group ---->	15-19 (F)	20-24 (F)	15-19 (F)	20-24 (F)	15-19 (F)	20-24 (F)	15-19 (M)	20-24 (M)
No education	67.1	59.8	59	52.1	21.7	31.4	7.4	12.3
<5 years complete	5.6	5.8	6.1	5.3	7.7	6.6	6.9	8.4
5-7 years complete	13	12.8	16.8	14	19.4	15.8	18.3	17.1
8-9 years complete	8.6	9.5	11.1	11.6	23.6	16.4	32	21.8
10-11 years complete	5.6	9.5	5.2	9.3	18.1	10.6	24.7	13.4
12 or more years complete	0.2	2.6	1.8	7.7	9.4	19.2	10.6	27.0

Table 5 also reveals that men have substantially higher educational attainment than women in every age group (NFHS-3). Less than 8% of men aged 15-19 years and 12% men aged 20-24 years have had no education compared to 22 and 31% women in the same age groups. The gender gap widens further at secondary level. Overall education attainment is low as even among men aged 20-24 years only 27% have completed 12 or more years of education.

There are noticeable variations in the education levels among the states in India. State data on married 15-24 years old women from NFHS-1 and 2 indicates that the percent of illiterate married women decrease from 62% (NFHS-1) to 54% by NFHS-2. The eastern region has the highest illiteracy rate with Bihar leading. This is followed by the Central region with more than 60% of illiteracy in MP, UP and Chhattisgarh. (For details see Annexure table 1 and 2).

Employment status

The employment status of adolescent respondents was determined by a series of questions including their current working status by asking if they had done any work in the seven days preceding the survey. Women were also asked about informal work participation. The current employment status of women (NFHS-3) shows that almost 27% of 15-19 years old and 28% 20-24 years old are currently employed. More adolescent men than women are employed. Almost half of men aged 15-19 and more than 81% of men aged 20-24 years are employed (Table 6).



Table 6: Percent distribution of women by employment status

Women	Currently working	Not working	Not employed in the 12 months preceding the survey
NFHS-1(15-24 yrs)	25.1	74.9	-
NFHS-2(15-24 yrs)	29	69.1	-
NFHS-3(15-19 yrs)	26.6	6.8	66.6
NFHS-3(20-24 yrs)	28	6.7	65.2
NFHS-3(15-19 yrs) (M)	47.4	3	49.5
NFHS-3(20-24 yrs) (M)	81.6	3.2	15.1

Table 7 shows the occupational distribution of women (15-24 years) employed. The majority of employed women are agricultural workers-69% and 73% during NFHS-1 and 2 respectively. The second category is of production workers. A very low percentage of women are employed as professionals, sales or service workers. The occupational distribution of young women varies greatly by urban-rural residence. In rural areas most employed women are either agricultural workers or skilled or unskilled production workers while urban women have more occupational diversity. More than 13% in NFHS-1 and 35% in NFHS-2 urban women were in service while 7 to 8% were professionals.

Table 7: Type of occupation and earning (15-24 years women)

Type of earning	NFHS-1			NFHS-2		
	Urban	Rural	Total	Urban	Rural	Total
Cash only	84.4	58.6	61.2	77.8	49.3	52.1
Not paid	15.6	41.4	38.8	15.6	32.8	31.1
Kind only	-	-	-	1.9	7.4	6.8
Cash and Kind	-	-	-	4.5	10.5	9.9
Occupation	Urban	Rural	Total	Urban	Rural	Total
Professional	6.9	1.4	1.9	8.1	1.3	2
Sales worker	6.2	1.3	1.8	6.5	1.5	2
Service worker	13.3	1.6	2.8	1.7	0.2	0.3
Production worker	47	21.1	23.7	34.5	9.5	12
Agricultural worker	25.1	74	69.1	20.5	79.1	73.4
Other worker	0.6	0.4	0.4	26.5	8	9.8

Note: Age disaggregated data for the above table not available in NFHS-3.



More than 50% of employed women were paid only in cash (NFHS-1 and 2) while almost 39% during NFHS-1 and 31% during NFHS-2 were not paid at all for their work. There are also wide urban-rural variations in payment. Urban women are more likely to be paid for their work and paid in cash (Table 7). Payment also varies according to the occupation and as majority of rural women are agricultural workers they are less likely to be paid in cash or paid at all. The information from the surveys reveals that young women are doubly disadvantaged. While early marriage, lack of education and skills limit young women's access to employment opportunities, when employed they are less likely to be paid.

Exposure to mass media

In a country where a large majority, especially women, still remains illiterate or have little formal education, informal channels such as the mass media can play an important role in providing information and awareness on a range of issues including health. In NFHS women (and men in NFHS-3) were asked whether they read newspaper or magazine, watch television or listen to the radio at least once a week and whether they visit the cinema or theatre at least once a month. Table 8 gives information on the exposure of young women and men to different forms of mass media. Trends show that more women are now being regularly exposed to some form of mass media; however, more than 31% of women (15-19 years) are still not exposed to any form of media (NFHS-3). Higher percentage of younger married women (15-19 years) as compared to older women (20-24 years) lack media exposure (NFHS-1 and 2). There is also a large gender differential in exposure to media as revealed by data on men from NFHS-3. Only 11 to 12% of men in the age group of 15-19 and 20-24 years are not regularly exposed to any mass media compared to 29 to 31% of women.

During NFHS-1 radio was the most common form of media for women followed by television and visiting the cinema/theatre. By NFHS-2 and 3 television has taken over as the main source of mass media for both women and men. For women this is followed by listening to the radio while more men read the newspaper. Along with large gender differentials in literacy limited mobility of young women is also revealed by the low percentage of women (about 8%) visiting the cinema/theatre compared to men (27-33%) in both the age group (Table 8).

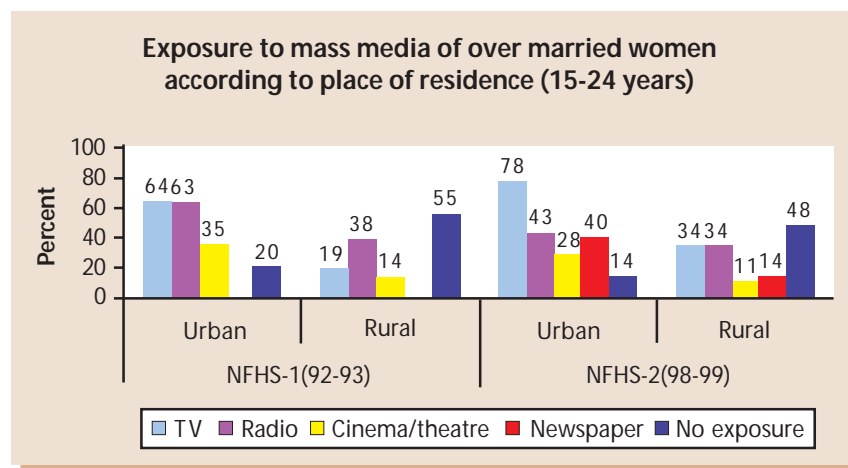


Table 8: Exposure to mass media

	NFHS-1		NFHS-2		NFHS-3			
	15-19 (F)	20-24 (F)	15-19 (F)	20-24 (F)	15-19 (F)	20-24 (F)	15-19 (M)	20-24 (M)
Watches TV at least once a week	22.6	30.7	38	45.2	59.4	58	71.2	69.5
Listens to the radio at least once a week	41	44.6	33.3	37	34.3	30.9	48.8	48.8
Visits a cinema/theatre at least once a month	18.2	18	14.3	14.5	7.6	7.8	26.9	33.3
Not regularly exposed to any media	50.5	46.5	45	39.1	28.5	31.3	11.8	12.2
Reads a newspaper/magazine at least once a week	-	-	14.6	21.7	28.6	25.5	55.7	57.7

Rural urban differentials are also evident in exposure to mass media among young people. Media exposure is much higher in urban than in rural areas among women aged 15-24 years. Only 20% and 14% of urban women during NFHS-1 and 2 were not exposed to any media respectively compared to 55% and 48% of rural women. The reach of television and radio, the most commonly accessed forms of media is much lower in rural areas (Figure 3).

Figure 3



The percentage of women (15-24 years) with no regular exposure to media is highest in Bihar and Jharkhand while the highest percentage of women exposed regularly to mass media are in the states of Haryana and Kerala (NFHS-2). (For details on exposure to mass



media by state of ever married women aged 15-24 years see annex table 3 and 4 of NFHS-1 and 2).

Women's Autonomy

The participation of women in making decisions on issues that affect their lives is an important aspect of empowerment. Information from NFHS-2 and 3 from currently married women on their participation in different types of decision making including their health care, visiting friends and relatives, access to money and making purchases shows that young married women face major constraints on their autonomy and mobility in their marital homes. More than 24 % of 15-19 years old and 15% of 20-24 years old women were not involved in any decision making during NFHS-2. Information from NFHS-3 reveals that 46% of 15-19 years old and 31% of 20-24 years women do not participate in decisions regarding their health care, major family purchases, purchasing daily household needs and visiting family and friends. A higher percentage of younger adolescent married women (15-19 years old) are not involved in decision making compared to older women (20-24 and 25-49 years). Only 38% (NFHS-2) and 40% (NFHS-3) of 15-19 years old women were involved in decisions regarding their own health care. The difference of 2% between the two surveys in this regard reveals that the situation for young married adolescent women remains the same where lack of decision making authority and resources in marital homes severely limit access to information and services required to address reproductive and other health needs (Table 9).

Table 9 also shows adolescent women's access to money and their decision in making use of it. Less than half of married young adolescent women (15-19 years) have access to money while among older women (20-24 years) 54% had access to money (NFHS-2). Information from NFHS-3 (Table 11) shows that among all women younger women are more disadvantaged with regard to access to financial resources and a very low percentage (7%) had a bank or saving account that they themselves used.



Table 9: Percentage of currently married women aged 15-24 years involved in household decision making, freedom of movement and with access to money by selected indicators (NFHS-2)

Age	% not involved in any decision making	% involved in decision making on own health care	% who do not need permission to go to the market	% who do not need permission visit friends/ relatives	% with access to money
15-19	24.3	38.6	13.8	10.2	45.5
20-24	15.3	45	22	16.6	54.1
25-49	6.1	45.2	36.3	28.2	62.1

Table 10: Women's (currently married) participation in decision making (NFHS-3) (selected indicators)

Age	% of women involved in decision making about own health care	% of women involved in decision making for visiting her family or relatives	% who participate in no decision making
15-19	40.4	33.5	46.1
20-24	52.5	47.5	31.1
25-29	62.2	58.9	20.4
30-39	67.7	67.1	14.1
40-49	69.3	71.6	12.8

Table 11: Women's access to money (NFHS-3)

Age	% who have money that they can decide how to use	% who have a bank or saving account that they themselves use
15-19	35	7.2
20-24	41.6	10.9
25-29	46	15.7
30-39	49.1	19.4
40-49	50.1	20.8

Freedom of movement of adolescent women is also restricted. Only 13% and 10% of married adolescent women (15-19 years) did not need permission to go to the market and visit family and friends (NFHS-2). Younger married adolescents are again at a greater disadvantage compared to older women (20-24 years). Reduced social mobility not only



isolates adolescents from their peers and natal family it also impacts care seeking behaviour. Information on women's freedom of movement from NFHS-3 (Table 12) shows that less than 30% of 15-19 years old women have the freedom to go alone to the market, the health facility, places outside the village or community. Only about 13% are allowed to go alone to all the three places.

Table 12: Women's freedom of movement (NFHS-3)

Age	Percentage allowed to go alone to				% not allowed to any of the three places at all
	The market	The health facility	Places outside the village/community	All three places	
15-19	29.7	23.1	16.8	12.8	5.7
20-24	40.7	36.3	27.2	23.1	4.6
25-29	52.4	49.8	38	33.4	3
30-39	62.9	60.3	48.1	43.6	2.5
40-49	68.2	65.2	55.6	51.2	2.4

Women's pattern of participation by decision varies greatly by state. For detailed information on women's autonomy of currently married women (15-24 years) during NFHS-2 see annexure-1 table 5.

Domestic violence: attitudes and experience

In recent years there has been increasing concern about violence against women in general and domestic violence in particular. Data from the national surveys reveals that women in India are often silent about their experience of violence and traditional norms teach them to accept it. NFHS-2 and 3 assessed attitudes related to the acceptance of normative gender roles by taking the respondents opinion on justification of wife beating by husbands in different situations (Table 13). More than half of women aged 15-19 and 20-24 years agreed with at least one reason which justified a husband beating a wife. Agreement with wife beating does not vary much by women's age. Both tolerance and experience of domestic violence has long term consequences. Women who agree that husband is justified in beating his wife for any reason are likely to perceive themselves to be low in status to men. Such attitudes may act as barrier to women empowerment including accessing health care for themselves and their children which impact their well being (NFHS-3). Trends from NFHS-2 to 3 do not show a major shift in attitudes of women.



Table 13: Reasons given for justifying a husband beating his wife (NFHS-2)

Age group	15-19		20-24		25-49
	NFHS-2	NFHS-3	NFHS-2	NFHS-3	NFHS-2
% who agree with at least one reason	61.6	52.9	57.5	52.5	55.9
Husband suspects wife is unfaithful	37.1	23.1	33.6	22.6	31.9
Natal family does not give money or other items	8.5	-	6.9	-	6.5
Wife shows disrespect for in-laws	38.7	39.1	34.7	39.5	33
Wife goes out without telling husband	41.7	25.7	37.1	26.7	35.7
Wife neglects house or children	43.1	32.7	40.7	33.6	39.4
Wife does not cook food properly	28.8	19.4	25.4	18.2	23.8
Wife argues with him	-	28.6	-	28.4	-
She refuses to have sexual intercourse with him	-	11.3	-	12.5	-

Women's experience with beatings or physical mistreatment

More than 20% women aged 15-19 years have experienced physical violence since the age of 15 (NFHS-3). Though the prevalence of physical violence is lowest for women aged 15-19 years, among women who have ever experienced violence at some time since the age of 15, they are most likely (70%) to have experienced violence in the past 12 months compared to older women. (Table 14)

Table 14: Experience of physical violence

Percentage beaten or physically mistreated since age 15

Age	NFHS-2 (married women)	NFHS-3 (all women)
15-19	15.4	20.7
20-24	19.4	30.8
25-49	22.1	-

For detailed information on 15-24 years old women's experience with beatings and physical mistreatment by background characteristics and state see annex tables 6 and 7.

Sexual violence

According to NFHS-3, 5% of women age 15-19 years and 9% of 20-24 years old women (table 15) report having experienced sexual violence. Information on women who have experienced sexual violence by age at first experience of sexual violence shows that sexual



violence first occurs in the age group of 15-19 years. For a significant percentage it also occurs before the age of 15 years. Among all the women for whom the age at first sexual abuse is known, 371 were younger than 15 years when they were first abused. Almost half (47%) of this number say that the current husband was the perpetrator of the violence and 8% said it was their former husband. Among women who first experienced sexual violence before age 15, 19% said that the violence was perpetrated by a relative, or by a friend or acquaintance (10%).

Table 15: Experience of sexual violence and age at first experience of sexual violence (NFHS-3)

Age?	% who have ever experience sexual violence	Number of women	Age at first experience of sexual violence					Number of women
			Less than age 10	10-14	15-19	20-49	Not determined/ don't know	
15-19	4.5	16617	2.1	9.8	32.2	Na	55.3	751
20-24	8.6	15427	0.0	4.4	18.3	7.3	69.8	1324
25-29	10.2	13832	0.2	4.6	10.5	8.4	76.2	1413
30-39	10.2	22542	0.4	3.9	10.3	8.3	77.1	2308
40-49	8.5	15286	0.0	4.3	10.6	11.3	73.5	1293

Substance abuse

One of the biggest threats to the health and well being of adolescents is the adoption of addictive behaviours which has long term consequences. Alcohol and use of drugs and tobacco may start as an experimental activity among adolescents but can lead to addiction and heavy use. Use of drugs and alcohol also leads to reduction of caution and judgement and exposure to other risk behaviours. NFHS-3 has collected data on tobacco use directly by asking respondents to report on their own tobacco use. Tobacco use is more prevalent among young men (15-19 years) as compared to young women. Almost 29% of men in this age group use some kind of tobacco (smoking/chewing), more than 12% smoke cigarettes or bidis (Table 16).



Table 16: Use of Tobacco

Percentage of women and men who use any kind of tobacco and percentage who smoke cigarettes or bidis, among those who smoke cigarettes or bidis, percentage who smoked at least one cigarette or bidi in the 24 hours preceding the survey. (NFHS-3)

Age	Women					Men				
	% who use any kind of tobacco	% who smoke bidi or cigarettes	Number of women	% who smoked at least one cigarette or bidi in the past 24 hours	Number of women who smoke bidi or cigarette	% who use any kind of tobacco	% who smoke bidi or cigarettes	Number of men	%who smoked at least one cigarette or bidi in the past 24 hours	Number of men who smoke bidi or cigarette
15-19	3.5	0.1	24811	80.5	26	28.6	12.3	13008	80.6	1594
20-34	9.1	0.9	60852	92.7	542	59.3	32.6	32586	88.4	10625
35-49	18.3	2.9	38722	96.9	1139	69	43.8	24157	94.4	10582

According to NFHS-3 data 11% of men aged 15-19 years and 1% of women in the same age group drink alcohol (Table 17). The frequency of drinking among young women and men show that majority of both who drink alcohol do so less than once a week.

Table 17: Use of alcohol- Percentage of women and men who drink alcohol and percent distribution of alcohol drinkers by frequency of drinking (NFHS-3)

Age	Women		Frequency of drinking				
	% who drink alcohol	Number of women	Almost every day	About once a week	Less than once a week	Missing	Number of women
15-19	1	24811	6.8	39.8	51	2.4	236
20-34	2.1	60852	13.6	40.7	44.5	1.2	1252
35-49	3.2	38722	18.1	40.2	41	0.8	1245

Age	Men		Frequency of drinking				
	% who drink alcohol	Number of men	Almost every day	About once a week	Less than once a week	Missing	Number of men
15-19	11	13008	3.4	18.3	77.9	0.4	1425
20-34	34.9	32586	7	25.4	67.3	0.2	11375
35-49	39.1	24157	13.2	29.5	57.1	0.2	9450



KEY FINDINGS

- Adolescents comprise a significant part of the population. According to NFHS-3 31.5% of the population is of young people (10-24 years).
- Mortality rates are much higher for adolescent women compared to adolescent men. The difference is especially glaring in the age groups of 15-19 and 20-24 years reflecting the consequences of lower nutritional intake, early marriage and childbirth, low level of knowledge and information about reproductive health and insufficient access to health care among women of these age groups.
- A number of adolescents are also suffering from diseases like asthma, tuberculosis, malaria, diabetes, goitre and other disorders. The prevalence of these diseases, for example, asthma and goitre are much higher among adolescent women compared to adolescent men.
- Overall educational attainment is low for both men and women. More than 31% of women (20-24 years) and 22% (15-19 years) have had no formal education (NFHS-3). NFHS-1 and 2, the data shows that a higher percentage of younger married women are illiterate compared to older ones, revealing that early marriage sharply reduces girls' access to education. More than 60% of ever married women aged 15-19 years during NFHS-1 and 2 had no education while less than 6% of them have completed at least 10 years of education. Though NFHS-3 shows an increasing trend towards women receiving formal education, only about 18% of 15-19 years old women have completed at least 10-11 years of education.
- Gender disparities persist at all levels of education and widens further at secondary and higher level of schooling.
- The current employment status of women (NFHS-3) shows that almost 27% of 15-19 years old and 28% of 20-24 years old are currently employed. Adolescent boys are more likely to be employed than adolescent girls. Almost half of men aged 15-19 and more than 81% of men aged 20-24 years are employed.
- Information on women aged 15-24 years shows that the occupational distribution of young women varies greatly by urban-rural residence. In rural areas most employed women are either agricultural workers or skilled or unskilled production workers while urban women have more occupational diversity - professionals, sales or service workers.



- Only about half of the employed young women receive cash payment (NFHS-1 and 2) while almost 39% (NFHS-1) to 31% (NFHS-2) are not paid for work at all.
- Trends show that more women are now being regularly exposed to some form of mass media. Still, more than 31% of women (15-19 years) are not exposed to any form of media (NFHS-3). Higher percentage of younger married women (15-19 years) as compared to older women (20-24 years) and rural women, lack media exposure (NFHS-1 and 2).
- There is a large gender differential in exposure to media. Only 11 to 12% of men in the age group of 15-19 and 20-24 years are not regularly exposed to any mass media compared to 29 to 31% of women. (NFHS-3).
- Television is the main source of mass media for both women and men. While large gender differentials in literacy is revealed by media choice of radio by women and newspaper by men, limited mobility of young women is revealed by the low percentage of women (about 8%) visiting the cinema/theatre compared to men (27-33%) in both the age groups.
- Information from NFHS-2 and 3 from currently married women on their participation in different types of decision making including their own health care, visiting friends and relatives, access to money and making purchases shows that young married women face major constraints on their autonomy and mobility in their marital homes.
- A higher percentage of younger adolescent married women (15-19 years old) are not involved in decision making compared to older women (20-24 and 25-49 years). Younger women are more disadvantaged with regard to access to financial resources and a very low percentage (7%) had a bank or saving account that they themselves used (NFHS-3).
- Freedom of movement of adolescent women is also largely restricted. Less than 30% of 15-19 years old women have the freedom to go alone to the market, the health facility, places outside the village or community. Only about 13% are allowed to go alone to all the three places. (NFHS-3)
- Trends do not indicate significant changes in women's autonomy.
- More than half of women aged 15-19 and 20-24 years agreed with at least one reason which justifies a husband beating a wife.



- More than 20% women aged 15-19 years have experienced physical violence since the age of 15 (NFHS-3).
- 5% of women age 15-19 years and 9% of women report having experienced sexual violence. Information on women who have experienced sexual violence by age at first experience of sexual violence shows that sexual violence first occurs in the age group of 15-19 years. A significant percentage also occurs before the age of 15.
- Almost half the women reported their current husband as the perpetrator of the violence and 8% said it was their former husband. Among women who first experienced sexual violence before age 15, 19% revealed that the violence was perpetrated by a relative, or by a friend or acquaintance (10%).
- Alcohol and tobacco use is more prevalent among young men (15-19 years) as compared to young women. Almost 29% of men in this age group use some kind of tobacco (smoking/chewing), more than 12% smoke cigarettes or bidis.



3

AGE AT MARRIAGE

This chapter includes:

- Age at first marriage of women and men
- Socio-demographic variables related to age at marriage
- Age at first marriage by state
- Age at first cohabitation with husband
- Age at sexual debut- women and men
- Key findings

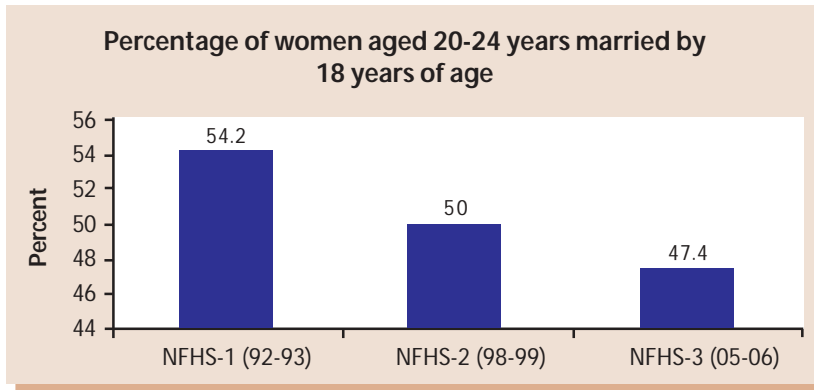
Early marriage marks a turning point in the life of a large proportion of adolescent girls in India having far reaching educational, health, social and economic consequences. Early marriage often results in curtailing adolescent girls' opportunities for education and skill formation. It also impedes proper physical and mental development before taking on the burden of reproduction resulting in greater reproductive health risks. Early marriage means early sexual activity and consequently early childbearing. As a result of incomplete growth, young married girls experience much higher levels of maternal mortality and morbidity. Many face the risk of STIs or HIV infection from older spouses.

Information on women's autonomy shows that married adolescent women have limited autonomy and are often unable to obtain health care because of distance, expense or the need for permission from a spouse or in-laws further aggravating the risks of mortality and morbidity.

The third National Family Health Survey (2005-06) of India reveals that while age at marriage for girls is increasing in India, early marriage continues to be widely prevalent. According to the survey, more than 47% of girls were already married by 18 years (Figure 1). Trends show that 1992 to 2006 the percentage of women married by 18 years of age has only reduced from 54% to 47%.



Figure 1

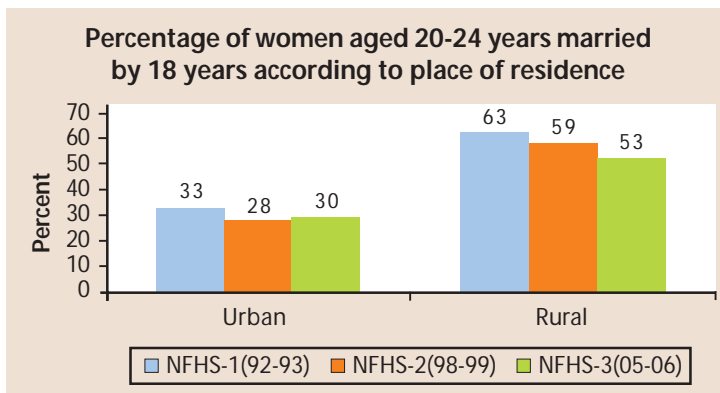


According to NFHS-3, at national level, currently 27% of 15-19 years old women are married (almost 15 percent of urban women and 33 percent of rural women) and 74% of women aged 20-24 years are married. Very few men in the 15-19 years age group (only 1% of urban men and 4% of rural men) and 32 % men in the 20-24 years age group are currently married.

Age at marriage and place of residence

Age at marriage for both boys and girls has wide regional variations as well as vast urban and rural differences. The urban rural differences indicate that men and women living in rural areas tend to marry earlier as compared to those living in urban areas. According to the NFHS-1 data, of the 54% of women aged 20-24 years married by 18 years, 63% were rural women while 33% were urban. NFHS-2 data reveals that of the 50% of women aged 20-24 years who were married by 18 years, 58.6% were rural women while 27.9% are urban and NFHS-3 shows that out of 44.5 % almost 53% were rural women and around 28% were urban women (Figure 2). The rural-urban differences in the proportion of women marrying before 18 are largest in Jharkand, Rajasthan, Chhattisgarh, Bihar, West Bengal, Uttar Pradesh and Madhya Pradesh. Rural-urban differences among men marrying before reaching 21 are largest in the same states (except West Bengal).

Figure 2





State Differentials

There are considerable differences across the states in the proportion of women and men who marry before reaching the legal minimum age. More than half of women marry before reaching 18 years in Bihar (64%), Jharkhand (60%), Rajasthan (58%), Andhra Pradesh (56%), West Bengal (53%), Madhya Pradesh (53%), Uttar Pradesh (52%) and Chhattisgarh (51%). The proportion of women who get married before reaching the legal age is lowest in Goa (11%), Himachal Pradesh (14%), Manipur (14%), Jammu and Kashmir (16%), Kerala (17%) and Mizoram (19%). (Figure 3, 4, 5).

For details on percentage of women getting married by exact age, state wise for NFHS-1 and 2, see annexure Table 1 and 2.

Figure 3 (NFHS-3)

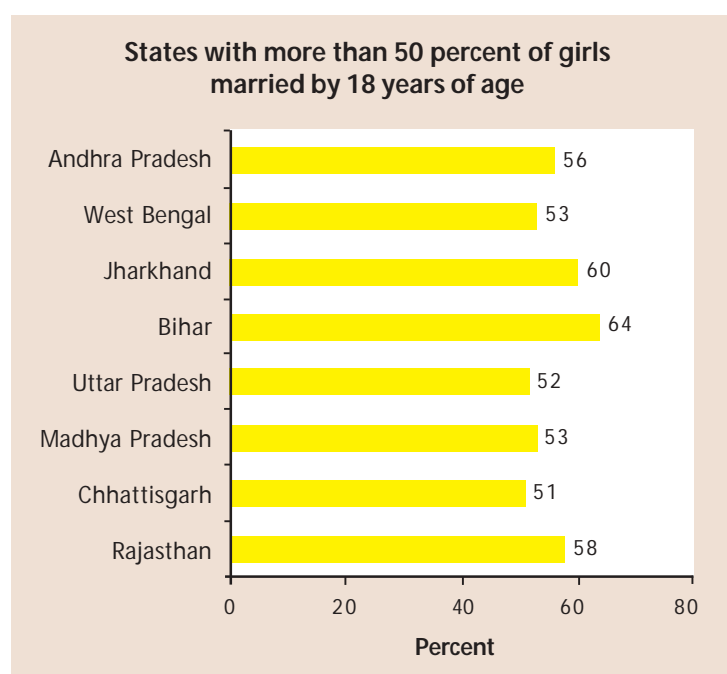




Figure 4 (NFHS-3)

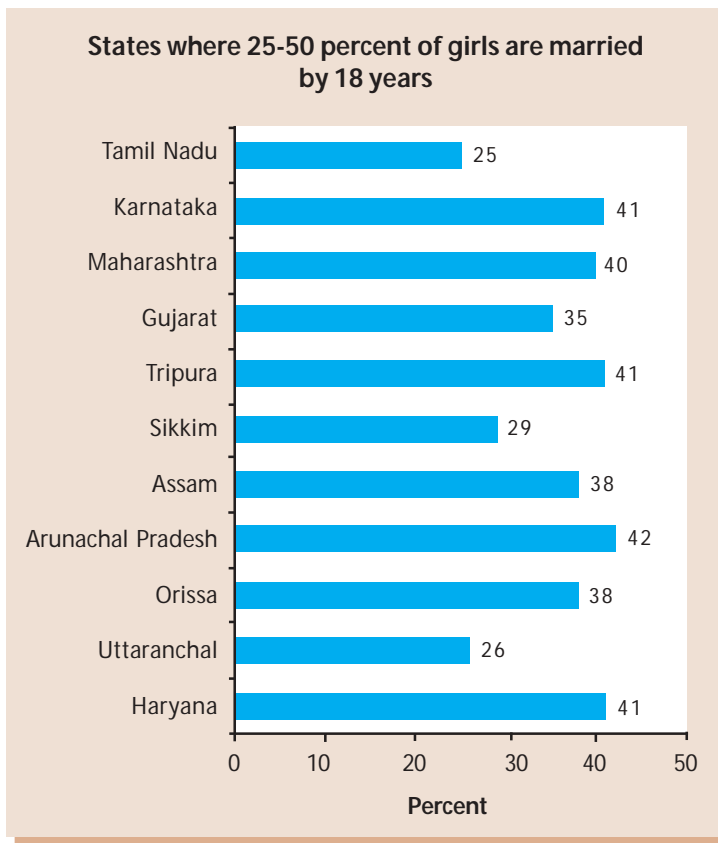
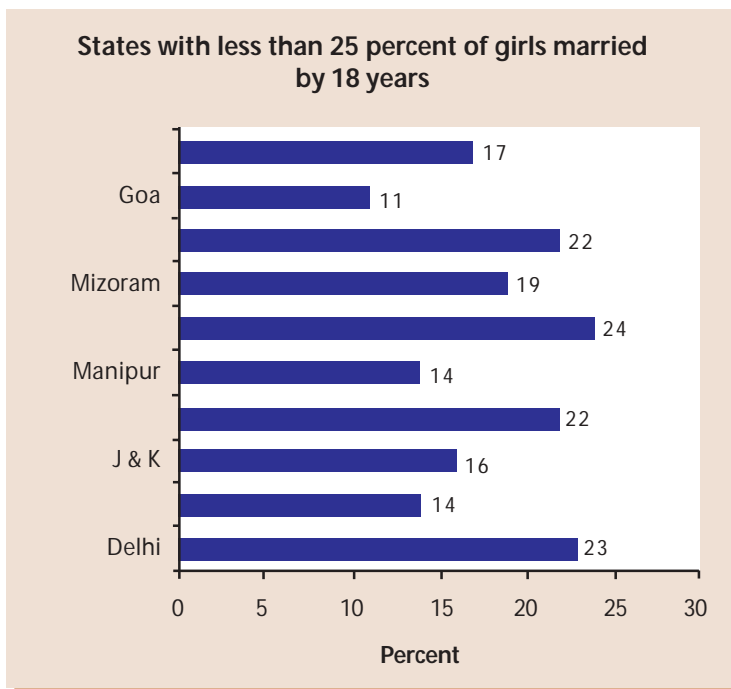


Figure 5 (NFHS-3)



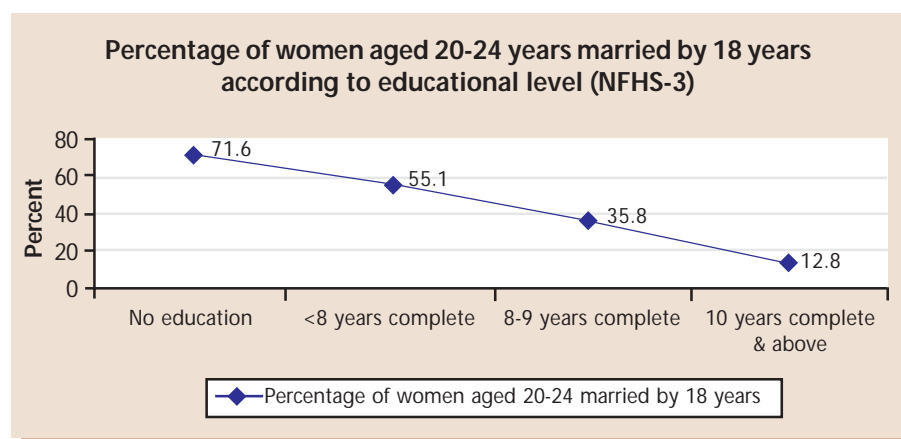


Nearly half of men marry before the minimum legal age of 21 in Rajasthan (49%), more than one third in Jharkhand, Madhya Pradesh and Uttar Pradesh (41% each), Chhattisgarh (40%), Bihar (37%). The proportion is lowest in Kerala (2%), Goa (5%) and Tamil Nadu (8%). (NFHS-3)

Age at marriage and Education

Education plays a key role in delaying the marriage. There is a strong correlation between early marriage and missing out on school. The NFHS-3 data shows that girls with higher/secondary education marry later than those with less education or no education. Only 12.8% of women were married by 18 years, who completed minimum of 10 years of education, compared to more than 72% had no education at all (Figure 6).

Figure 6



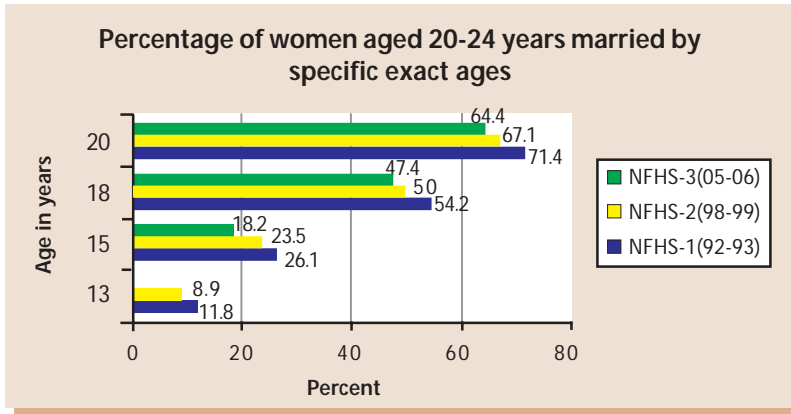
Economic pressures are often cited as an explanation for early marriages. Early marriage is most common among the poorest of the population. Young women in the higher wealth quintiles marry later than women in the lower wealth quintiles.

Age at first marriage

Trends from the three NFHS data reveal that there is a steady rise in the age at first marriage in India. The proportion married by the exact age of 15 years has decreased from 26% during NFHS-1 to 18% by NFHS-3 (Figure 7).

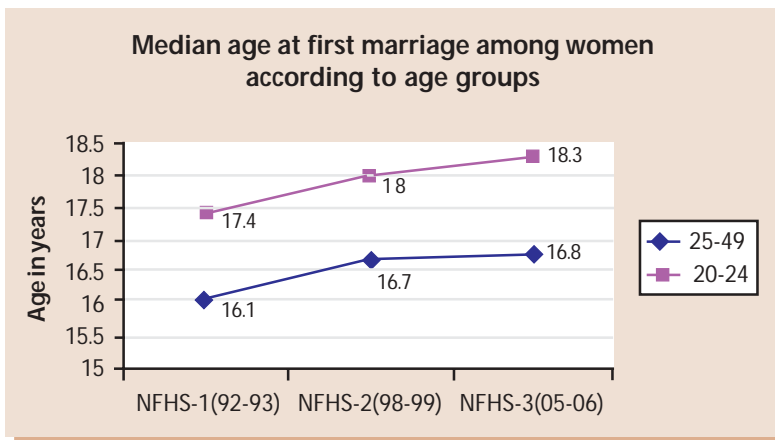


Figure 7



However, the median age at first marriage is increasing at a very slow pace and a large proportion of women still marry below 18 years. According to NFHS-3 the median age at first marriage among women aged 20-49 years is 17.2 years. Trends of median age at first marriage reveals that the increase in the age at marriage of those aged 20-24 years has increased from 17.4 years to 18.3 years and for those in the older age group (25-49 years), it has increased from 16.1 to 16.8 years (Figure 8).

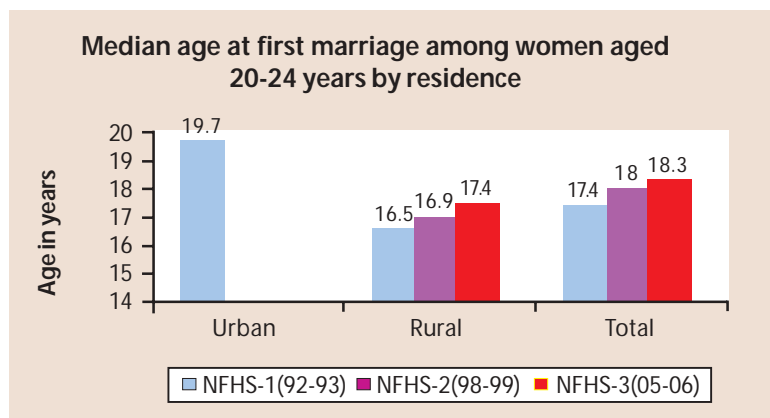
Figure 8



Though age at marriage for young women has been increasing in both urban and rural areas, on average, urban women marry more than two years later than the rural women.



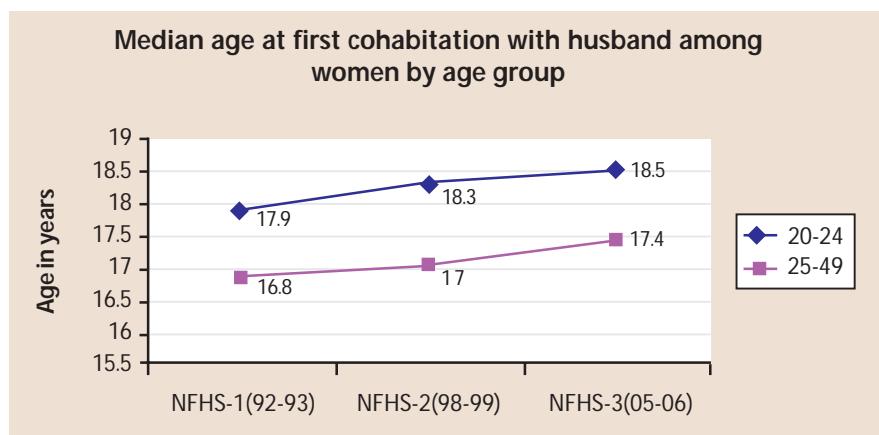
Figure 9



* Urban data for NFHS-2 and 3 omitted because less than 50% of the women were married for the first time before reaching the beginning of the age group.

According to NFHS-3 the median age at first marriage among men aged 25-49 is 23 years, nearly six years higher than the median age at first marriage among women. The patterns in age at marriage by urban-rural residence, educational attainment, and wealth quintiles are similar to those observed in women.

Figure 10



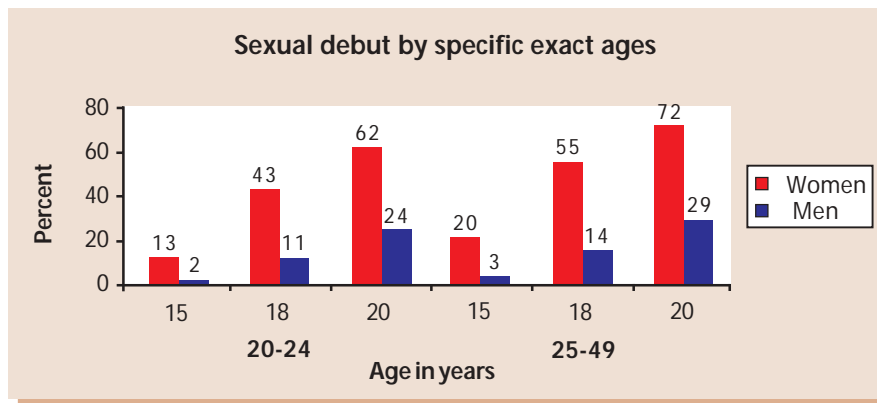
The median age at first cohabitation with husband among women aged 20-24 years is 18.5 years according to NFHS-3 while it is 17.4 for those aged 25-49 years. Trends from the three NFHS data reveal that the age at first cohabitation has not increased significantly over the years. Within the younger and the older age groups the increase is less than one year, from 17.9 years during NFHS-1 to 18.5 years for NFHS-3. There has been negligible increase in the median age at first cohabitation from NFHS-2 to NFHS-3.



SEXUAL DEBUT

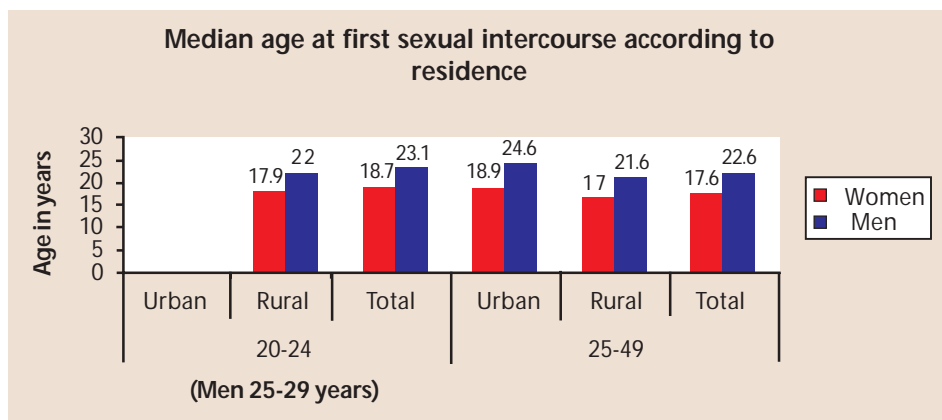
For the first time the third national family health survey (NFHS-3) included questions on the age of sexual debut of men and women. All women and men were asked how old they were when they first had sexual intercourse. Among women aged 20-24 years almost 13 percent had sexual intercourse before they were 15 years old, 43% before 18 years and 62% by 20 years (Figure 11). The median age at first sexual intercourse for women aged 20-24 years is 18.7 years and for women aged 25-49 years it is 17.6 years (Figure 12).

Figure 11 (NFHS-3)



The median age at first sex among men aged 25-29 years is 23.1 years and for those in the 25-49 years age group, it is 22.6 year. Lesser proportion of young men aged 20-24 years has had first sexual intercourse by 15, 18, and 20 years as compared to women in the same age group (Figure 11). According to NFHS-3, the difference between the observed pattern in age at first sexual intercourse among women and men can be attributed to the median age at marriage which is much higher among men as compared to women.

Figure 12 (NFHS-3)



*Urban omitted as less than 50% had sex before reaching the beginning of the age group



The median age at first sexual intercourse among young women follows a similar pattern as observed for the median age at marriage when seen in the context of background characteristics like place of residence, education and wealth index. Urban women have their first intercourse later than rural women (Figure 12). Similarly, women who are more educated or are a part of higher wealth quintiles tend to have a later sexual debut compared to those who have no or little education or who come from poor families. The pattern is similar for young men.

KEY FINDINGS

- Marriage occurs in adolescence (10-19 years) for a large percentage (more than 47%) of girls in India.
- Trends indicate that the percentage of women who get married before the legal minimum age at marriage of 18 years has been decreasing over time, but even in 2005- 2006, more than 47% of women aged 20-24 years were married by 18 years of age.
- Age at marriage for both boys and girls has vast urban and rural differences. Women and men living in urban areas and those with higher levels of education marry later as compared to those living in rural areas and those who are less educated.
- Age at marriage for both boys and girls has wide regional variations as well. More than half of the women aged 18-29 years get married by the age of 18 years in the states of Bihar (64%), Jharkhand (60%), Rajasthan (58%), Andhra Pradesh (56%), West Bengal (53%), Madhya Pradesh (53%), Uttar Pradesh (52%) and Chhattisgarh (51%).
- The median age at first marriage among women (20-49 years) is 17.2 years and 18.3 years for women aged 20-24 years. Increase in the median age at first marriage are proceeding at a very slow pace. Trends of the median age at first marriage reveal that the increase at age at marriage of those aged 20-24 years has increased from 17.4 years (NFHS-1) to 18.3 years (NFHS-3).
- The median age at first marriage among men aged 25-49 is 23 years, nearly six years higher than the median age at first marriage among women often leading to significant spousal age gaps. (NFHS-3).
- Early marriage of girls leads to early sexual activity and early childbearing exposing young women to sexual and reproductive health problems. 13% of women



aged 20-24 years reported being sexually active at the age of 15 while 43% had their sexual debut by 18 years.

- The median age at first sexual intercourse for men (25-49 years) is 22.6 years according to NFHS-3.



4

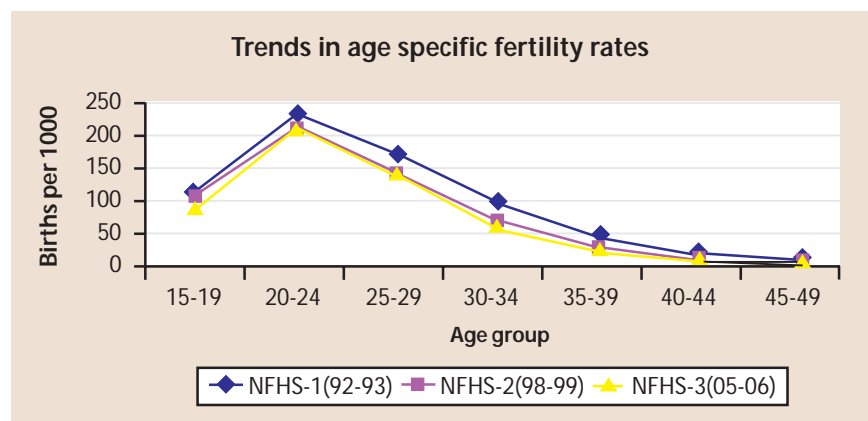
FERTILITY

This chapter highlights the socio-demographic profile of the respondents of NFHS-1, 2 &3. It includes information on:

- Age specific fertility rates
- State differentials in age specific fertility rates
- Adolescent pregnancy and child bearing
- State differentials in adolescent childbearing
- Children born and living
- Birth order
- Pregnancy outcomes
- Key findings

One of the major objectives of the national family health surveys is to provide information on fertility levels, state differentials and trends. According to NFHS-3, at current fertility levels, a woman in India will have an average of 2.7 children in her lifetime. Trends suggest a slowdown in fertility decline in the seven years between NFHS-2 and NFHS-3 compared to NFHS-1 and NFHS-2 (Figure 1). During the period between NFHS-1 and NFHS-2, fertility decreased mainly at ages 20 and above and very slightly at age 15-19 years. Between NFHS-2 and NFHS-3, the decline in age specific fertility was very small at all ages.

Figure 1

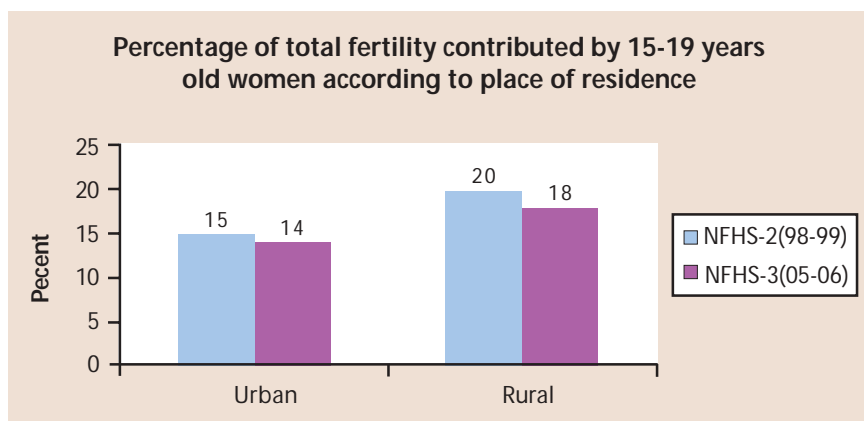


Data on Age Specific Fertility Rates (ASFR) helps to understand the fertility behaviour of



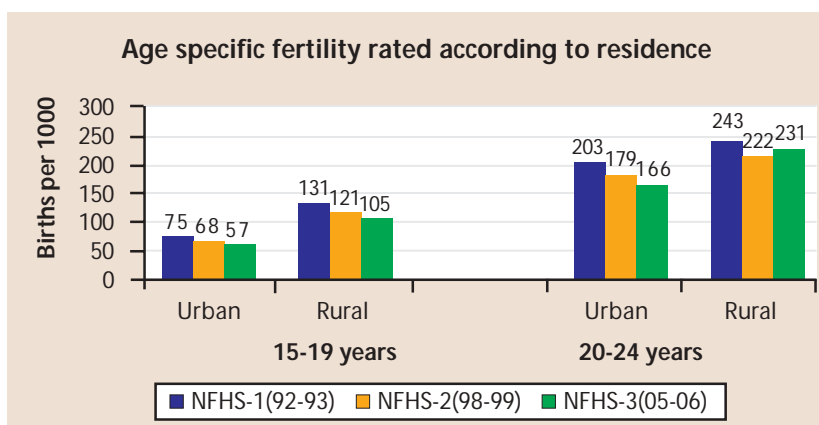
adolescents. Age specific fertility rates from NFHS-3 show that the concentration is in the prime childbearing ages of 20-29 years. There is also a moderate amount of early childbearing at 15-19 years. Fertility of those aged 15-19 years accounts for 14% of total fertility in urban areas and 18% in rural areas (Figure 2). Trends show a slight decrease in adolescent fertility from NFHS-2 to NFHS-3 and the decline is more in rural areas as compared to urban.

Figure 2



Age specific fertility rates have declined for both urban and rural women aged 15-24 years from the period of NFHS-1 (1992-93) to NFHS-3 (2005-06). Currently, the age specific fertility rates are higher for young rural women for both 15-19 and 20-24 years age group (Figure 3). This is true for all the states as well. According to NFHS-3 for most states high fertility is concentrated in the age group of 20-29 years for both urban and rural areas. However, in rural areas of some states like Andhra Pradesh, Karnataka, Maharashtra, Tripura and West Bengal, fertility is lower at age 25-29 years than in the group of 15-19 years.

Figure 3





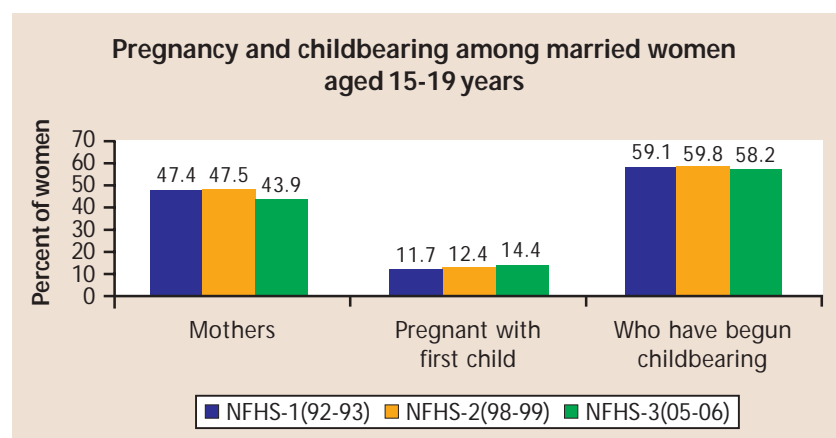
State differentials in age specific fertility rates

State-wise ASFR for 15-19 ages in NFHS-1 shows that seven states namely Haryana, Madhya Pradesh, Bihar, West Bengal, Maharashtra, Andhra Pradesh and Karnataka had higher ASFR than the national average of 116 births per thousand. The ASFR ranged from minimum of 16 in Goa to 153 in Madhya Pradesh followed by 144 in Andhra Pradesh. For 20-24 years age group, states of Haryana, Himachal Pradesh, Punjab, Rajasthan, Bihar, MP, UP, Arunachal Pradesh and Gujarat has higher ASFR than the national average. (Annex table 1). Though this has changed in NFHS-2, these states continued to have higher ASFR. States of Rajasthan and Uttar Pradesh show increased ASFR for 15-19 ages between the 2 surveys, while there was a decline in Haryana, Punjab and Himachal Pradesh. (Annex table 2). States of Rajasthan Chhattisgarh, MP, UP, Bihar, Jharkand, Tripura and Andhra Pradesh show higher ASFR than the national average for 15-19 years age group for NFHS-3. On the whole, there is considerable contribution of adolescents to total fertility.

Adolescent pregnancy and childbearing

Early marriage of girls in India leads to early pregnancy and motherhood resulting in reproductive health risks for the adolescent girls. According to NFHS-3 overall 12% of women aged 15-19 years have become mothers and 4% in the same age group are pregnant with their first child. This indicates that one in six women in this age group have begun childbearing. Among married adolescents a much higher percentage of adolescents are mothers (44%) or have already begun childbearing (58%). (Figure 4).

Figure 4

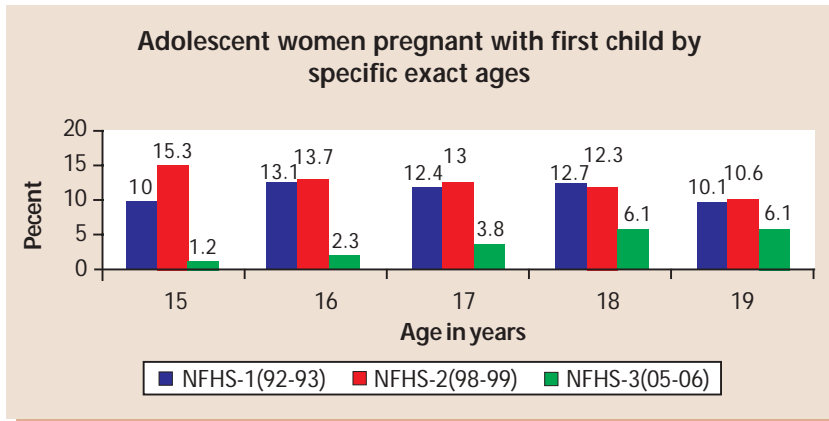


Note: NFHS-3 data for currently married. NFHS-1&2 for ever married women aged 15-19 years.

Trends indicate that there is only a marginal decrease in adolescent childbearing from NFHS-2 to NFHS-3. A slight increase in adolescent pregnancy and childbearing can be noted between NFHS-1 and NFHS-2. (Figure 4)



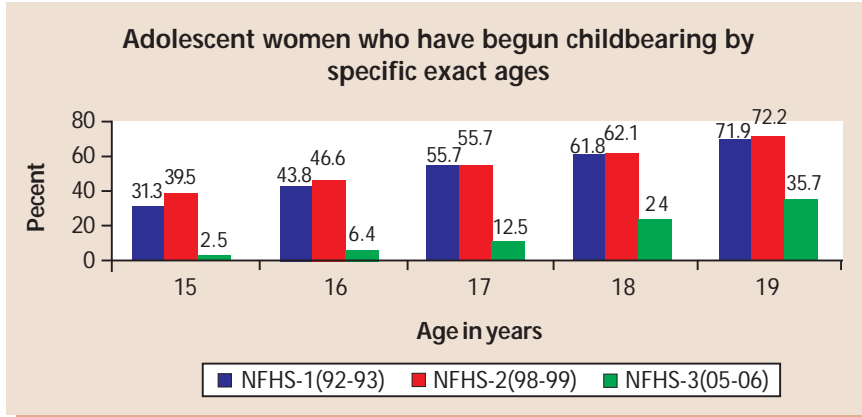
Figure 5



Note: NFHS-3 data for all women aged 15-19 years. NFHS-1 & 2 data for ever married 15-19 years old women.

Childbearing increases sharply with age. Figure 6 shows that from 3% at age 15 to 36% of women at age of 19 years have begun childbearing. Among married women (NFHS-1 and 2) this percentage is much higher. Almost 40% of women began childbearing by 15 years of age while more than 50% of women become mothers by 17 years of age and 70% by 19 years.

Figure 6



Note: NFHS-3 data for all women aged 15-19 years. NFHS-1 & 2 data for ever married 15-19 years old women.

According to NFHS-3 the proportion of 15-19 years old women who have begun childbearing is more than twice as high in rural areas (19%) as in urban areas (9%). The level of adolescent pregnancy is 9 times higher among women with no education than among women with 12 or more years of education. More than 25% women with no education have become mothers and almost one third of them have begun childbearing. Only a few never married women in this age group (less than 0.05%) reported a pregnancy



or childbirth. However, 58% of married women have experienced motherhood or a current pregnancy. Almost one third of women who are widowed, divorced, separated or deserted have had a live birth. The level of adolescent pregnancy and motherhood is 5 times as high for women in households with the lowest wealth index than for women in households with the highest wealth index. (Annex table 3).

State differentials in adolescent pregnancy and childbearing

Data on pregnancy and childbearing from NFHS-1 and NFHS-2 for ever married women aged 15-24 years shows negligible difference between women in urban and rural areas. (Table 1).

Table 1: Child bearing among ever married women aged 15-24 years according to residence

	Urban			Rural		
	Mothers	Pregnant with first child	Has begun childbearing	Mothers	Pregnant with first child	Has begun childbearing
NFHS-1	69.9	7.6	77.5	70.1	6.7	76.8
NFHS-2	70.1	8.1	78.2	70.8	6.9	77.7

NFHS-3 data at state level shows that the proportion of adolescent women who have begun childbearing is highest in Jharkhand (28%), West Bengal (25%) and Bihar (25%), all in the East Region. The level of adolescent childbearing is lowest (less than 5%) in the states of Himachal Pradesh, Goa and Jammu and Kashmir. (Figures 7,8,9).

Figure 7 (NFHS-3)

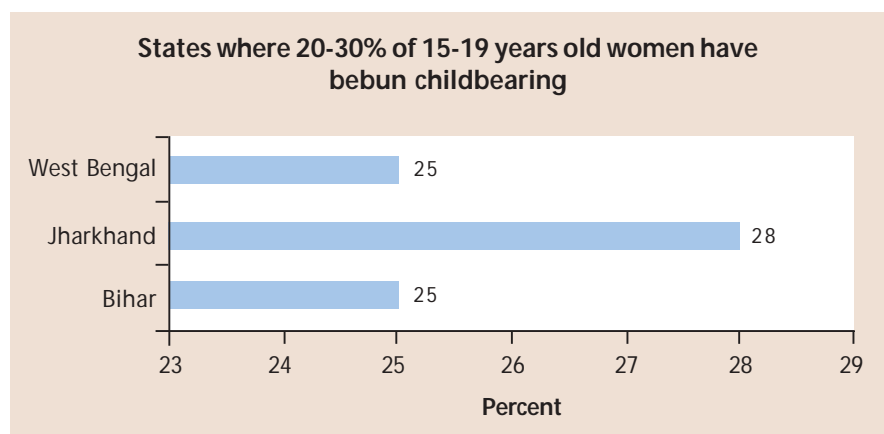




Figure 8 (NFHS-3)

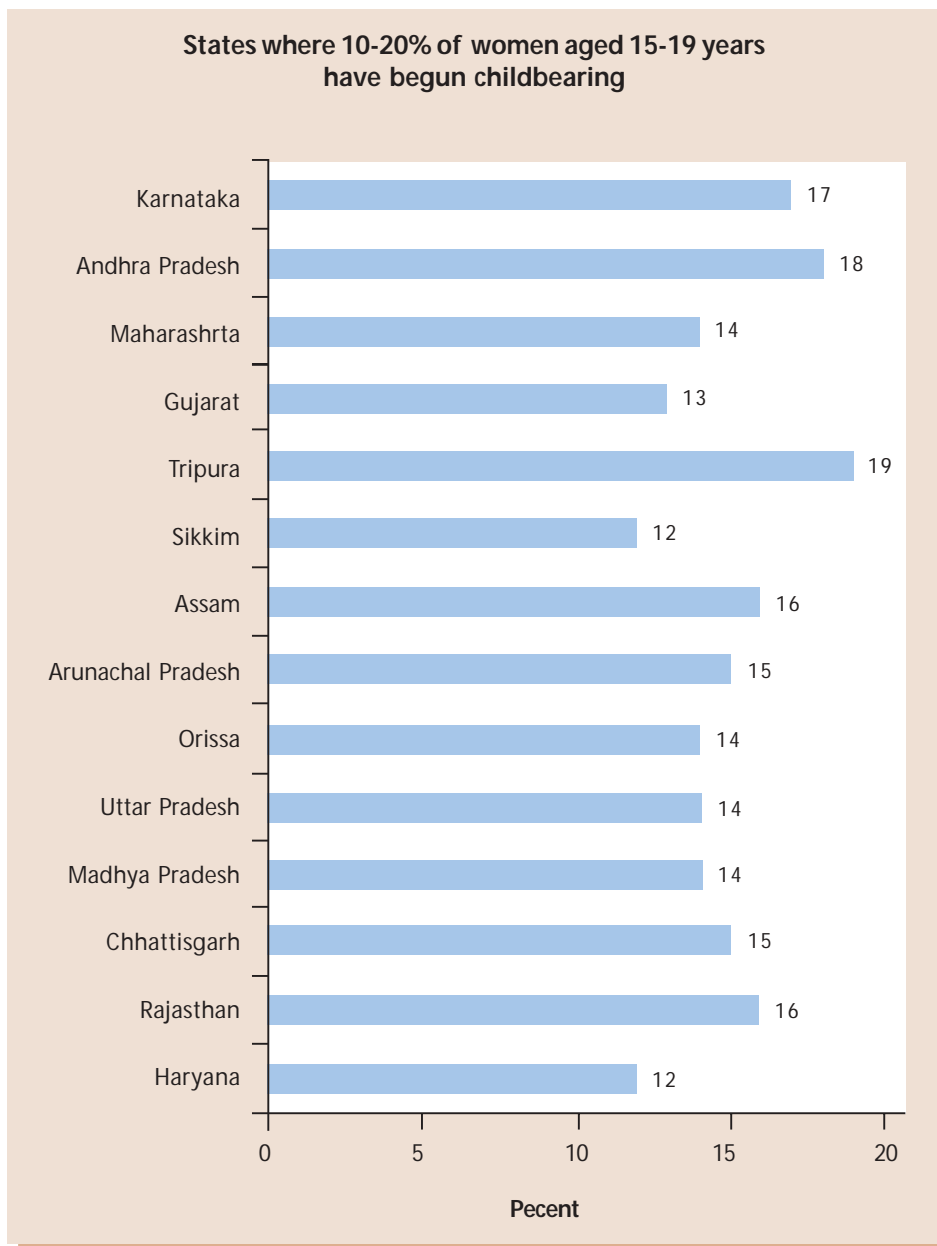
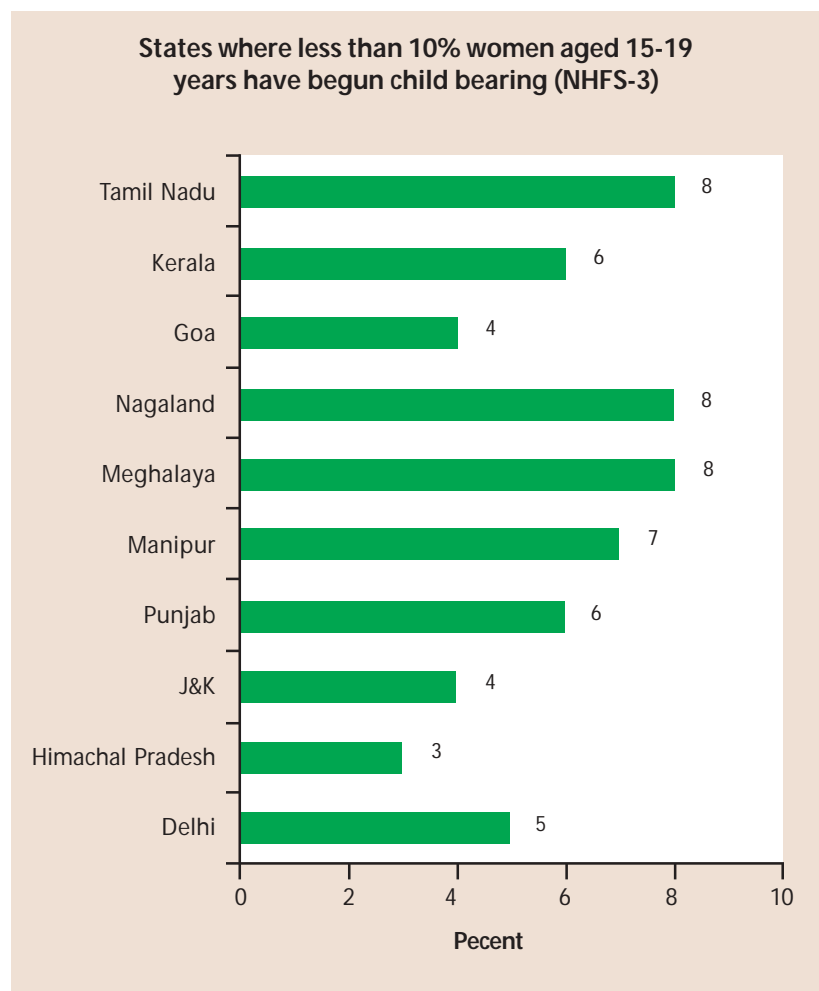




Figure 9 (NFHS-3)



For details of childbearing among ever married women aged 15-24 years refer annexure-3 tables 4 and 5 for NFHS-1 and 2 respectively.

Children born and living

The number of children a woman has ever borne is a cohort measure of fertility. Table 2 shows the percent distribution of currently married women (15-19 and 20-24 years old) by the number of children ever born. NFHS-3 shows that 44% of married women (15-19 years) were mothers of one or more children. More than 47% married women aged 15-19 years during NFHS-1 and 48% women during NFHS-2 already had one or more children. Trends on children ever born from the three surveys shows a slight decline in adolescent childbearing from NFHS-2 to NFHS-3.

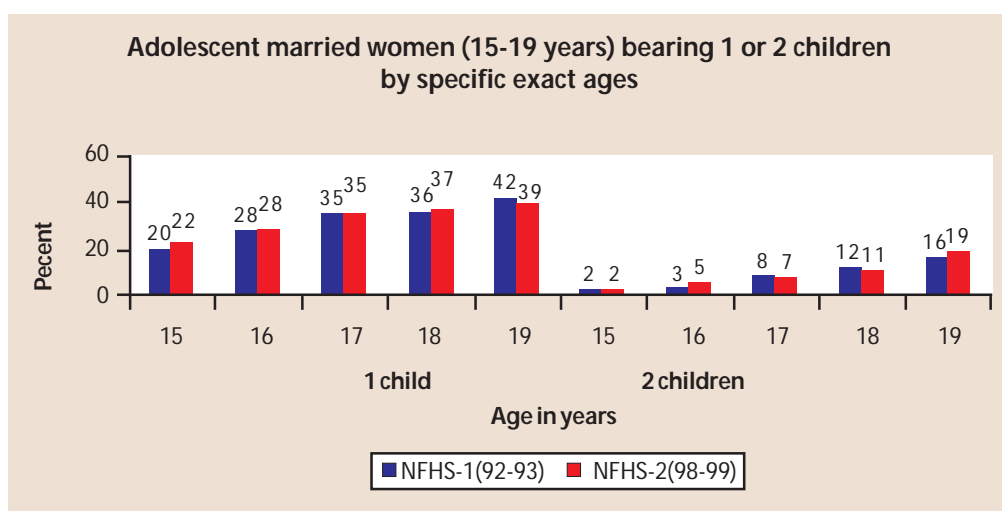


Table 2: Percent distribution of married women by number of children ever born according to age.

Mothers age ---->	15-19 years				20-24 years			
Children ever born ---->	0	1	2	3+	0	1	2	3+
NFHS-1	52.3	35.3	10.5	1.9	18	29.9	29.5	22.7
NFHS-2	52.2	34.8	11.1	1.9	17.3	29.9	30.5	22.7
NFHS-3	56.1	33.4	9.1	1.4	18.6	33.2	30.6	17.5

Age disaggregated data from NFHS-1 and NFHS-2 shows that 20% married women during NFHS-1 and 22% during NFHS-2 had already borne a child at the age of 15 years. At 17 years 7-8 % were mothers of 2 children during the two surveys (Figure 10).

Figure 10



For details on percentage of currently married women aged 15-24 years by number of children born and living according to state refer annex tables 6 and 7 for NFHS-1 and 2 respectively.

Birth order

Table 3: Percent distribution of births during three years preceding the surveys by birth order according to age group.

Mothers age ---->	15-19 years					20-24 years				
Birth order ---->	1	2	3	4+	No. of births	1	2	3	4+	No. of births
NFHS-1	74.4	21.9	3.3	0.4	4601	37.3	35.1	19	8.5	14211
NFHS-2	73.3	22.9	3.5	0.4	4209	37.7	35.4	19	7.9	12606
NFHS-3	76.6	20.5	2.8	0.2	3248	31.9	32.5	18.8	16.8	23355

Note: NFHS-3 (20-29 years)



Table 3 on birth order of children among adolescent mothers also shows that almost 77% of 15-19 years old have begun childbearing and are mothers of one child. More than 20% are mothers of 2 children (NFHS-3).

Pregnancy Outcomes

Pregnancy outcomes from NFHS-1 reveal that younger mothers (15-19 years) experience higher percentage of negative pregnancy outcomes in terms of spontaneous abortions, induced abortions and still births compared to women aged 20-24 years. Trends from NFHS-1 to NFHS-2 show a decline in negative outcomes of pregnancy and increase in live births especially in the 15-19 years age group. (Table 4).

Table 4: Outcome of pregnancy according to age group (All India)

Age group ---->	15-19 Years				20-24 Years			
	Spontaneous abortion	Induced abortion	Still birth	Live birth	Spontaneous abortion	Induced abortion	Still birth	Live birth
NFHS-1	7.3	1.7	2.4	88.7	5.5	1.2	2.5	90.9
NFHS-2	4.5	0.6	1.4	93.4	5.1	1.4	2.1	91.4
NFHS-3	NA							

Table 5: Outcome of pregnancy according to place of residence

Age group ---->	NFHS-1				NFHS-2			
	Urban		Rural		Urban		Rural	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Spontaneous abortion	9.6	6.4	6.8	5.2	4.8	5.8	4.5	4.9
Induced abortion	3.3	2.2	1.4	0.9	1.3	3	0.5	1
Still birth	1.9	1.9	2.5	2.7	1.1	1.7	1.5	2.2
Live birth	85.3	89.5	89.3	91.2	92.9	89.5	93.5	91.9

Limited mobility, decision making authority or control over resources necessary to seek timely reproductive health care among young women can also have a negative impact on pregnancy outcomes. There are also differences in the outcome of pregnancy based on the residence of young women. Rural women experience higher negative outcomes (Table 5) compared to urban indicating a lack of access and availability of health care in rural areas.

For details on pregnancy outcomes by state for 15-19 and 20-24 years age groups refer annex table 8a & b and 9a & b for NFHS-1 and 2 respectively.



KEY FINDINGS

- Trends indicate a slow but steady decline in fertility in the seven years between NFHS-2 and NFHS-3 compared to NFHS-1 and NFHS-2. Between NFHS-1 and NFHS-2, fertility fell mainly at ages 20 and above and very little at age 15-19. Between NFHS-2 and NFHS-3, the decline in age specific fertility was very small at all ages.
- Nationally ASFR for 15-19 ages declined from 116 (NFHS-1) to 107 (NFHS-2) to 90 (NFHS-3) and for 20-24 ages from 231 to 210 to 209 among the three surveys.
- There is a considerable contribution of adolescents to total fertility accounting for 14% of total fertility in urban areas and 18% in rural areas of those aged 15-19 years. Trends show a slight decrease in adolescent fertility from NFHS-2 to NFHS-3 and the decline is more in rural areas as compared to urban.
- Trends show that age specific fertility rates have declined for both urban and rural women aged 15-19 years and 20-24 years. Currently, the age specific fertility rates are higher for young rural women.
- There are wide state differentials in ASFR and in some states the fertility rate is much higher than the national average.
- According to NFHS-3 for most states high fertility is concentrated in the age group of 20-29 years for both urban and rural areas.
- Adolescent childbearing is common in India. Significant proportions of married adolescents give birth in adolescence, despite the fact that pregnancy in adolescence is associated with higher risks than older ages. NFHS-3 shows that 12% of all women (married and unmarried) aged 15-19 years while 44% of currently married women in the same age group have begun childbearing.
- Trends indicate that there is a very slight decrease in adolescent childbearing (among married women) from NFHS-2 to NFHS-3.
- According to NFHS-3 the proportion of 15-19 years old women who have begun childbearing is higher in rural areas as compared to urban areas. Adolescent pregnancy and childbearing is also higher for women with no education and those in low income households.
- NFHS-3 data at state level shows that adolescent childbearing is highest in Jharkhand (28%), West Bengal (25%) and Bihar (25%), and is lowest (less than 5%) in the states of Himachal Pradesh, Goa and Jammu and Kashmir.



- NFHS-3 shows that 44% of married women (15-19 years) were mothers of one or more children. More than 47% (NFHS-1) and 48 % (NFHS-2), 15-19 years old married women had one or more children.
- Age disaggregated data from NFHS-1 and NFHS-2 shows that 20% married women during NFHS-1 and 22% during NFHS-2 had already borne a child at the age of 15 years.
- Pregnancy outcomes (NFHS-1) reveal that younger mothers experience higher percentage of spontaneous abortions and induced abortions and a lower percentage of live births as compared to mothers aged 20-24 years.
- Higher negative outcomes of pregnancy among adolescent mothers in rural areas can be related to the lack of availability and access of health care in rural areas.





5

FAMILY PLANNING

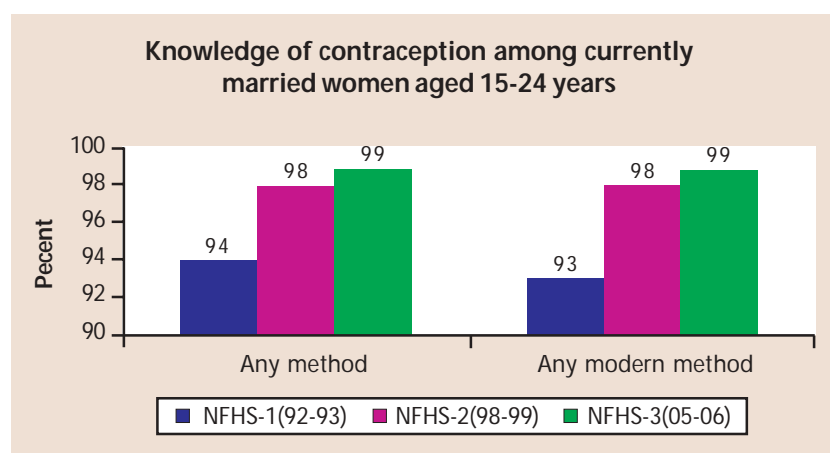
This chapter includes information on various aspects of family planning :

- Knowledge of contraceptive methods
- Use of contraceptive methods
- Use of contraception by adolescent unmarried women
- State differentials in the knowledge and current use of contraception
- Need for family planning- including unmet needs, met needs, total demand and demand satisfied
- Exposure to family planning messages
- Key findings

Knowledge of contraceptive methods

Knowledge of contraceptive methods is fundamental to the ability of women and men to make informed choices about reproductive health decisions. Information collected by NFHS-3 shows that knowledge of contraceptives is almost universal among young women. Almost 99% of currently married women aged 15-24 years know of some method of contraception.

Figure 1



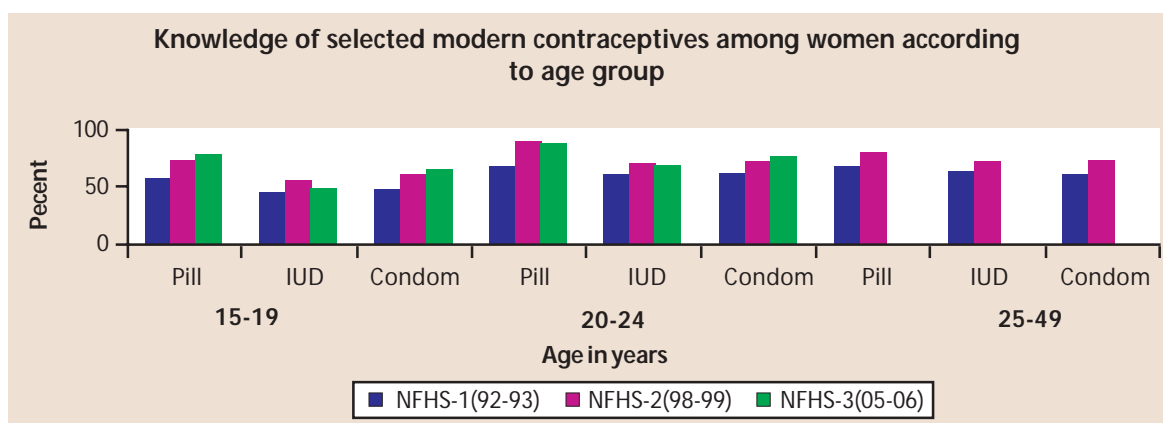
Trends from NFHS 1, 2 and 3 show that knowledge of contraception has increased over the years (Figure 1). The knowledge of any contraceptive method among currently married



women in the age group of 15-24 years was almost universal (97% or more) in all the states except Meghalaya (84%) and Nagaland (85%) by NFHS-2. For detailed information on knowledge of contraceptives methods by state for NFHS-1 and 2 for currently married women aged 15-24 years, refer annex table 1 and 2 respectively.

The knowledge of modern spacing methods –namely the pill, IUD and condoms has seen a rapid increase over the years among all age groups. Women are most likely to know about pills and least likely to know about IUD (Figure 2).

Figure 2



As contraceptive knowledge is quite high among adolescents the differentials by background characteristics are not so significant. Women aged 20-24 years are slightly more knowledgeable about contraceptive methods than those aged 15-19 years (Figure 3). Adolescent women from urban areas are more likely to know about contraceptive methods than those in rural areas (Figure 4). The proportion of adolescent women knowing any method of contraception increases with education (Figure 5) and wealth index.

Figure 3

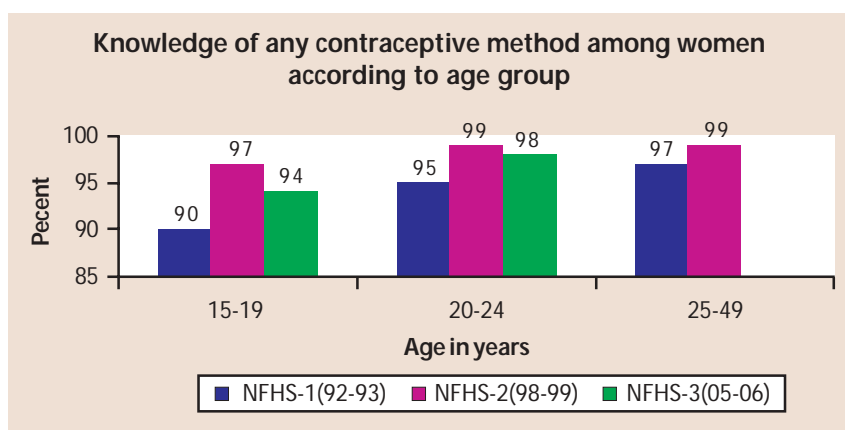




Figure 4

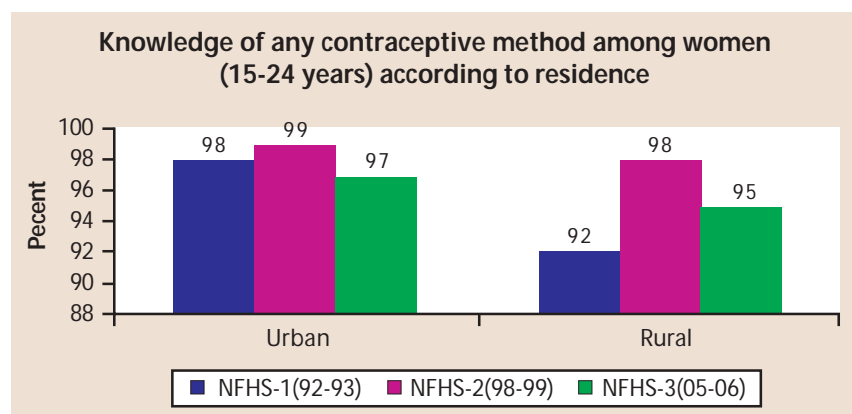
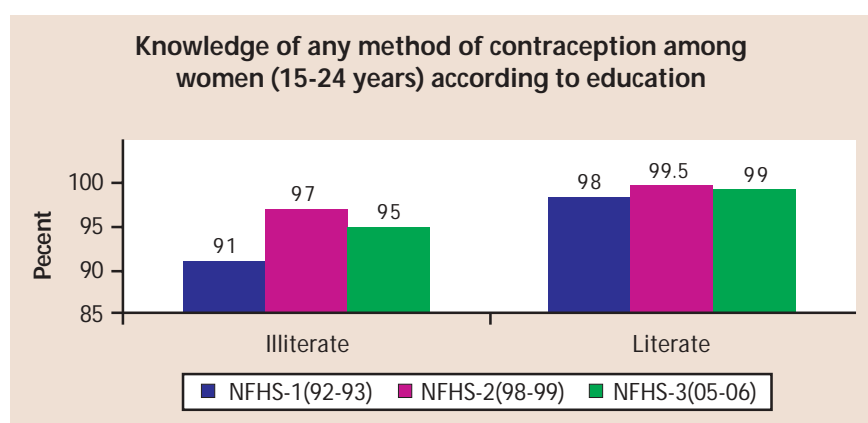


Figure 5



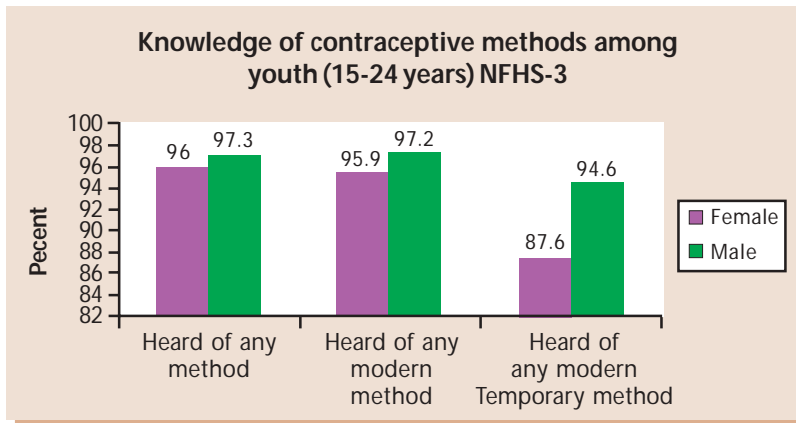
Note: (Data from NFHS-3 for all the three graphs includes all women- both married and unmarried while NFHS-1 and 2 data are on married women)

Trends of the knowledge of contraception among women according to background characteristics indicate that there has been significant increase between NFHS-1 and NFHS-2.

NFHS-3 has for the first time collected data on the knowledge of contraceptives among men and shows that almost 97% of 15-24 years old men know of some method of contraception. Men of this age group were found to be slightly more knowledgeable about contraceptive methods than women in the same age group. More men knew about condoms as compared to women and were less likely to know about pills and IUDs (Figure 6).



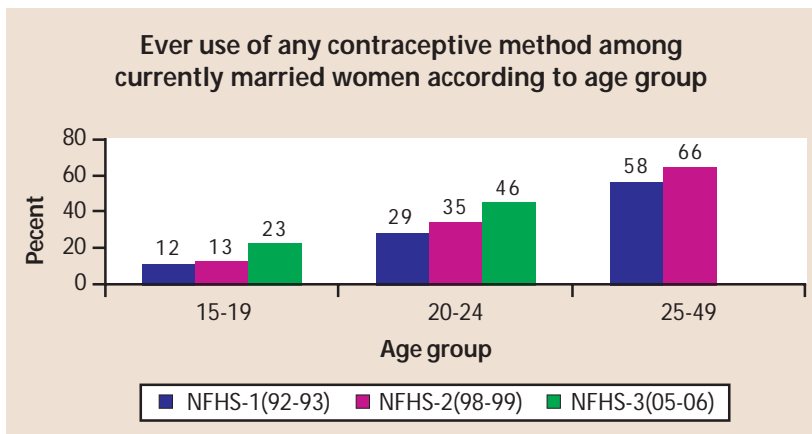
Figure 6



Ever use contraception

According to NFHS-3 almost two-thirds of currently married women have used a family planning method at some point of their lives but use rate in the 15-19 years age group is much lower. Twenty three per cent of 15-19 years old and 46% of 20-24 years old currently married women have ever used some method of contraception. Trends show that the use of contraception has been increasing over the years among adolescent women. The increase between NFHS-2 and 3 is significantly more than that between NFHS-1 and 2 (Figure 7).

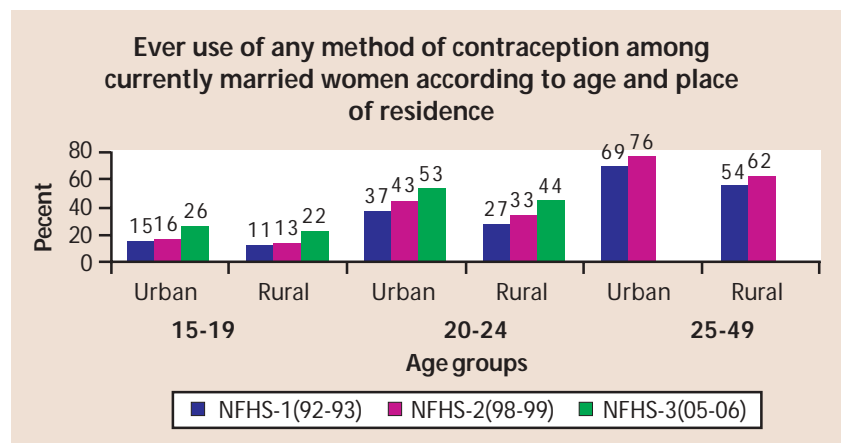
Figure 7



Data on ever use of contraception indicates that use of any method of contraception increases with age and urban women are more likely to have used contraception as compared to rural. Trends show that the increase in the use of contraception among married adolescent women has increased since NFHS-2 both in urban as well as rural areas (Figure 8).

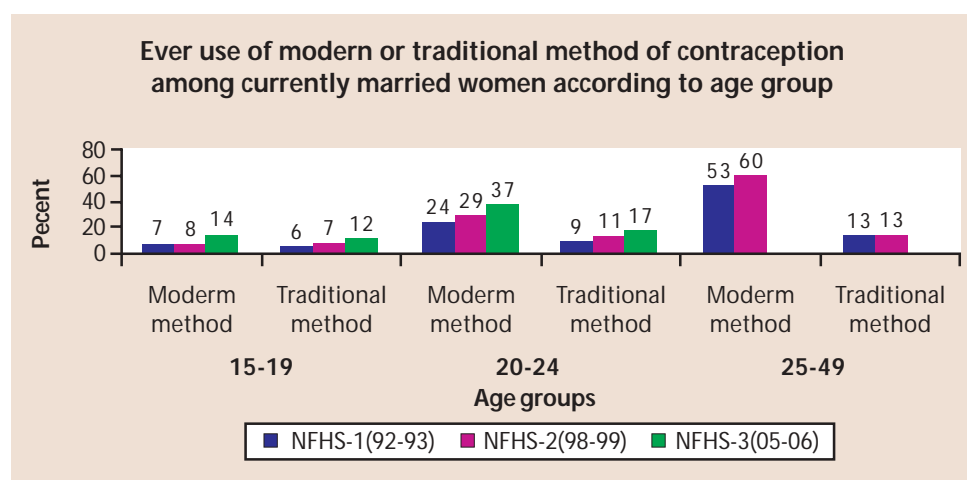


Figure 8



Information on ever use of contraception also indicates that older married women are more likely to use modern methods of contraception as compared to traditional methods (Figure 9). Among the 15-19 years old married women the difference between the use of traditional and modern methods is not significant.

Figure 9



Ever use of contraception by adolescent unmarried women

NFHS-3 has also for the first time collected data on the ever use of contraception by adolescent unmarried women who ever had sex. Ever use of contraception is low among 15-19 years old married women and is much lower among unmarried women in the same age group. The data shows that only about 18% of 15-19 years old and 30% of 20-24 years old unmarried women who ever had sex had used any form of contraception. The difference in ever use of contraception among married and unmarried adolescent women can also suggest that access to contraception might be more difficult for unmarried adolescents.

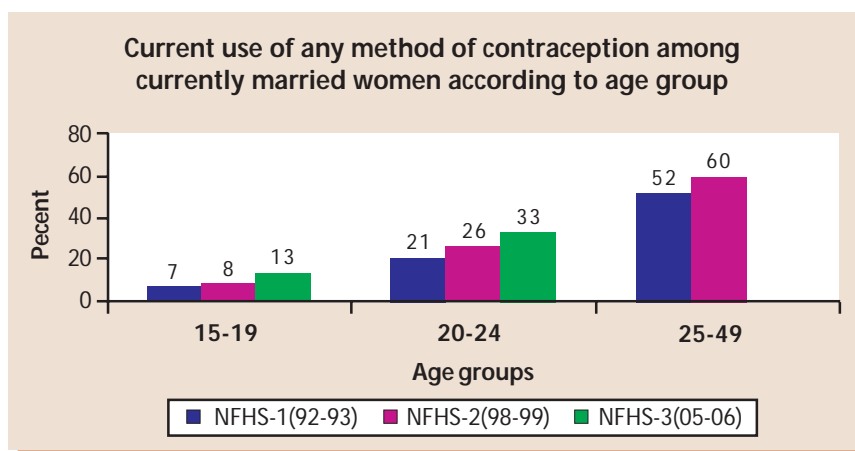


Current use of contraception

The current level of contraceptive use or the contraceptive prevalence rate (CPR) is one of the principal determinants of fertility and is defined as percentage of currently married women aged 15-49 years who are currently using a contraceptive method or whose husbands are using a contraceptive method and is one of the principal determinants of fertility. According to NFHS-3, among married adolescent women 13% of 15-19 years old and 33% of 20-24 years old are currently using some method of family planning. Only about 7% of 15-19 years old and 26% of 20-24 years old married women are using modern methods of contraception while 6-7% are using traditional methods. Most widely used spacing methods among adolescent married women are condom/Nirodh, contraceptive pills and the rhythm method.

Trends show that over the years there has been a steady increase in the CPR. Among adolescent married women aged 15-19 years it has increased from 7 percent in NFHS-1 to 8% in NFHS-2 and further to 13% by NFHS-3. Similarly for married women aged 20-24 years CPR has increased from 21% in NFHS-1 to 26% in NFHS-2 and further to 33% by NFHS-3 (Figure 10). However, when it is most critical to prevent pregnancy i.e. for women aged less than 19 years, CPR remains at an abysmal low.

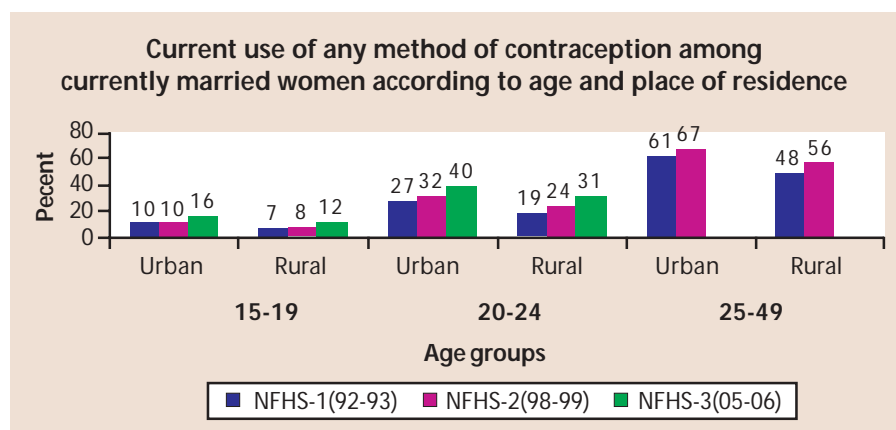
Figure 10



The use of contraception has increased in both urban and rural areas for all age groups. The increase has been higher between NFHS-2 and NFHS-3 (Figure 11).



Figure 11



Current use of contraception among currently married women aged 15-24 years within states ranges from 6% to 47% (NFHS-2). The current use of any method of contraception is highest in the states of Delhi (34.7%), West Bengal (46.8%), Tripura (32.2%) while it is lowest in Bihar (5.8%) and UP (9.7%). For detailed information on state-wise use during NFHS-1 and 2 refer to annex tables- 3a, b, c and 4 a, b, c.

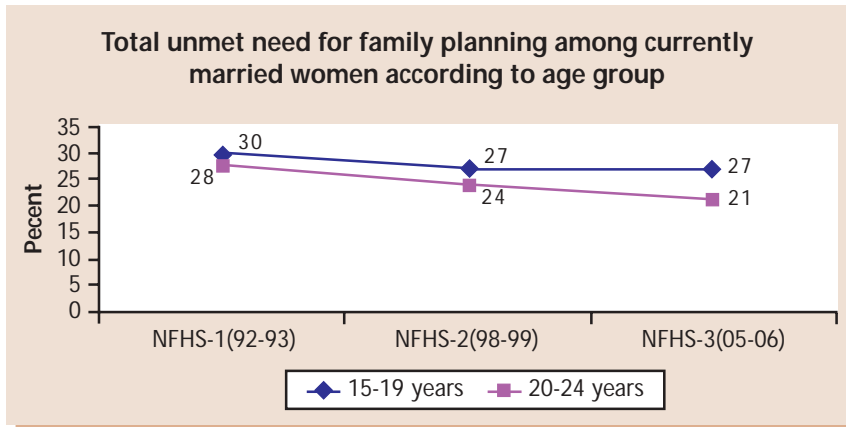
Need for family planning

Unmet need for family planning is an important indicator for assessing the potential demand for family planning services. According to NFHS-3 the total unmet need of currently married young women is fairly high- about 27% for the 15-19 years age group and 21% for 20-24 years age group.

Trends show that there has been a very slight decrease in the unmet needs of adolescent married women between NFHS-1 and NFHS-2 (from 30% to 27% for 15-19 years old and from 28 to 24% for 20-24 years old). Between NFHS-2 and 3 the decrease in unmet needs for younger married women has been nil and almost negligent for 20-24 years old married women (Figure 12). Comparing the data of NFHS-2 and 3 of all married women (15-49 years old) also show that the total unmet need has decreased from 16% to 13% by the third round.

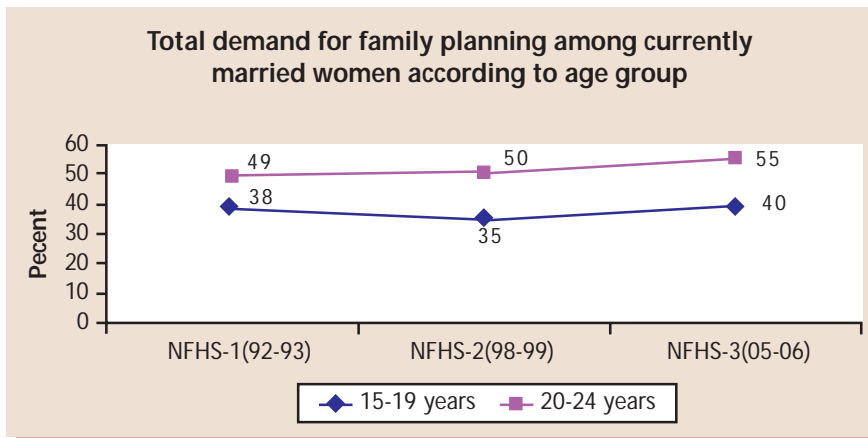


Figure 12



According to NFHS-3 thirteen per cent of 15-19 years old and 33% of 20-24 years old currently married women have met their needs for family planning both for spacing as well as limiting. Trends show that contraception needs are being met increasingly and has increased from 7% to 13% from NFHS-1 to NFHS-3 for 15-19 year old and from 21 to 33% for 20-24 years old married women.

Figure 13



NFHS-3 indicates that the total demand for family planning services is not very high, about 40% (15-19 years) and 55%(20-24 years) among married young women. Trends show that the demand has been increasing steadily over the years (Figure 13). Thirty two per cent of the total demand for family planning services of 15-19 years old and 61% of 20-24 years old have been satisfied according to NFHS-3. Clearly younger married adolescent women (15-19 years) are at a disadvantage as compared to 20-24 years old. Trends indicate that though the percentage of demand satisfied for family planning has increased over the years, the adolescent married women remained at a disadvantage with a much lower percentage of their demand for family planning services being satisfied (Figure 14).



Figure 14

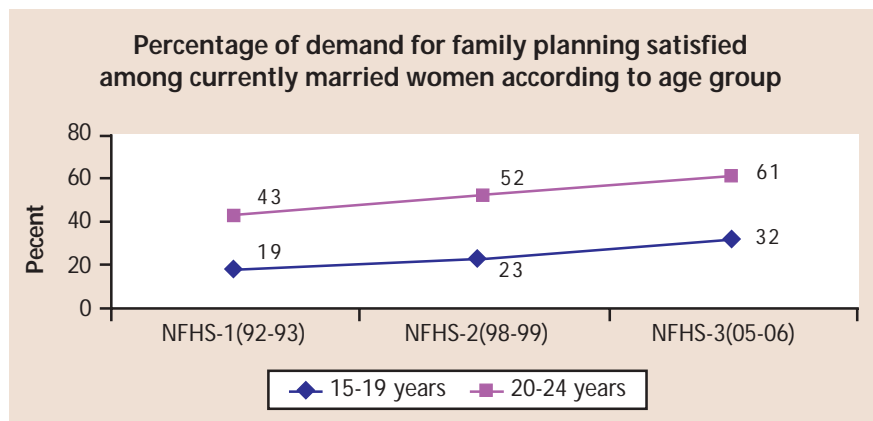
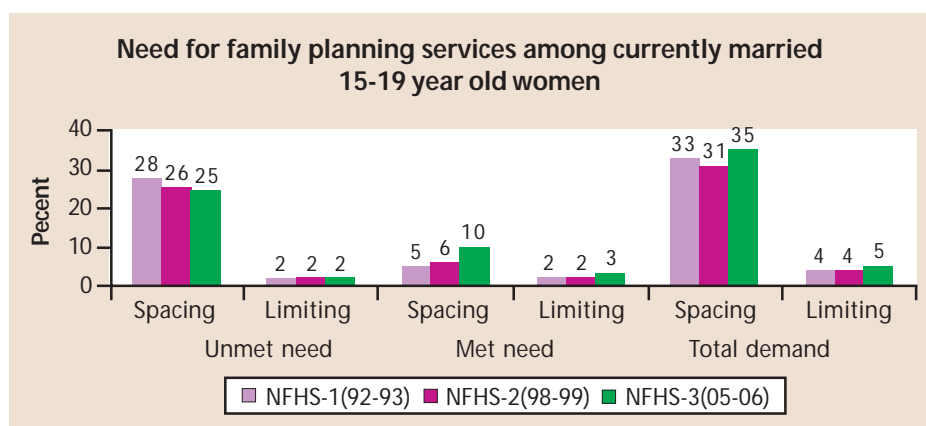
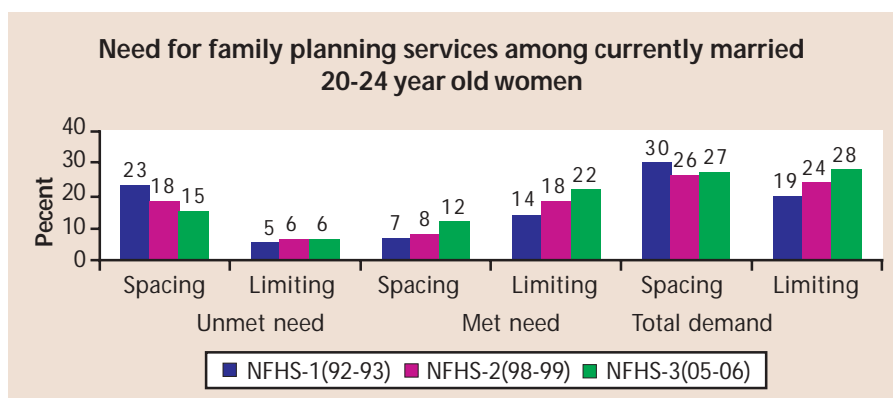


Figure 15



Information on the need for family planning services among married adolescent women indicates that the demand and unmet need for spacing is much higher among 15-19 years old as compared to 20-24 years old. Trends show that demand for family planning services has increased over the years while unmet needs for spacing and limiting has not reduced significantly for both 15-19 and 20-24 years old women (Figure 15, 16).

Figure 16



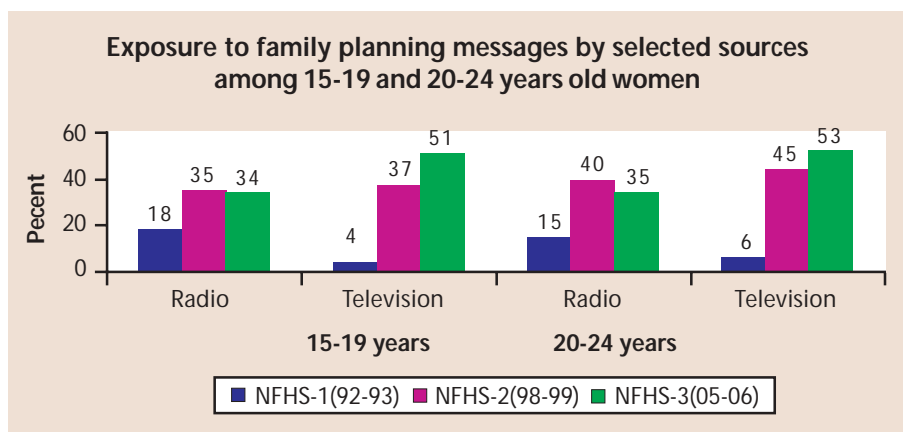


State-wise data from NFHS-2 on currently married women aged 15-24 years shows the highest unmet need in the states of Bihar, UP, Manipur, Meghalaya, Nagaland ranging from 41 to 32%, while the lowest in unmet needs are states of Jammu and Kashmir, Himachal Pradesh and Haryana (about 12%). The highest met needs are seen in the states of West Bengal (46.8%), Delhi (34.7%), Punjab (33.8%) while the lowest is in Bihar (5.8%). For detailed information on need for family planning services by state refer to annex tables 5 and 6 for NFHS-1 and 2 respectively.

Exposure to family planning messages

Exposure to family planning messages is seen as widening the horizon of understanding issues related to contraceptive use. According to NFHS-3 more than 50% of adolescents (15-24 years) have seen family planning messages on television. Lesser proportions have seen or heard it from other media sources like radio, newspapers, wall paintings or hoardings. Trends on selected media sources- radio and television show that between NFHS-1 and NFHS-2 there was a significant increase in exposure from both radio and television for both the age groups (15-19 and 20-24 years). However, between NFHS-2 and NFHS-3 television as a medium has gained much more popularity with decreasing audiences for radio messages (Figure 17).

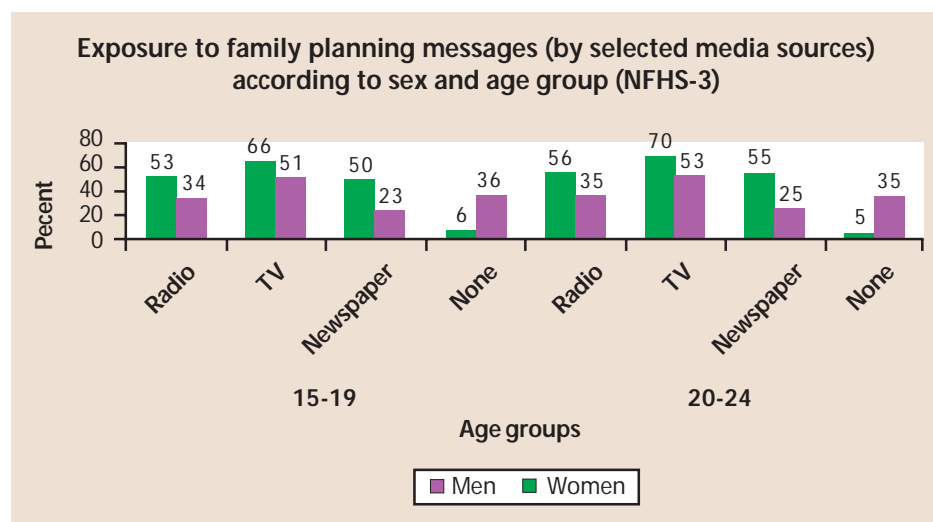
Figure 17



For state-wise data on exposure to family planning messages during NFHS-2 refer to annex table 7.



Figure 18



Data from NFHS-3 shows that more young men are exposed to family planning messages as compared to women of the same age group. The gender differentials are especially significant in case of women not being exposed to any media source for information (Figure 18). Almost 35% of women are not exposed to any media source as compared to only 5% of men.

KEY FINDINGS

- Knowledge of contraceptives is almost universal among adolescent women. Almost 99% of currently married women aged 15-24 years know of some method of contraception (NFHS-3).
- Trends show that knowledge of contraception has increased over the years. The increase has been substantial between NFHS-1 and NFHS-2 as compared to NFHS-2 and NFHS-3.
- Among modern spacing methods adolescent women are most likely to know about pills and least likely to know about IUD.
- Overall women aged 20-24 years are found to be more knowledgeable about contraceptive methods than those aged 15-19 years. Young women from urban areas are more likely to know about contraceptive methods than those in rural areas and proportion of adolescent women knowing any method of contraception increases with education and wealth index.
- Almost 97% of 15-24 years old men know of some method of contraception.



Men of this age group were found to be slightly more knowledgeable about contraceptive methods than women in the same age group.

- Only twenty three per cent of 15-19 years old and 46% of 20-24 years old currently married women have ever used some method of contraception. Trends show that the use of contraception has been increasing over the years among adolescent women. The increase between NFHS-2 and 3 is significantly more than that between NFHS-1 and 2.
- Use of contraceptives was found to be very low among unmarried young women who have had sex.
- Though an increasing trend is seen in the use of contraception among married adolescent women since NFHS-2 for both in urban as well as rural areas, the use is still low.
- According to NFHS-3, among married adolescent women 13% of 15-19 years old and 33% of 20-24 years old are currently using some method of family planning.
- Trends show that over the years there has been a steady increase in the CPR. Among adolescent married women aged 15-19 years it has increased from 7 percent in NFHS-1 to 8% in NFHS-2 and further to 13% by NFHS-3. Similarly for married women aged 20-24 years CPR has increased from 21% in NFHS-1 to 26% in NFHS-2 and further to 33% by NFHS-3.
- However, there is substantial unmet need among married adolescents
- According to NFHS-3 the total unmet need of currently married adolescent women is about 27% (15-19 years old) to 21% (20-24 years old).
- Trends show that there has been a very slight decrease in the unmet needs of adolescent married women between NFHS-1 and NFHS-2 (from 30% to 27% for 15-19 years old and from 28 to 24% for 20-24 years old). Between NFHS-2 and 3 the decrease in unmet needs for young married women has been almost negligible.
- Thirty two per cent of the total demand for family planning services of 15-19 years old and 61% of 20-24 years old have been satisfied according to NFHS-3. Trends indicate that though the percentage of demand satisfied for family planning has increased over the years, the adolescent married women remained at a disadvantage with a much lower percentage of their demand for family planning services being satisfied.



- Among married young women the demand and unmet need for spacing is much higher among 15-19 years old as compared to 20-24 years old. Trends show that demand for family planning services has increased over the years while unmet needs for spacing and limiting has not reduced significantly for both 15-19 and 20-24 years old women.
- Between NFHS-1 and NFHS-2 there was a significant increase in exposure from both radio and television for both the age groups (15-19 and 20-24 years). However, between NFHS-2 and NFHS-3 the medium of television has gained much more popularity with decreasing audiences for radio messages. According to NFHS-3 more than 50% of adolescents (15-24 years) have seen family planning messages on television.
- More young men are exposed to family planning messages as compared to women in the same age group.





6

NUTRITIONAL STATUS

This chapter includes:

- Food consumption patterns among women
- Height and Body Mass Index of women and men
- Differentials in food consumption and BMI based on background characteristics of residence and education
- State differentials in BMI
- Prevalence of anaemia among women and men
- State differentials in the prevalence of anaemia
- Micro-nutrient deficiency
- Key findings

Adolescence is a period of rapid growth with adolescents gaining up to 50% of their adult weight, more than 20% of their adult height and 50% of their adult skeletal mass. The growth demands extra nutritional inputs thus making nutrition a significant determinant of adolescent health.

Food consumption among women

A major determinant of the nutritional and health status is the average intake of energy (calorie), protein and iron. Food consumption pattern of women aged 15-24 years (Table 1-NFHS-2) shows that 65% consume vegetables daily followed by pulses and leafy vegetables. Only 35% consume milk or milk products on a daily basis and a very small percentage consumes eggs, chicken, meat or fruits on a daily basis.



Table 1: Women's food consumption (NFHS-2)

Percent distribution of ever-married women aged 15-24 years by frequency of consumption of specific foods, India, 1998-99						
Type of food	Frequency of consumption					Total percent
	Daily	Weekly	Occasionally	Never	Missing	
Milk or curd	35.4	17.9	35.5	11.2	0.0	100.0
Pulses or beans	46.0	42.2	11.4	0.5	0.0	100.0
Green, leafy vegetables	42.1	43.4	13.9	0.5	0.0	100.0
Other vegetables	64.9	27.8	7.1	0.2	0.0	100.0
Fruits	6.9	23.8	64.8	4.4	0.1	100.0
Eggs	2.7	25.5	39.2	32.5	0.0	100.0
Chicken, meat, or fish	4.8	26.5	38.9	29.7	0.0	100.0

Consumption of each type of food at least once a week according to age of the women does not show much difference. According to NFHS-3 among women aged 15-19 years, 54% have milk/curd, 90% pulses /beans, 92% dark green leafy vegetables, 40% fruits, 39% eggs, 26% fish, 22% chicken or meat and 33.4% fish chicken or meat at least on a weekly basis. Urban rural difference in food consumption pattern reveal that women in urban areas are more likely to include every kind of food in their diet especially nutritious foods as fruits, eggs and meat compared to rural women. Women with education also have a better diet compared to those with no education. (refer to annex table 1 for detailed information on women (15-24 years) food consumption pattern by background characteristics and table 2 for women's food consumption by state. (NFHS-2).

Height and Body Mass Index

The nutritional status of adolescents estimated on the basis of their body mass index (BMI) reveals that only 51% of women and 40% of men in the age group of 15-19 years have normal BMI (18.5-24.9 kg/m²). Table 2 shows levels of BMI by different age groups of women and men during NFHS-3. The data reveals a high level of nutritional deficiency among adolescent men and women. The mean BMI for adolescent women (15-19 years) is 19, very little above the normal range of 18.5-24.9. For men in the same age group it is lower than normal at 18.3. Almost half of adolescents (both women and men) come below the normal range varying from totally thin to severely thin. Almost 21% of adolescent women and 29% of men are severely thin. Data from NFHS-2 shows that the nutritional status of adolescent women over time has only worsened. According to figure 1 mean BMI for the age groups of 20-24 and 25-49 years are only marginally better. Table 3 also shows that

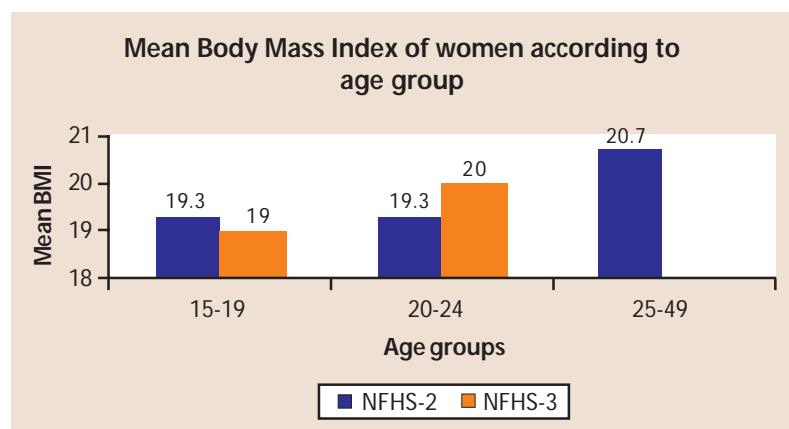


totally thin percentage of adolescent women has increased over time from NFHS-2 to NFHS-3 (note- NFHS-3 data includes all women while NFHS-2 data is on ever married women).

Table 2: BMI of women and men (NFHS-3)

	15-19		20-29		30-39		40-49	
	Women	Men	Women	Men	Women	Men	Women	Men
Mean BMI	19	18.3	20	20.1	21.1	21	21.9	21.2
18.5-24.9 (Normal)	50.8	40.2	53.7	60.4	51.6	61.4	49.8	58.6
<18.5 (totally thin)	46.8	58.1	38.1	33	31	25.5	26.4	26.2
17-18.4 (mildly thin)	25.9	28.8	21.7	21.8	17	16.7	14.1	15.8
<17 (severely thin)	20.9	29.3	16.4	11.3	14	8.9	12.3	10.4
≥ 25 (overweight or obese)	2.4	1.7	8.2	6.5	17.4	13	23.7	15.2
25-29.9 (overweight)	2.1	1.4	6.8	5.8	3.5	11.2	17.4	12.9
≥30 (obese)	0.2	0.2	1.4	0.7	3.9	1.8	6.4	2.3

Figure 1



Note: NFHS-3 age group-20-29

Height is also an important indicator of the nutritional status of individuals. Women's height can be used to identify women at risk of having a difficult delivery and having babies with low birth weight. The cut-off point for height below which a woman is identified as nutritionally at risk is 145cms for NFHS-3. Almost 12% women (15-19 years) are under 145 cm in height. There has been a slight decrease in this percentage from NFHS-2 (15%) (Table 3).



Table 3: Height and BMI of women (NFHS-2 and 3)

	Body Mass Index (BMI) in kg/m ²							
	Height % below 145cms		<18 (total thin)		≥ 25.0 (overweight)		≥ 30 (obese)	
	NFHS-2	NFHS-3	NFHS-2	NFHS-3	NFHS-2	NFHS-3	NFHS-2	NFHS-3
15-19	14.7	11.7	38.8	46.8	1.7	2.4	0.1	0.2
20-24	13		41.8		3.6		0.4	
20-29		10.9		38.1		8.2		1.4
25-29	12.4		39.1		7.3		1.2	
30-39		10.9		31		17.4		3.9
30-34	12.3		35		11.7		2.4	
35-49	13.7		31.1		16.8		3.9	
40-49		12.8		26.4		23.7		6.4

Note: Highlighted age group division for NFHS-3. Data for NFHS-3 all women, NFHS-2 -ever married women.

A growing concern in recent years is the unhealthy diet of adolescents leading to obesity. According to NFHS-3, more than 2% adolescent women (15-19 years) are overweight. Obesity has increased among adolescents over the period from NFHS-2 to 3 (Table 3).

Nutritional status of adolescents also varies by place of residence, education and wealth index. Data on ever married women aged 15-24 years from NFHS-2 shows that rural women are more likely to have low BMI, as compared to women in the urban areas. Education and wealth are also negatively correlated to the nutritional status. (Refer annex table 3 for details).

State Differentials

Nutritional status of women (15-24 years) by state (NFHS-2) shows that more than half the women have BMI below normal in the state of Maharashtra (55%), followed by 53% in West Bengal, 51% in Karnataka and 50% in Gujarat. Obesity is high in the states of Uttar Pradesh (3.4%), Gujarat (2.5%) and Delhi (2.2%). (For details refer to annex table 4).

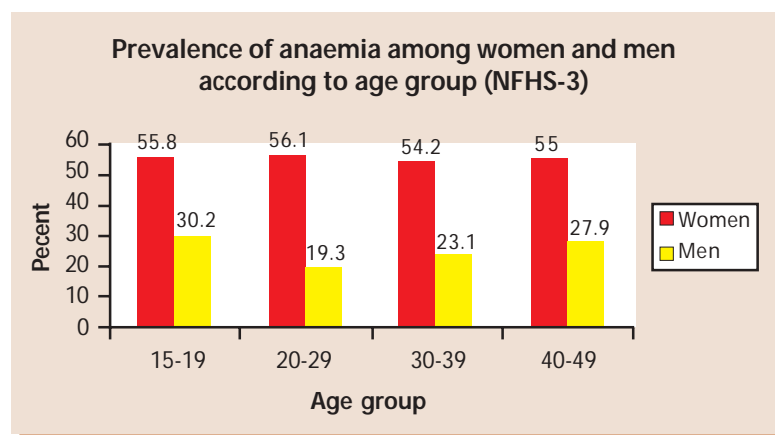
Anaemia

A woman's nutritional status has important implications for her health as well as health of her children. Low level of haemoglobin in the blood characterizes anaemia and it has detrimental effects on the health of adolescents and pregnant women in particular. According to NFHS-3 almost 56% of women aged 15-19 years suffer from some form of anaemia. Anaemia is pervasive among all age groups of women. More than half of women are anaemic in every age group with the prevalence being higher for younger



women (15-24 years). Figure 2 shows that anaemia among men (NFHS-3) varies substantially by age. The prevalence of anaemia is higher for men aged 15-19 years than for men aged 20-24 years and older age groups.

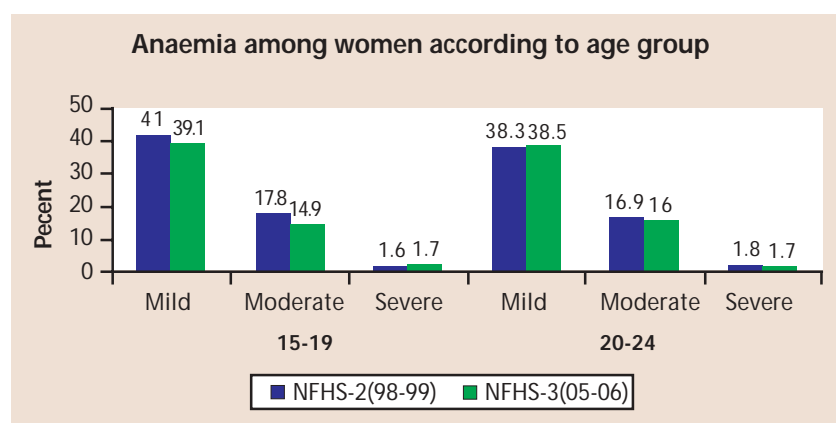
Figure 2



Trends from NFHS-2 show that there has not been much difference in the reduction of anaemia among adolescent women in NFHS-3.² According to NFHS-3 more than 39% adolescent women (15-19 years) are mildly anaemic while 15% and 2% suffer from moderate and severe anaemia respectively while during NFHS-2 the prevalence was 41%, 18% and 2% for mild, moderate and severe anaemia among 15-19 years old women.

Age disaggregated data from NFHS-2 also shows that prevalence of anaemia was higher among 15-19 years old women as compared to other age groups- 57% for 20-24 years and 51% for 25-49 years (Figure 3).

Figure 3



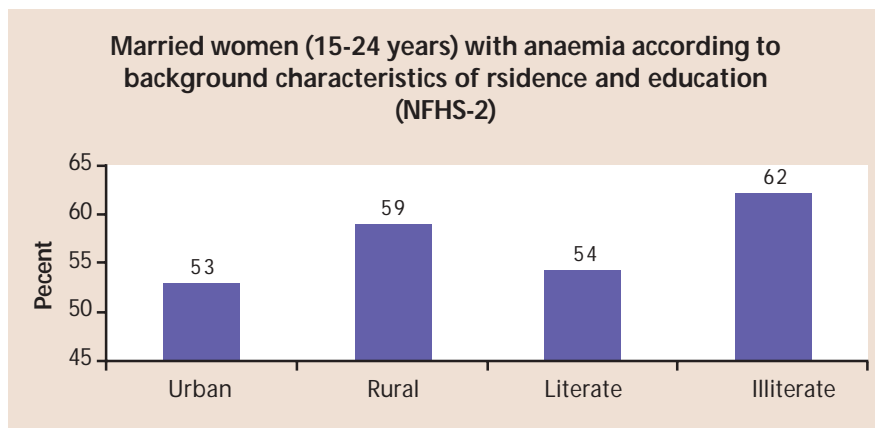
Note: NFHS-3 age group 20-29 years

² According to the NFHS-3 publication- restricting analysis to ever married women (as NFHS-2 did not include never married women) the prevalence of anaemia has increased and the situation has worsened over time. It has increased from 52% in NFHS-2 to 56% in NFHS-3 for 15-49 years old married women.



When the occurrence of anaemia is analyzed by other background characteristics (NFHS-2) among women aged 15-24 years, it was found that the prevalence of anaemia was higher among women living in rural areas, illiterate women and those with low standard of living (Figure 4).

Figure 4



State differentials in the prevalence of anaemia

State-wise data from NFHS-2 on prevalence of anaemia among women aged 15-24 years shows highest prevalence in Assam (72%). More than 67% of women suffer from some form of anaemia in the states of Bihar, Orissa, West Bengal. In most states of India more than 50% of women suffer from anaemia. The lowest prevalence is in the state of Kerala. (For details refer annex table 5).

There is also a high level of micro nutritional deficiency among adolescent women. Information from NFHS-3 data on extent of iodized salt consumption at household level showed that one quarter of the households were using salt that was inadequately iodized while one quarter was not using iodized salt at all. Only 50% of the households were using iodized salt and there has been no change in this figure since NFHS-2.

KEY FINDINGS

- Food consumption pattern of adolescent women show that they consume more of vegetables and pulses compared to other nutritious foods like milk, fruits, meat chicken etc. Gender disparities also play an important role in the food consumption patterns negatively impacting the nutritional status of young women.
- The data on BMI reveals a high level of nutritional deficiency among adolescent men and women.



- The mean BMI for adolescent women (15-19 years) is 19, a little above the low normal range (18.5-24.9). For men in the same age group it is lower than normal at 18.3. Almost half of adolescents (both women and men) come below the normal range varying from totally thin to severely thin.
- Data from NFHS-2 shows that the nutritional status of adolescent women over time has not changed.
- Almost 12% women (15-19 years) are under 145 cm in height heightening their risks in pregnancy and the health of their babies.
- Obesity among adolescents is also growing with more than 2% (15-19 years) women being obese.
- According to NFHS-3 more than half of women are anaemic in every age group.
- The prevalence of anaemia is higher for those aged 15-19 years in both women and men.
- Trends show that there has been almost no change in the prevalence of anaemia among women aged 15-19 and 20-24 years.
- According to NFHS-3, anaemia is more widespread among both women and children and has risen almost 5 percentage points since NFHS-2 in both the groups.
- Prevalence of anaemia was found to be higher among women (15-24 years) living in rural areas, illiterate women and those with low standard of living (NFHS-2).
- There are variations among states in the prevalence of anaemia among women. However in most of the states more than 50% women aged 15-24 years suffer from some form of anaemia.
- According to NFHS-3 only about 50% of the households consume iodized salts. This can lead to micro-nutrient deficiencies, for example iodine, among young people.





7

MATERNAL HEALTH

This chapter includes :

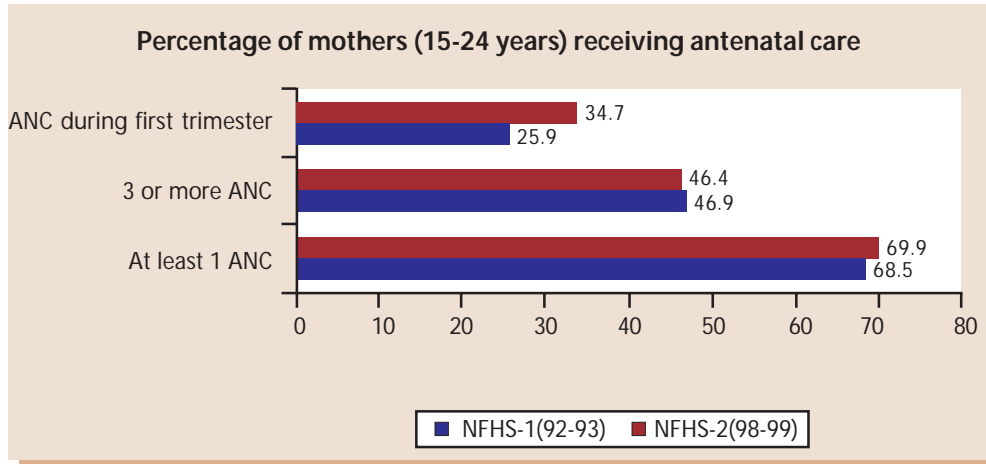
- Antenatal care received by adolescent mothers
- Type of antenatal care provider
- Number and timings of ANC
- Other components of ANC- number of Tetanus Toxoid injections and iron and folic acid supplementation
- Reasons for not receiving ANC
- Place of delivery
- Assistance during delivery
- Post natal care and postpartum complications
- Delivery characteristics- birth weight of babies according to mother's age at birth
- Neonatal, postnatal, infant and child mortality according to mothers age at birth.
- Maternal care indicators by state
- Key findings

ANTENATAL CARE

Antenatal care (ANC) refers to pregnancy related health care, which is usually provided by a doctor, an ANM, or other health professional. Trends show that utilization of ANC services (women aged 15-49 years) has increased over time from 66% in NFHS-2 to more than 76% in NFHS-3. The rate of increase is higher in rural areas than in urban areas. There was almost no change in antenatal care coverage between NFHS-1 and NFHS-2 (15-49 years). Among mothers aged 15-24 years almost 69% (NFHS-1) and 70% (NFHS-2) received at least one antenatal check up. Less than half the mothers received 3 or more antenatal check up while only about 26% (NFHS-1) and 35% (NFHS-2) received antenatal check-up during the first trimester of pregnancy (figure 1). According to NFHS-3, more than 76% mothers (15-49 years) received at least one antenatal check-up while 52% received 3 or more. About 44% of women had an ANC visit in the first trimester of pregnancy.



Figure 1

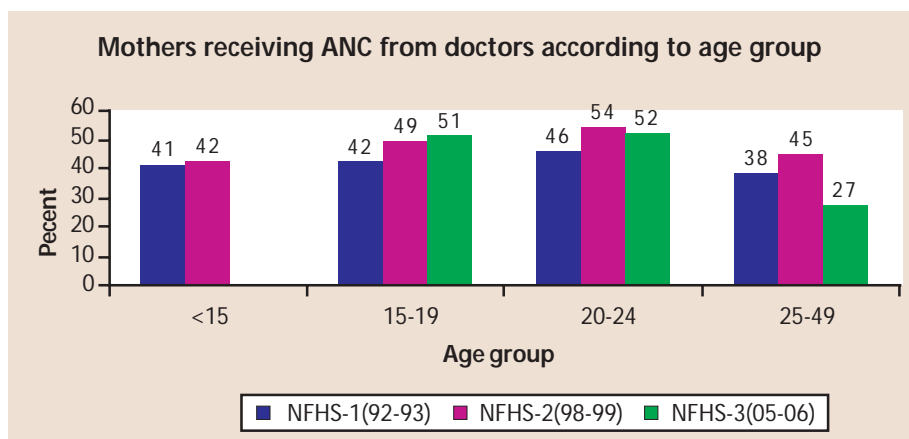


(NFHS-3- data for number and timing of ANC only for 15-49 years available)

Antenatal care provider

According to NFHS-3, among mothers aged less than 20 years, who gave birth in the five years preceding the survey, more than 51% received antenatal care from doctors (Figure 2). About 25% received ANC from health workers like ANM/nurse/midwife/LHV while less than one percent utilized the services of TBA/dai. Almost 20% women did not go for any ANC. Information on older age group (35-49 years) show that younger women (<20, 20-34 years) are more likely to receive ANC as compared to older women. ANC is more common in urban areas than in rural areas.

Figure 2

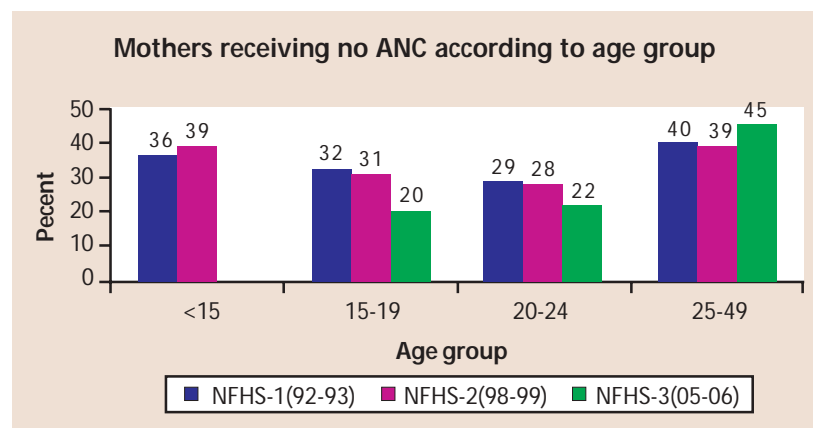


(Note: NFHS-3 age groups are <20, 20-34 and 35-49 years and record for 5 years preceding the survey. For NFHS-1 & 2 it is 3 years preceding the survey)



Trends reveal that the percentage of women (less than 20 years) receiving ANC from doctors has increased steadily but marginally from NFHS-1(42%) to NFHS-2 (49%) to NFHS-3 (51%). The percentage of young women not going for ANC has also decreased from NFHS-2 to NFHS-3 for women aged 15-19 years and 20-24 years. Figure 3 shows that only about 20-22% of women in the age group of 15-34 years did not receive any ANC compared to about 30% during NFHS-1 and 2 (15-24 years).

Figure 3

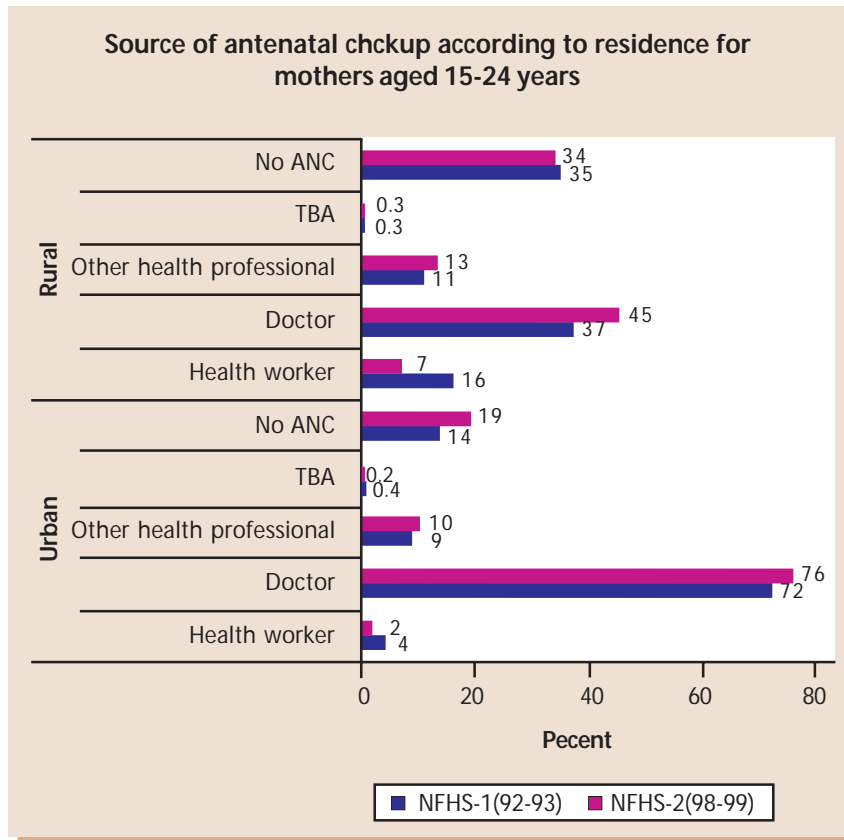


Note: NFHS-3 age groups are <20, 20-34 and 35-49 years and record fro 5 years preceding the survey. For NFHS-1 &2 it is 3 years preceding the survey)

Figure 4 shows that more than 70% of women (15-24 years) living in urban areas received antenatal care from a doctor. Trends from NFHS-1 and 2 also show an increase among rural women receiving ANC from doctors (increase from 37% to 45%) and other health professionals (11% to 13%).



Figure 4



Number and timings of Antenatal Checkups

The number of ANC visits and timings of the visits are very important for the health of the mother and the outcome of the pregnancy. According to NFHS-3 there has been an increase over time among mothers (15-49 years) who received antenatal care (ANC) in the first trimester and those who received ANC at least 3 times for their most recent births.

Figure 5 shows the distribution of mothers aged less than 20 years, 20-24 and 25-49 years by the number of ANC received, from NFHS-1 and NFHS-2. There is little increase in the percentage of mothers receiving four or more ANC in the older age groups and almost no increase for mothers less than 20 years.



Figure 5

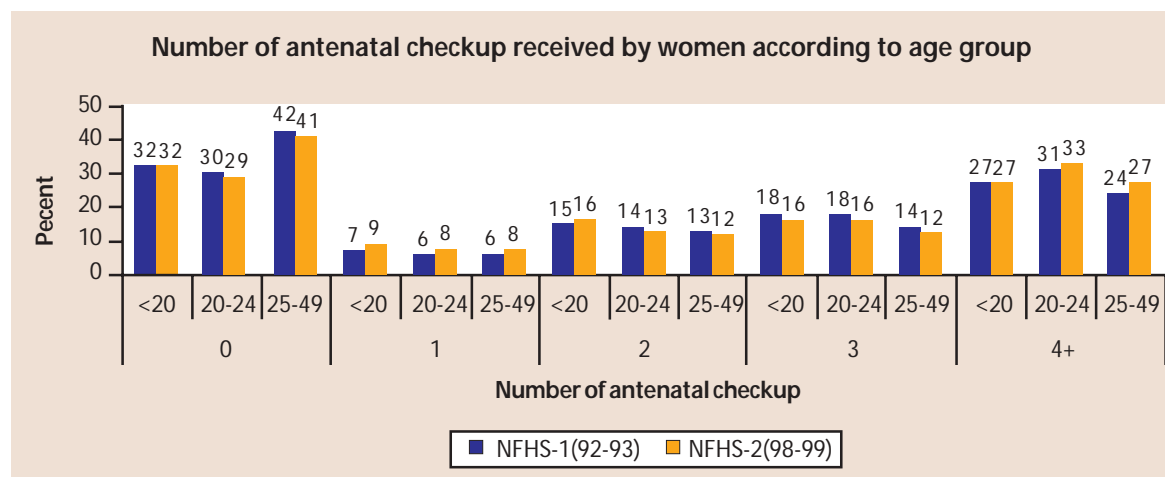


Table 1: Stage of pregnancy at the time of the first antenatal check-up

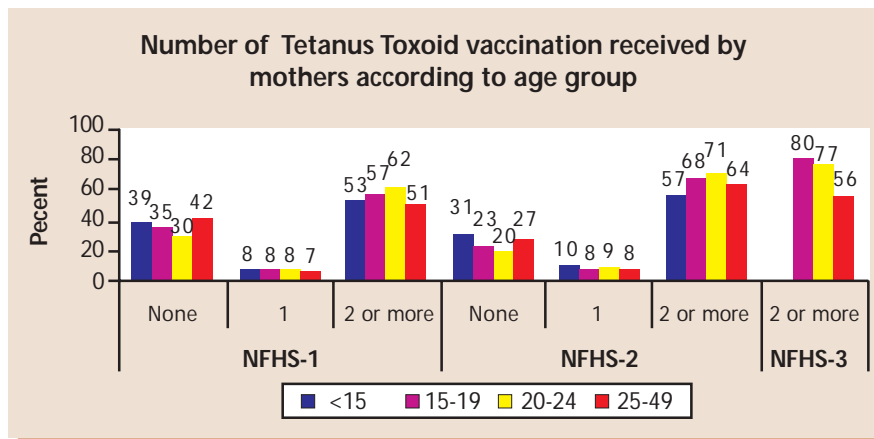
	NFHS-1	NFHS-2	NFHS-1	NFHS-2	NFHS-1	NFHS-2
	<20		20-24		25-49	
No Antenatal check-up	32.4	31.7	30.1	29.2	41.7	34
First trimester	24	31.3	27.4	37.1	22.4	33
Second trimester	30.3	28.1	29.6	26.3	24.3	25.2
Third trimester	12.7	8.6	12.4	7.1	11	7.4

Table 1 reveals that only 24% and 31% (NFHS-1 and 2 respectively) women aged less than 20 years received ANC during first trimester compared to 27% and 37% women in the 20-24 years age group. All the above indicators reveal that younger mothers are at a greater disadvantage when it comes to use and access to antenatal/maternal health services.

Important components of ANC include the provision of iron supplementation for pregnant mothers, two doses of tetanus toxoid vaccine and a drug for deworming. According to NFHS-3, 80% of the mothers (less than 20 years) received 2 or more TT injections during pregnancy for their most recent birth. Age disaggregated data from NFHS-1 and 2 reveals that a lower proportion of women aged less than 15 years (53% and 57%) and 15-19 years (57% and 68%) received 2 TT injections compared to those aged 20-24 years (62% and 71%) during NFHS-1 and 2 (Figure 6).

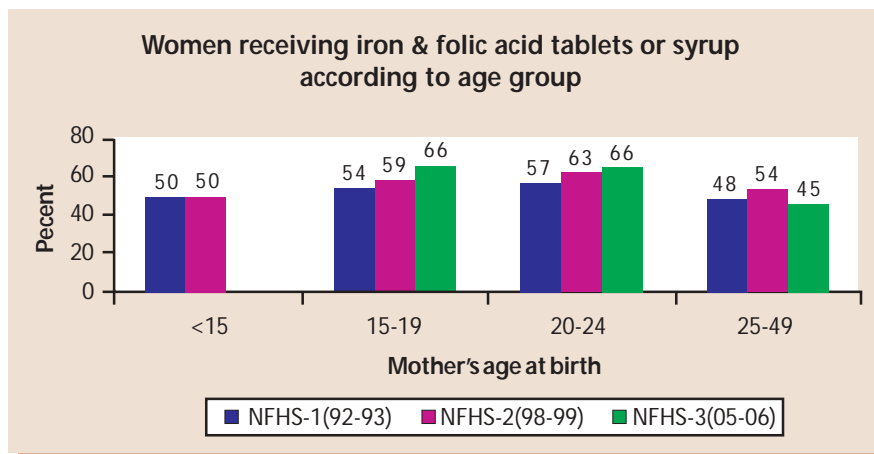


Figure 6



Note: NFHS-3 age groups- <20, 20-34, 35-49 years

Figure 7



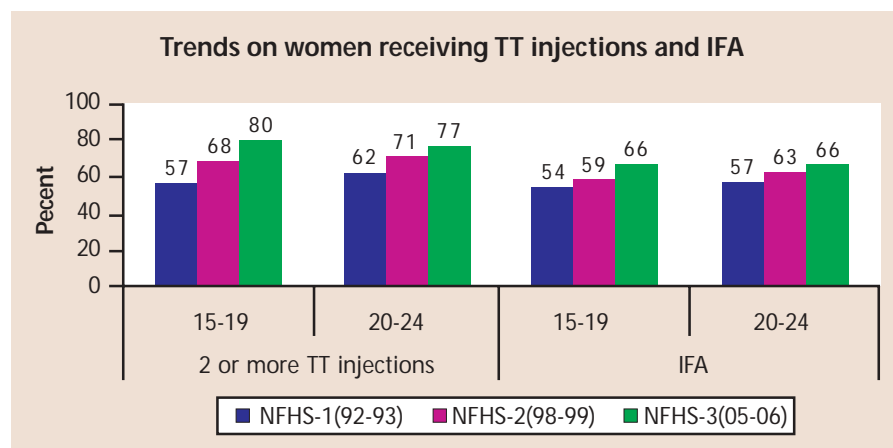
Note: NFHS-3 age groups- <20, 20-34, 35-49 years

According to NFHS-3, among mothers aged less than 20 years, 66% were given or purchased iron folic acid tablet or syrup. However, only 20% of the women consumed it for the recommended 90 days or more. The data as per NFHS-1 and 2 further reveals that lesser proportion of younger mothers (age less than 15 and 15-19 years) received iron and folic supplementation compared to older women (20-24 years) (Figure 7).

Although trends show that there is a steady increase in the percentage of adolescent mothers receiving TT injections and IFA tablets or syrup, more than one third (30-40%) of young mothers still remain deprived of these services (Figure 8).



Figure 8



Note: NFHS-3 age groups- <20, 20-34 years

Reasons for not receiving antenatal checkups

Table 2 highlights some of the main reasons for not receiving antenatal checkups in a health facility or at home as reported by mothers (aged less than 20, 20-24 and 25-49 years). More than 55% during NFHS-1 and 59% of mothers during NFHS-2, less than 20 years old, did not consider having checkups to be necessary. A high proportion of older women (20-24 and 25-49 years) also thought that ANC was not necessary. The other reasons cited by respondents were cost, lack of transport, time constraints, family did not allow, lack of knowledge and poor service. A higher percentage of women aged less than 20 years faced the problem of family not allowing them to go for antenatal checkups and lack of knowledge of ANC services compared to older women.

Table 2: Reasons for not receiving antenatal check-up among mothers who did not receive an ANC according to mother's age

	NFHS-1	NFHS-2	NFHS-1	NFHS-2	NFHS-1	NFHS-2
Age group ---->	<20		20-24		25-49	
Not necessary	55.5	59.2	57.2	60.8	59.6	58.7
Not customary	5.2	4.4	5.9	4.1	5.8	4.3
Costs too much	5.9	12.9	6.9	13.6	7.5	16.4
Too far/no transport	2.7	3.5	3	3.5	2.2	3.9
Poor quality service	1.3	0.7	1.3	0.7	1.5	1
No time to go	4	1.2	5.7	1.9	5.7	1.9
Family did not allow	7.1	10.5	5.4	8.6	4.5	7.4
No health worker visited	-	1.4	-	1.5	-	1.5
Lack of knowledge	16.3	4.6	12.3	4.3	11.7	3.7
Others	1.9	1.5	1.9	1	1.5	1.1

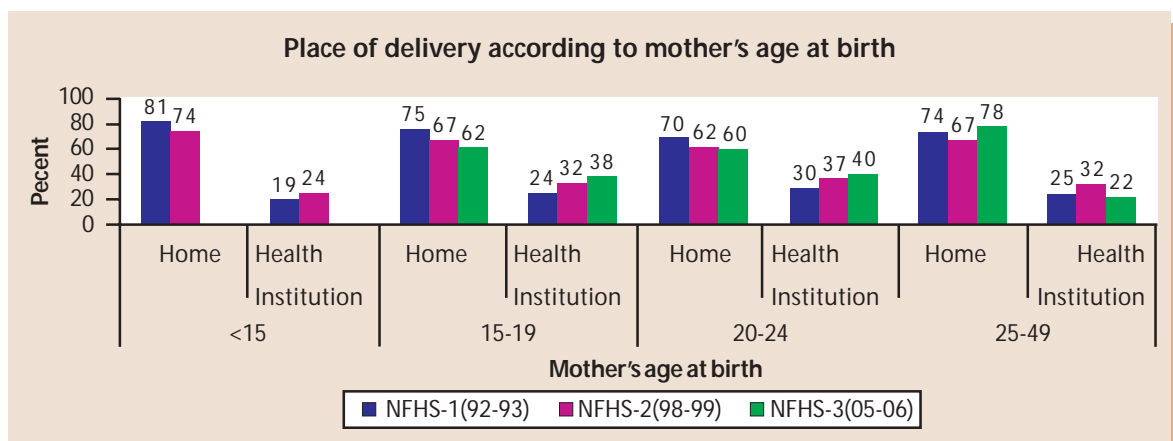


As noted in earlier chapters lack of awareness about reproductive health among young married women along with limited autonomy in terms of decision making, freedom of movement and access to resources places enormous constraints on their access health care. This trend is further supported by the responses of the women relating to reasons for not receiving ANC.

Place of delivery

Home births are still the norm in India. According to NFHS-3, for mothers aged less than 20 years more than 62% of deliveries took place at home while only 38% took place in a health facility or institution. However, trends show that there has been a steady increase in institutional deliveries since NFHS-1. For mothers aged less than 20 years it has increased from 24% (NFHS-1) to 38% (NFHS-3) and from 30% to 40% among women aged 20-24 years. A higher percentage of institutional deliveries take place among the older age group (20-24 years) as compared to mothers aged less than 15 and 15-19 years (figure 9).

Figure 9

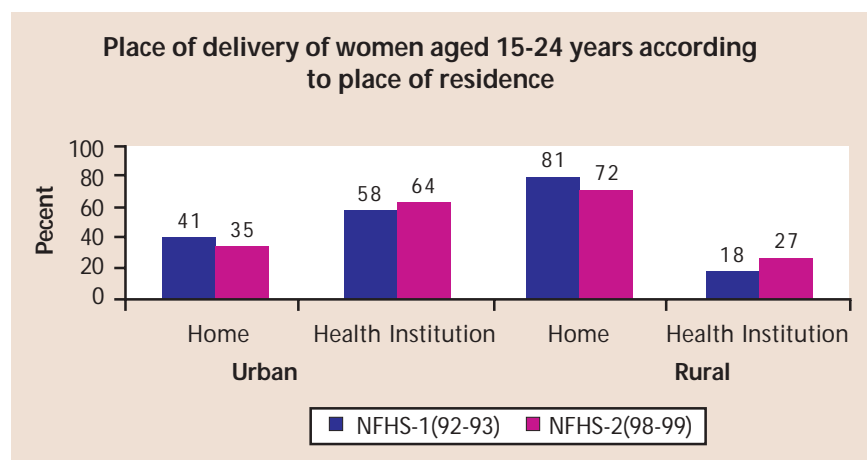


Note: NFHS-3 age groups- <20 and 20-34, 35-49 years

Home births are more common among women (15-19 years) living in rural areas as compared to those living in urban areas (Figure 10); those who have received no antenatal checkups; women with no education and women in the lowest wealth quintile.



Figure 10



Note: NFHS-3 data only for 15-49 years according to residence

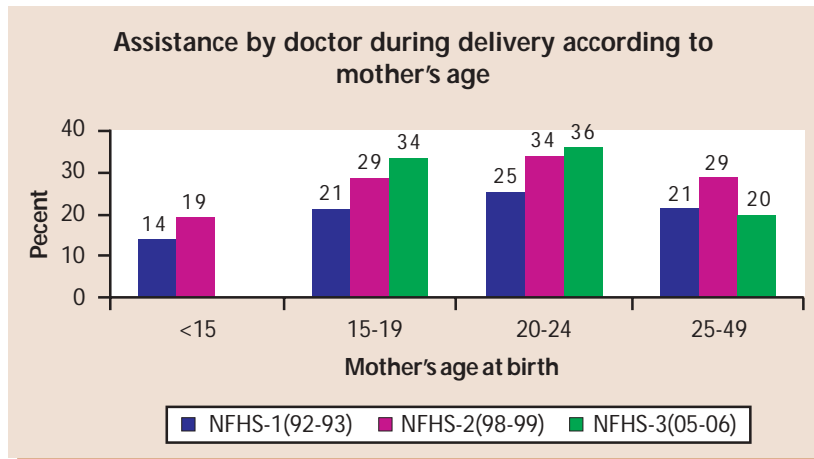
According to NFHS-3, majority of women who did not deliver at a health facility was because they were not convinced of the necessity of delivering at a health facility. The other common reasons cited were the high cost, far location of the health facility and lack of transport.

Assistance during delivery

Trends show that delivery of births by health care professionals is also increasing. According to NFHS-3, for mothers' aged less than 20 years 34 % of births were assisted by a doctor compared to 20% in NFHS-1 and 29 percent in NFHS-2. A higher percentage of older mothers (20-24 years) are assisted by doctors during delivery compared to those aged less than 15 and those in the 15-19 years age group (Figure 11). Deliveries are more likely to be assisted by doctor in urban areas than in rural areas. The proportion of deliveries assisted by doctors also increases sharply with the mother's education and wealth index.



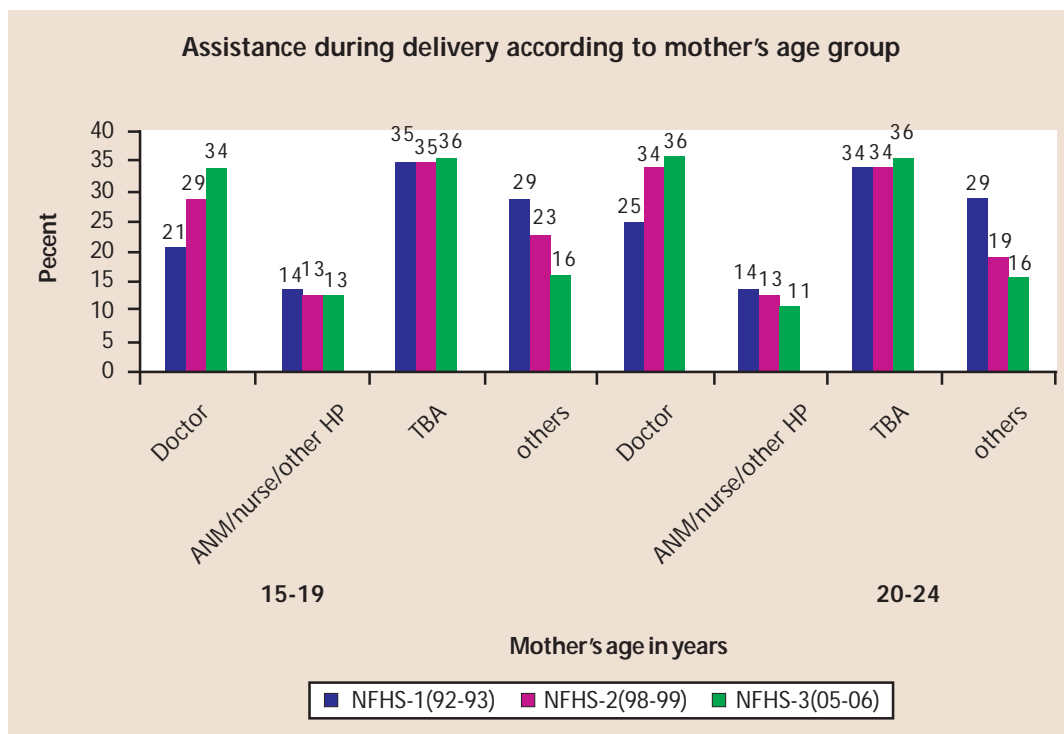
Figure 11



Note: NFHS-3 age groups- <20, 20-34, 35-49 years

More than 30% of deliveries of women aged 15-19 and 20-24 years were assisted by a traditional birth attendant (NFHS-1, 2, 3). Sixteen percent of deliveries of mothers aged less than 20 years were assisted by a relative or an untrained person (NFHS-3) (Figure 12).

Figure 12

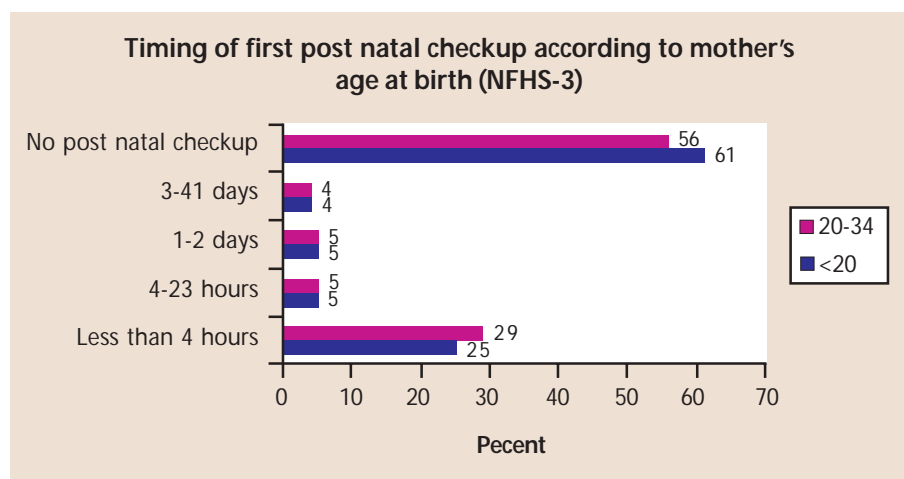




Postnatal Care

According to NFHS-3, majority of women aged less than 20 years (61%) did not receive any postnatal check-up after their most recent birth. Only 25% women received health check-up in the first four hours after birth and only about 5% received a health check-up within the critical first two days after delivery. Figure 13 indicates that more than 60% of younger mothers (aged less than 20 years) received no post natal check up compared to older mothers. A higher percentage of older mothers received postnatal check-up within 4 hours as compared to those aged less than 20 years.

Figure 13

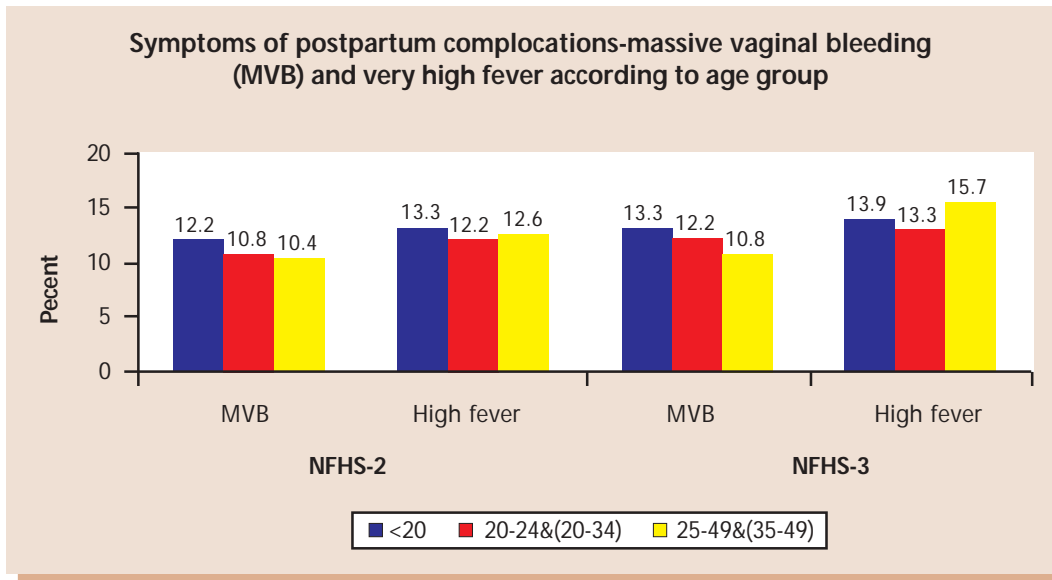


Postpartum complications

According to NFHS-3, thirteen percent of women aged less than 20 years reported massive vaginal bleeding and 14 percent reported of very high fever. Younger women (less than 20 years) reported more symptoms of postpartum complications compared to those aged 20-24 years. Figure 14 indicates that there has been no significant difference between NFHS-2 and 3.



Figure 14



Delivery characteristics

Birth weight is an important indicator of a child's vulnerability and risk of childhood illnesses and survival. According to NFHS-3, among children whose weight was reported, 26% were underweight (less than 2.5 kgs) among mothers aged less than 20 years. The proportion of births with low birth weight is greater among younger mothers (less than 20 years) compared to older mothers (20-34 years who reported 20% low birth weight). Eighty one percent (NFHS-1) and 73%(NFHS-2) of women less than 20 years reported that their baby was not weighed (Figure 15).

Figure 15

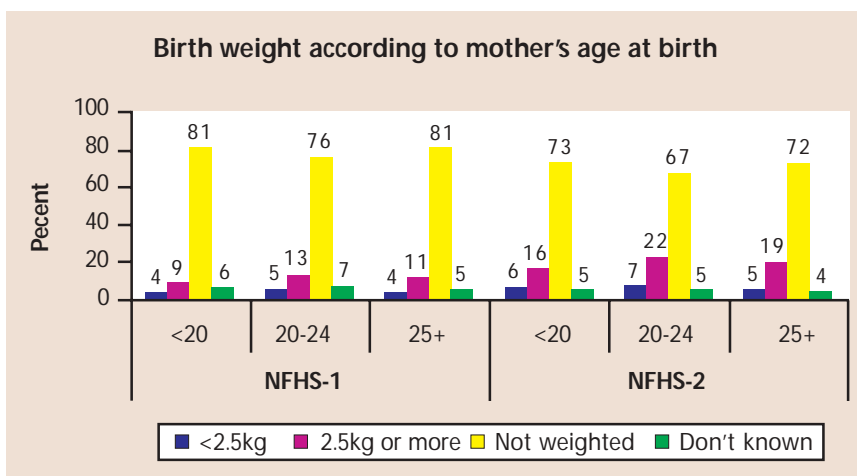
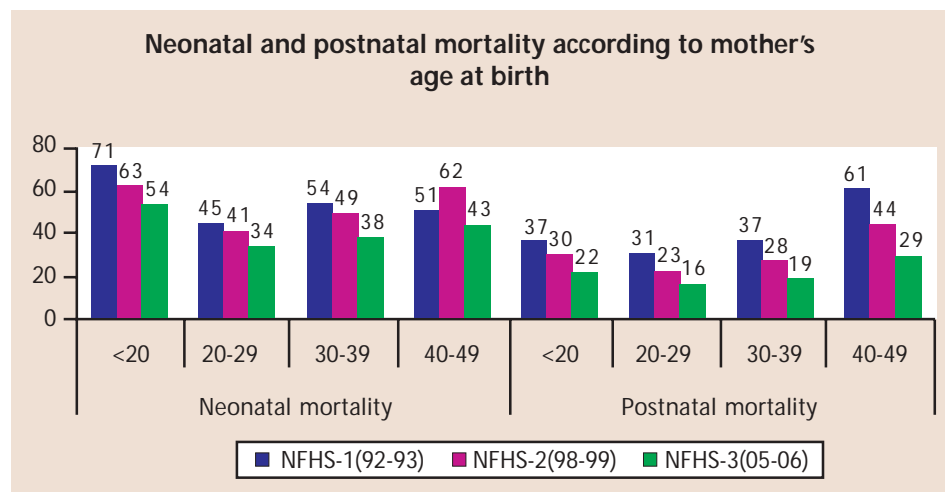


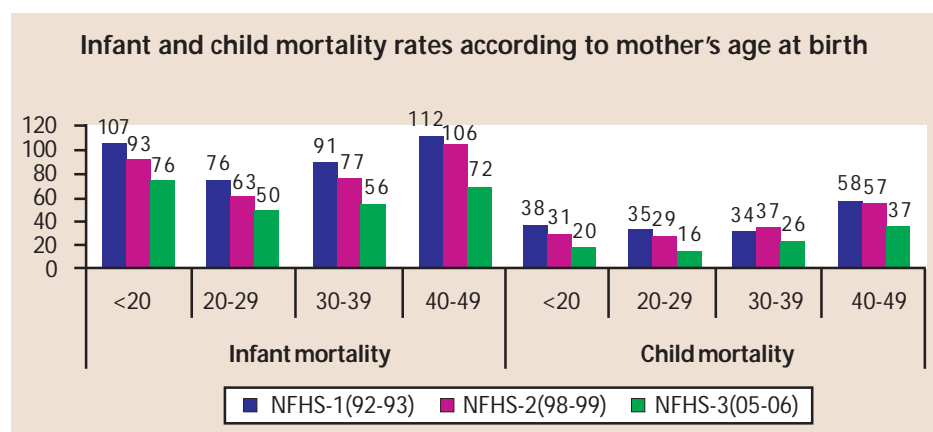


Figure 16



Infant mortality rates based on maternal age at birth show low rates for mothers aged 20-29 years and substantially higher for mothers' age less than 20 years. Hence, IMR is high among adolescent mothers. Similar age differentials are seen in neonatal mortality, postnatal mortality and child mortality (Figures 16 & 17).

Figure 17



Maternal care indicators by state (NFHS-1 and 2)

Maternal care indicators by state summarize the extent to which different states have progressed towards achieving safe motherhood goals at the different stages of the birth process: antenatal, delivery and postnatal. For India as a whole only 21% of mothers aged 15-24 years received all the required components of antenatal care (NFHS-2). There is a marginal increase of only 5% from 18% of NFHS-1. This indicator ranges from a high of 67% in Kerala and 53% in Goa to a low of 5% in UP and 6% in Nagaland (NFHS-2). The



performance of Uttar Pradesh has deteriorated from NFHS-1 (7.6%) to NFHS-2 (4.9%). Kerala outperforms other states along with Goa and Tamil Nadu in delivery care as well. Almost 93% of deliveries take place in a medical institution and 94% are assisted by a health professional in Kerala. By contrast only 15-17% of institutional delivery takes place in states of Chhattisgarh, Bihar, Assam, Nagaland and Uttar Pradesh (NFHS-2). There has barely been any improvement in these states with regard to delivery care since NFHS-1. For postnatal care Tamil Nadu is the best performer followed by Goa (NFHS-2). For details of antenatal care and maternal care indicators by state for NFHS-1 and 2 refer annex tables 1-4.

KEY FINDINGS

- Trends show that utilization of ANC services (women aged 15-49 years) has increased over time from 66% in NFHS-2 to more than 76% in NFHS-3.
- Among mothers aged 15-24 years almost 69% (NFHS-1) and 70% (NFHS-2) received at least one antenatal check up. Less than half the mothers received 3 or more antenatal check up while only about 26% (NFHS-1) and 35 % (NFHS-2) received antenatal check-up during the first trimester of pregnancy.
- According to NFHS-3, more than 76% mothers (15-49 years) received at least one antenatal check-up while 52% received 3 or more. About 44% of women had an ANC visit in the first trimester of pregnancy.
- Among mothers aged less than 20 years more than 51% received antenatal care from doctors, 25% from health workers like ANM/nurse/midwife/LHV and less than 1% utilized the services of TBA/dai. Almost 20% women did not go for any ANC visit. (NFHS-3).
- Trends reveal that the percentage of women (less than 20 years) receiving ANC from doctors and other health professionals has increased continuously from NFHS-1 to NFHS-3.
- A higher percentage of adolescent mothers living in urban areas receive ANC and are more likely to receive from a doctor or other health professionals compared to those living in rural areas.
- Age disaggregated data on mothers aged less than 20, 20-24 and 25-49 years from NFHS-1 and NFHS-2 show that a higher percentage of women aged 20-24 years receive 4 or more ANC and check up during the first trimester of pregnancy compared to mothers aged less than 20 years.



- Trends show that there is a steady increase in the percentage of adolescent mothers receiving TT injections and IFA tablets or syrup.
- Eighty percent of the mothers received 2 or more TT injections during pregnancy for their most recent birth and 66% were given or purchased iron folic acid tablet or syrup (NFHS-3).
- Age disaggregated data reveals that lower percentage of younger women aged less than 15 and 15-19 years received 2 TT injections and iron and folic acid supplementation compared to those aged 20-24 years during NFHS-1 and 2.
- More than half the women (aged less than 20, 20-24 and 25-49 years) among those who did not receive any ANC did not think ANC to be necessary.
- A higher percentage of women aged less than 20 years faced the problem of family not allowing them to go for antenatal checkups and lack of knowledge of ANC services compared to older women.
- Among mothers aged less than 20 years more than 62% of deliveries took place at home while only 38% took place in a health facility or institution (NFHS-3).
- Trends show that there has been a steady increase in institutional deliveries since NFHS-1. For mothers aged less than 20 years it has increased from 24% (NFHS-1) to 38% (NFHS-3) and from 30% to 40% among women aged 20-24 years.
- A higher percentage of institutional deliveries take place among the older age group (20-24 years) as compared to mothers aged less than 15 and 15-19 years.
- Trends show that delivery of births by health care professionals is also increasing. Among mothers' aged less than 20 years 34 % of births were assisted by a doctor (NFHS-3) compared to 20% in NFHS-1 and 29% in NFHS-2.
- A higher percentage of older mothers (20-24 years) are assisted by doctors during delivery compared to those aged less than 15 years and those in the 15-19 years age group.
- Majority of women aged less than 20 years (61%) did not receive any postnatal check-up after their most recent birth (NFHS-3).
- Younger women (less than 20 years) reported more symptoms of postpartum complications compared to those aged 20-24 years (NFHS-2 and 3).



- More lower birth weight babies are reported by mothers aged less than 20 years compared to older mothers. (NFHS-3)
- Neonatal, postnatal, infant and child mortality is higher among mothers aged less than 20 years as compared to those aged 20-24 years.
- Overall findings through age disaggregated data reveals that adolescent mothers (less than 15 years and 15-19 years) are more vulnerable to risks related to pregnancy and childbearing. They are also more disadvantaged in terms of antenatal and postnatal care, delivery and assistance during delivery. They suffer higher levels of postpartum complications and risk of having low birth babies along with higher levels of neonatal, postnatal, infant and child mortality.
- State-wise maternal care indicators for adolescent mothers show wide variations. The low performing states have not made significant progress from NFHS-1 to NFHS-2.



8

HIV/AIDS

This chapter includes:

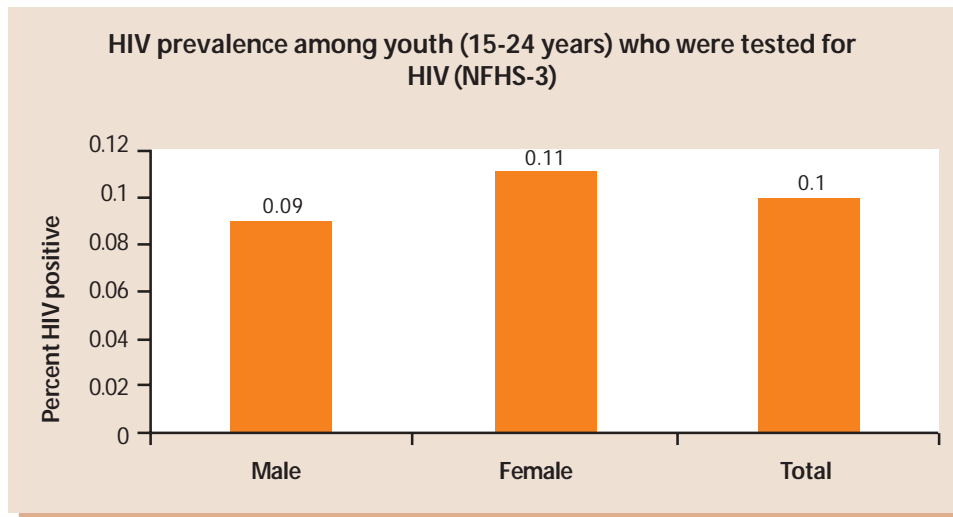
- HIV prevalence among youth
- HIV prevalence among youth according to age, place of residence and sexual behaviour
- State level estimates of HIV prevalence among youth
- Awareness about HIV/AIDS
- Source of information on HIV/AIDS
- Knowledge of HIV prevention methods
- Knowledge of HIV transmission from a mother to her child
- Knowledge of HIV transmission
- Comprehensive knowledge of HIV/AIDS
- Knowledge of source of condom and condom use
- Recent HIV testing among youth
- Sexually Transmitted Infections- prevalence and symptoms
- Attitudes related to HIV/AIDS
- Key findings

HIV Prevalence among Youth

NFHS-3 is the first national family health survey in India to include HIV testing. It was designed to provide a national estimate of HIV in the household population of women aged 15-49 years and men aged 15-54 years, and separate HIV estimates for each of six high prevalence states. Results indicate that 0.28% of adults aged 15-49 years are infected with HIV (April 2006). The HIV prevalence rate for women is 0.22% and 0.36% for men aged 15-49 years. HIV prevalence among young people (15-24 years) is lower than among persons in any other age group. The HIV prevalence among youth (15-24 years) is 0.1%. The prevalence among men aged 15-24 years is 0.9% and 0.11% among women. (Figure 1).

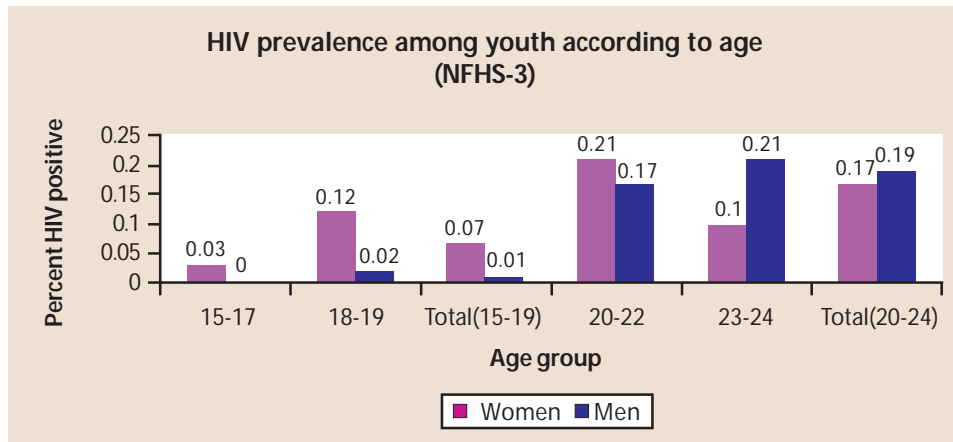


Figure 1



Among age groups of 15-24 years HIV prevalence rates are higher for men than for women in every age group except age 15-19 years indicating that adolescent women are at a higher risk of contracting HIV infection. More women aged 15-17 and 18-19 years are HIV positive. Prevalence among men in this age group remains low (Figure 2).

Figure 2

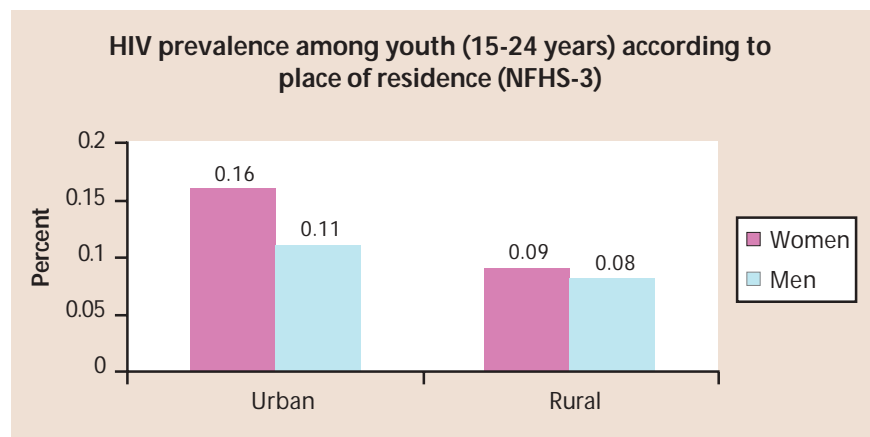


Among the age group of 15-24 years, HIV prevalence is highest among women aged 20-22 years and for men aged 23-24 years. HIV prevalence among youth was found to be higher in urban areas (0.14%) as compared to rural (.09%). HIV prevalence was found to be higher for women both in urban and rural areas in this age group (Figure 3). HIV prevalence rate was highest (1.9%) among small number of young women who are divorced, separated or widowed.



Several factors make young women more vulnerable to HIV infection including their age and biological development. Early marriage, early sexual activity, lack of knowledge and exposure to HIV related information and limited access to health care services make them particularly vulnerable.

Figure 3



HIV prevalence among young people by sexual behaviour

Analysis of HIV prevalence among young people by sexual behaviour shows that young women whose first sexual partner was 10 or more years older than them are almost twice (0.32%) as likely to be HIV positive as compared to other women (0.18%) whose partners were less than 10 years older or of the same age or younger. Women and men who ever had sex have a much higher HIV prevalence than average (0.34% and 0.36% respectively). HIV prevalence is also high for men who have had two or more sexual partners in the past 12 months, particularly high risk sexual partners. HIV prevalence is very high among men who have had five or more lifetime sexual partners (0.82%) as compared to men with 3-4 partners (0.33%). (NFHS-3).

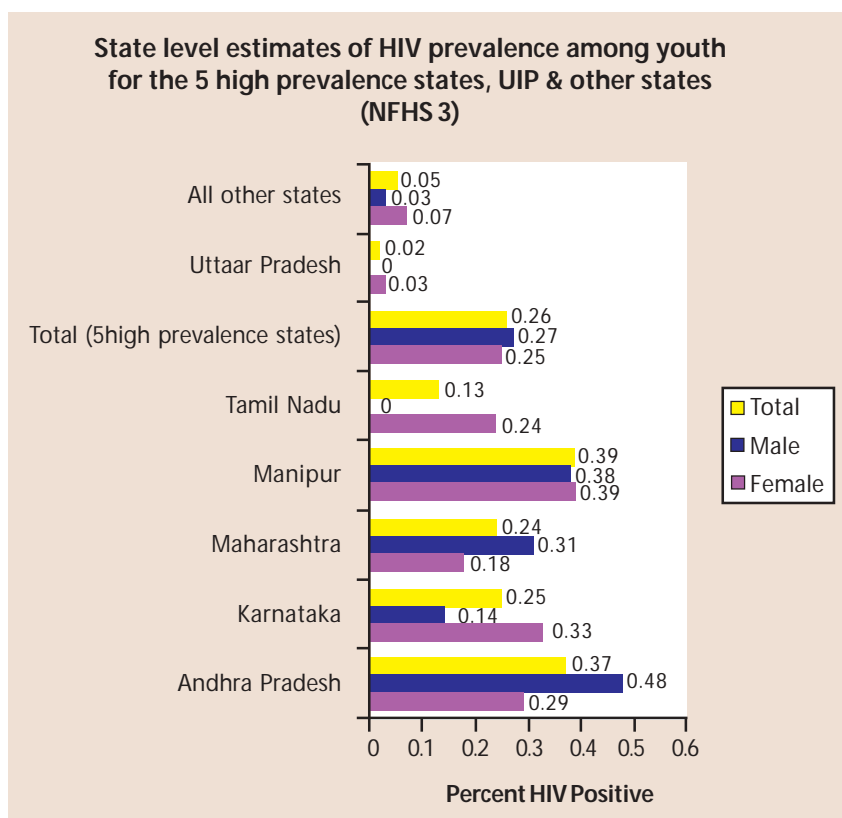
Table 1 reveals that though a large proportion of HIV positive young men report using condom at first sex, the proportion reporting use of condom at the last sex in the 12 months period is much lower. It also shows that HIV prevalence is higher among young men who used condoms (ever, at first sex, and at last sex in the past 12 months).



Table 1: HIV prevalence and condom use among young people (15-24 years). Percentage of HIV positive among women and men who have ever had sex and were tested for HIV by condom use

	Women		Men		Total	
	% HIV +	Number	%HIV+	Number	% HIV+	Number
<i>Condom use</i>						
Ever used a condom	0.21	1404	0.22	1455	0.21	2859
Never used a condom	0.20	8915	0.13	3004	0.18	11919
<i>Condom use at first sex</i>						
Used condom	0.00	250	0.51	668	0.37	918
Did not use condom	0.20	9628	0.09	3782	0.17	13410
Don't know/don't remember	0.42	150	na	na	0.42	150
<i>Condom use at last sex in last 12 months</i>						
Used condom	0.01	563	0.29	541	0.14	1103
Did not use condom	0.21	9323	0.08	3158	0.17	12480
No sexual intercourse in the past 12 months	0.34	440	0.36	762	0.35	1202

Figure 4



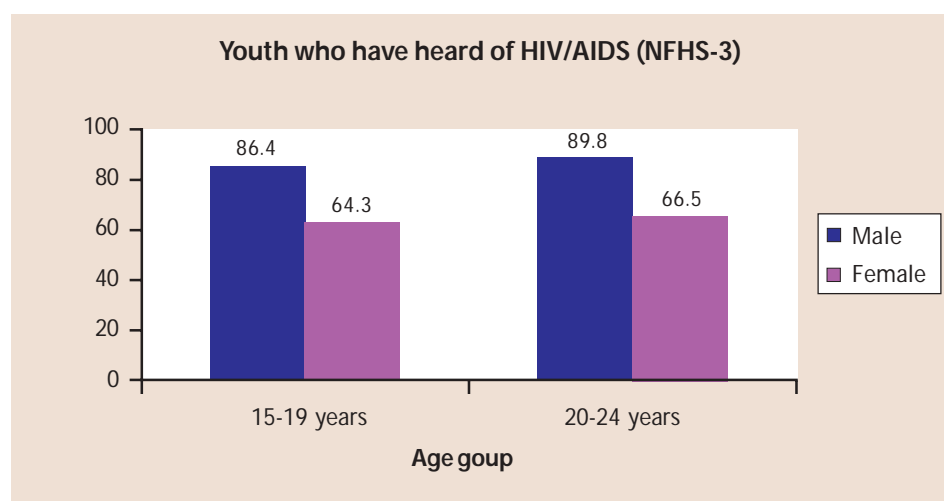


State level estimates of HIV prevalence in the 5 high prevalence states show a HIV prevalence of 0.27% among men and 0.25% among women aged 15-24 years. Generally in all other states the HIV prevalence among young men (0.03%) is lower than that for young women (0.07%). In Maharashtra and Andhra Pradesh prevalence of HIV in men is higher than among women in this age group. The data also reveals that among these states Manipur has the highest HIV prevalence for both men and women while Karnataka has higher HIV prevalence among women and Andhra Pradesh for men (Figure 4).

Awareness of HIV/AIDS

According to the findings of NFHS-3, more young men (15-24 years) have heard of HIV/AIDS as compared to women in the same age group (88% and 65.4% respectively). More than 64% women aged 15-19 years and 66% women aged 20-24 years have heard of HIV/AIDS while 90% of men aged 20-24 years and 86% men aged 15-19 years have heard of HIV/AIDS.

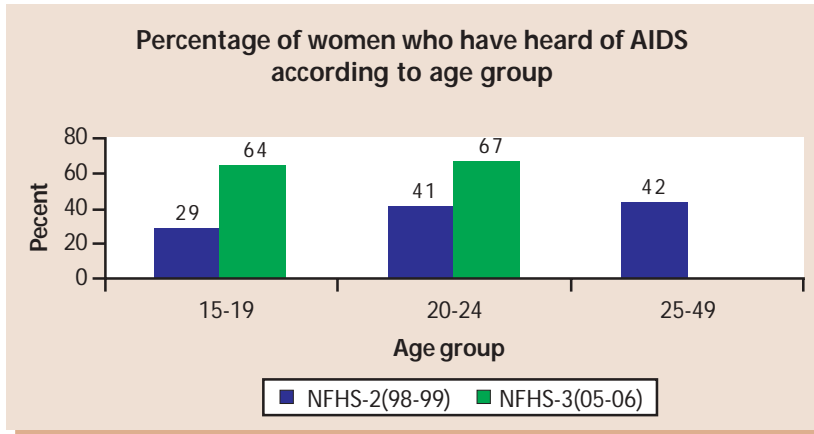
Figure 5



The proportion of young women who have heard of HIV/AIDS has increased significantly over time especially in the 15-19 years age group. Only 29% of women aged 15-19 years and 41% aged 20-24 years had heard of HIV/AIDS in NFHS-2 compared to 64 and 66% respectively in NFHS-3. The proportion of women who have heard of HIV/AIDS shows some decline with age.



Figure 6

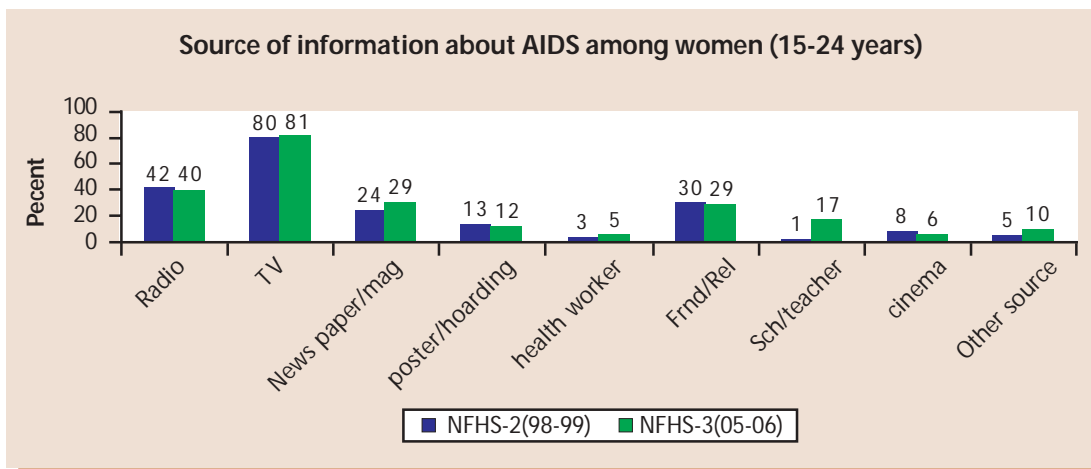


(NFHS-3 all women, NFHS-2 -married women)

Sixty eight percent of urban women aged 15-24 years had heard of HIV/AIDS compared to 29% rural women in NFHS-2.

Data from NFHS-2 and NFHS-3 on source of information about HIV/AIDS among women aged 15-24 years show television as the main source of information on HIV/AIDS. This is followed by radio and newspaper. Friends and relatives also form an important source of information for the youth on this issue.

Figure 7



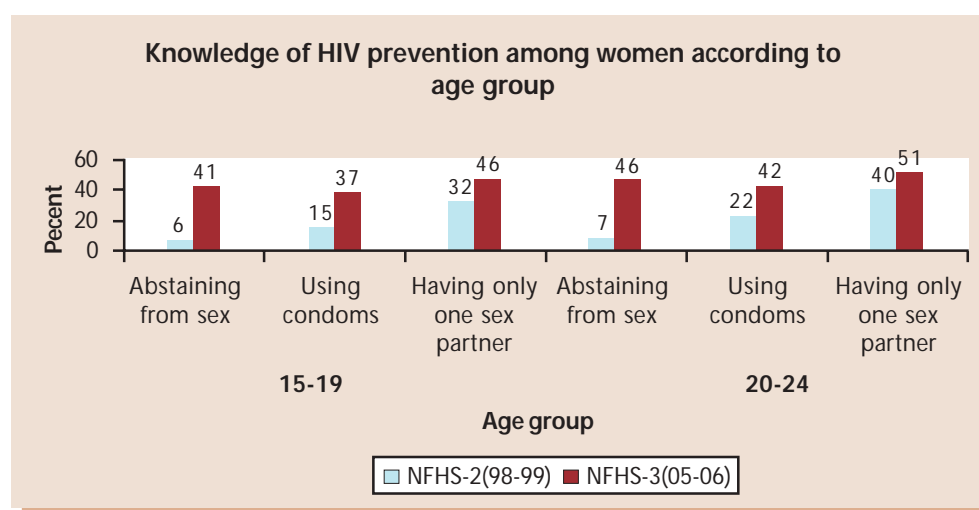
For details of state-wise data on women who have heard of HIV/AIDS and the source of information about HIV/AIDS (NFHS-2) refer annex table 1.



Knowledge on HIV prevention methods

The awareness level of adolescents and youth is much lower when it comes to knowledge of prevention and transmission of HIV. The percentage of young women (15-19 years) aware of three prevention behaviours- namely abstaining from sex, using condoms and limiting sex to one partner range from 37 to 46% while those in the 20-24 years age group range from 42-51%. Figure 8 shows that younger adolescents are more disadvantaged than the older ones in terms of exposure to information and knowledge about HIV prevention methods. Using condoms is the least known method of prevention among adolescent women.

Figure 8



NFHS-3 all women. selected questions on prevention

There is also a wide gap between the knowledge levels on prevention methods of HIV among young men and women. Men are more knowledgeable about different methods of preventing HIV as compared to women. (Table2).

Table 2: Knowledge of HIV prevention methods among youth (NFHS-3)

Prevention methods	15-19 years		20-24 years		15-24 years	
	Male	Female	Male	Female	Male	Female
Using condoms	71.4	36.5	77.4	42.2	74.3	39.2
Limiting sexual intercourse with one un-infected partner	73.1	46.3	79.7	50.6	76.3	48.4
Using condoms and limiting sexual intercourse to one un-infected partner	65.5	32.4	71.9	37.9	68.6	35
Abstaining from sexual intercourse	68.1	41.2	72.7	45.6	70.3	43.3



Trends indicate that there has been significant increase in the knowledge of HIV prevention methods among women (15-24 years) from NFHS-2 to NFHS-3. However, younger women (15-19 years) still remain less knowledgeable about prevention methods as compared to women aged 20-24 years.

For detailed state-wise data on knowledge of prevention among married women refer annex table 2.

Knowledge of HIV transmission from mother to her child

Less than half of women aged 15-19 years (49%) and 52% of 20-24 years old women are aware that HIV can be transmitted from a mother to her baby (NFHS-3). Young men are only slightly more aware than women of this mode of HIV transmission (65%). The knowledge that the risk of transmission can be reduced by using antiretroviral drugs is even lower and almost same for both young women and men (21%). However this knowledge is also low for all other age groups as well. Young people aged 20-24 years are slightly more knowledgeable than the younger and the older age groups (Table 3).

Table 3: Percentage of married youth who know that HIV can be transmitted from a mother to her child and that the risk of HIV transmission from an infected mother to her child can be reduced by the mother by taking special drugs

	15-24 years		15-19 years		20-24 years	
	M	F	M	F	M	F
HIV can be transmitted from a mother to her child	65.3	50.4	62.3	48.9	68.5	52.1
HIV can be transmitted from a mother to her child & the risk of transmission can be reduced by the mother by taking special drugs	20.8	20.6	19.7	20.3	21.9	20.8

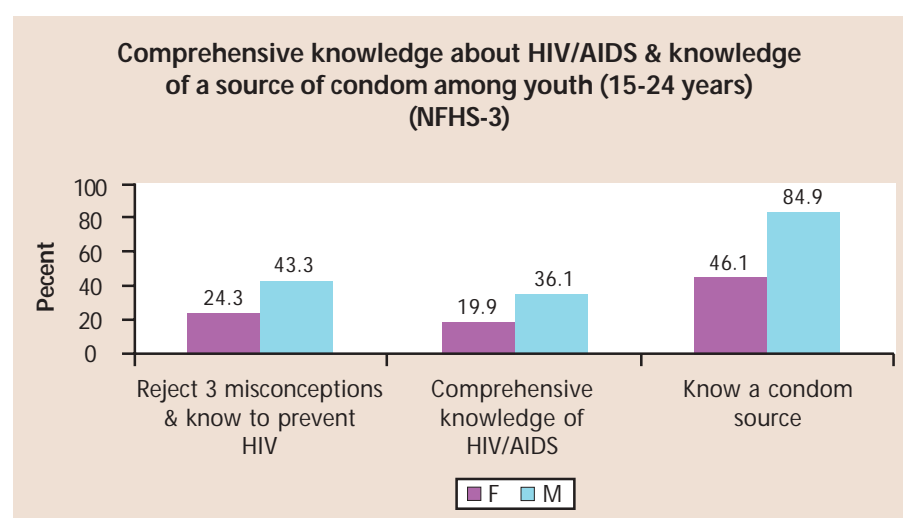
Knowledge about HIV Transmission

Young people also lack accurate knowledge about the ways in which HIV can or cannot be transmitted. 41% of 15-19 years old and 43% of 20-24 years old women know that a healthy looking person can have HIV/AIDS while about 60% of 15-19 years old and 67% of 20-24 years old men are aware of the same. Misconceptions about transmission of HIV are also common among both young men and women. Only about 24% of women and 43% men aged 15-24 years reject three common misconceptions and know how to prevent HIV.



Information collected on knowledge about HIV/AIDS among youth during NFHS-3 reveals that a much lower percentage of youth have comprehensive knowledge on HIV/AIDS. Respondents with comprehensive knowledge in NFHS-3 are those who say that use of a condom for every act of sexual intercourse and having just one un-infected faithful partner can reduce the chance of transmission; a healthy looking person can have HIV/AIDS and reject two most common misconceptions about HIV transmission that is HIV/AIDS can be transmitted by mosquito bites or by sharing food with person who has HIV/AIDS. The data reveals that while 90% of men have heard of HIV/AIDS only 36% have comprehensive knowledge. A much lower proportion of women (20%) had comprehensive knowledge about HIV/AIDS compared to men in the same age group (Figure 9).

Figure 9



The level of comprehensive knowledge about HIV/AIDS does not vary much by age, though there is a slight increase with increasing age. Comprehensive knowledge about HIV/AIDS increases from 18 % among women aged 15-17 years to 22% among women aged 23-24 years and for men in the corresponding age group increases from 33% to 38% respectively. Comprehensive knowledge was found to be much higher among youth who had never been married compared to those who had ever been married and more urban youth had comprehensive knowledge about HIV/AIDS as compared to their rural counterparts.

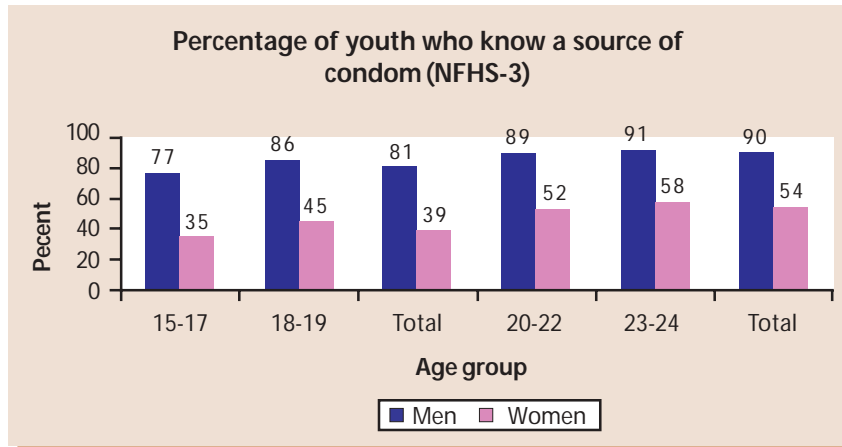
Comprehensive knowledge about HIV/AIDS is also associated positively with education; wealth and exposure to media among both young men and women. 45% of young women and 55% of young men in the highest wealth quintile have comprehensive knowledge about HIV/AIDS compared to 4% women and 15% men in the lowest wealth quintile.



Knowledge of condom source and use of condoms by youth

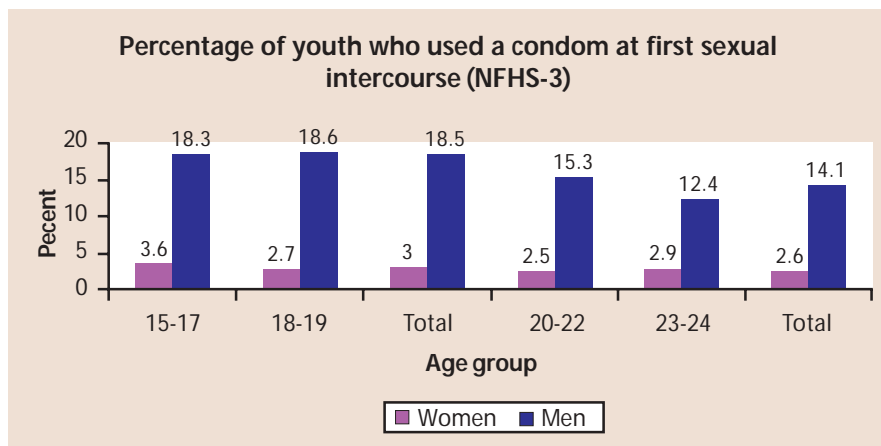
Figure 10 shows that young men are more likely than women to know where to obtain a condom (85% and 46% respectively). Among women knowledge of a condom source increases with age - from 35% among women aged 15-17 years to 58% among women aged 23-24 years.

Figure 10



Youth with higher education, living in wealthier homes, having regular media exposure and living in urban areas are more likely to know about a condom source.

Figure 11



Condom use at first sexual intercourse by youth (15-24 years) who ever had sex shows that only 3% of women and 19% of men (15-19 years) and 3% of women and 14% of men (20-24 years) used condoms the first time they had sex. Wide gender gap is evident from the age disaggregated data indicating that women lack both information about condoms and the skills to use them. Analysis of background characteristics in the context of condom



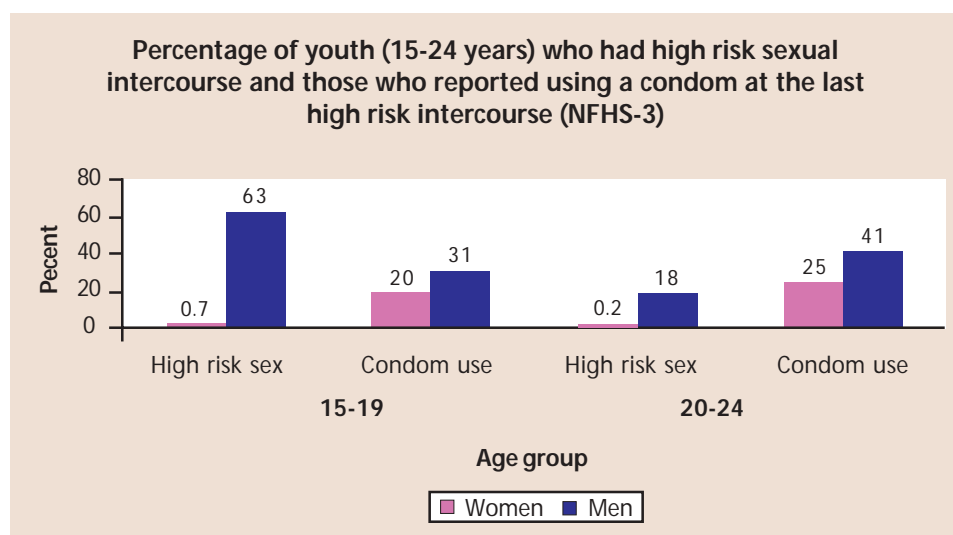
use at first sex reveals that a higher percentage never married women and men used condom at first sex (Table 4). Higher education, wealth, urban residence, exposure to media and knowledge of a source of condom was also found to be positively associated with condom use at first sex.

Table 4: Sexual intercourse and condom use among never married youth (NFHS-3)

Age group ----->	Total (15-19)		15-17		18-19		Total (20-24)		20-22		23-24	
	M	F	M	F	M	F	M	F	M	F	M	F
% who never had sexual intercourse	91.4	99.4	93.7	99.5	87.5	99.2	83	98.7	82.8	98.8	83.2	98.5
% who had sexual intercourse in the 12 months	5.1	0.4	3.7	0.3	7.5	0.6	8.9	0.8	9.2	0.8	8.2	0.9
% who used a last sexual condom intercourse at	31.3	18.1	28.7	20.7	33.3	14.4	41.2	16.8	40	16.8	44.7	-

Majority of unmarried young men and women (15-24 years) reported that they never had sex. Table 4 shows that among those who reported having had sex 18% and 16% of women aged 15-19 years and 20-24 years respectively used condom at the last sexual intercourse. Thirty one percent of 15-19 years and 41% of 20-24 years old unmarried men reported using a condom at the last sexual intercourse.

Figure 12



NFHS-3 -higher risk sexual intercourse- had sex with a non marital, non cohabiting partner



Among sexually active youth aged 15-24 years less than one percent women and 26% men engaged in high risk sexual activity in the past 12 months preceding the survey. Higher proportion of younger men and women (15-19 years) and more men than women reported high risk sex. Condom use was lower for younger men and women at the last high risk sex (31% and 20% respectively) compared to older age group. Figure 12 indicates that adolescent men (15-19 years) are more vulnerable to HIV infection as a higher percentage indulges in high risk sexual activities with low condom use.

Recent HIV tests among youth

The information on recent HIV testing among youth shows that a very small percentage of youth went for HIV testing in the past 12 months preceding the survey. A higher percentage of sexually active women were tested as compared to men in the 15-24 years age group - 2% women as compared to 0.6% men in the 15-19 year age group and 2.8% women compared to 1.3% men in the 20-24 years age group (Table 5).

Table 5: Among youth who have had sexual intercourse in the past 12 months percentage who have had an HIV test in the past 12 months and have received the results of the test (NFHS-3)

Age group ----->	Total (15-19)		15-17		18-19		Total (20-24)		20-22		23-24	
	M	F	M	F	M	F	M	F	M	F	M	F
% who have been tested for HIV& received results	0.6	2	0.2	1.3	0.8	2.4	1.3	2.8	0.9	2.6	1.8	3

Sexually Transmitted Infections

Being infected with another sexually transmitted disease also increases the likelihood of both acquiring and transmitting HIV. According to NFHS-3 data, the reported prevalence of sexually transmitted infections (STIs) in 12 months preceding the survey was very low among both women and men aged 15-24 years who ever had sexual intercourse. 1.4% of women and 0.8% men aged 15-24 years reported to be suffering from sexually transmitted infections. About 11% women aged 15-19 and 20-24 years reported some kind of STI symptoms. More women than men report having a STI (1.4% compared to 0.8% in men) or its symptoms (10.9%). A higher percentage of younger men (15-19 years) reported STI symptoms compared to older men. Women generally reported of abnormal genital discharge while a higher percentage of men report genital sore or ulcer (Figure 13).



Figure13

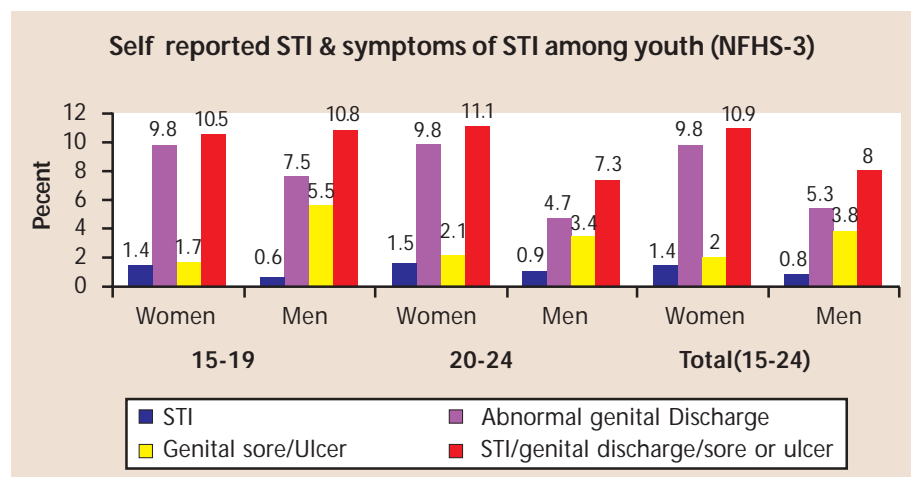


Table 6: Percentage of currently married women reporting symptoms of reproductive health problems (NFHS-2)

	Any abnormal vaginal discharge	Symptoms of a UTI	Painful intercourse	Bleeding after intercourse	Any reproductive health problem
15-19 years	26	16	17	4	38
20-24 years	29	17	15	3	40
25-49 years	31	18	11	2	40

According to the age disaggregated data of NFHS-2 on reproductive health problems, almost 38% of married women (15-19 years) 40% of 20-24 years old women reported some reproductive health problems. A higher percentage of younger women (15-19 years) reported of painful intercourse and bleeding after intercourse while older women reported having abnormal vaginal discharge and symptoms of urinary tract infection (Table 6). For symptoms of reproductive tract infections by state among married women aged 15-24 years refer to annex table 3.

Stigma associated with HIV/AIDS and attitudes related to HIV

NFHS-3 information/data on stigma associated with HIV/AIDS and attitudes related to it brings to light that more young people have accepting attitudes towards those living with HIV/AIDS compared to older people. More than 77% women and 79% of men aged 15-24 years are willing to care for a relative with HIV/AIDS in their own homes as compared 71% of women and 74% of men in the 40-49 years age group. Relatively lower proportion of young people both men and women say that they would not want to keep a secret that a family member got infected with HIV (Table 7).



Table 7: Among women and men who have heard of HIV percentage expressing specific accepting attitude towards people with HIV (NFHS-3)

	(Total) 15-24 years		15-19 years		20-24 years	
	M	F	M	F	M	F
Are willing to care for a relative with HIV/AIDS in own home	78.9	77.4	78.7	78.3	79.2	76.4
Would buy fresh vegetables from a shopkeeper who has HIV/AIDS	66.9	65.9	65.8	66.1	68.1	65.6
Say that a female teacher who has HIV/AIDS but is not sick is allowed to continue teaching	74.8	78.4	74.2	79	75.4	77.7
Would not want to keep secret that a family member got infected with HIV	63	64.3	62.3	64.1	63.7	64.5
Percentage expressing accepting attitudes on all four indicators	38.2	37.4	37.3	37.6	39.1	34.5

KEY FINDINGS

- The HIV prevalence among youth (15-24 years) is 0.1 percent. The prevalence among men aged 15-24 years is 0.9% and 0.11% among women (NFHS-3).
- HIV prevalence is higher among women aged 15-19 years (0.07% as compared to 0.01% among men) and is highest among women aged 20-22 years (0.21%). HIV prevalence is highest for men aged 23-24 years (0.21%).
- HIV prevalence among youth was found to be higher in urban areas (0.14%) as compared to rural (.09%) and higher among women in both the areas.
- Early marriage, early sexual activity, lack of knowledge and exposure to HIV related information and limited access to health care services make young women more vulnerable to HIV risk.
- HIV prevalence is higher among youth who ever had sex, those who had sex with high risk partners and those with multiple sexual partners.
- Among young women HIV prevalence is higher for those whose first sexual partner was more than 10 years older.
- In the 5 high prevalence states HIV prevalence is 0.27% among men and 0.25% among women aged 15-24 years. However there are wide state variations. In all



other states the HIV prevalence among men (0.03%) is lower than that for women (0.07%).

- Eighty eight percent of men and 65.4% of women aged 15-24 years have heard of HIV/AIDS.
- The proportion of women (15-24 years) who have heard of HIV/ AIDS and those who know how to prevent HIV has increased significantly over time (from NFHS-2 to NFHS-3).
- Television as the main source of information on HIV/AIDS for adolescents and youth followed by radio and information from friends and relatives.
- The awareness level of adolescents and youth is much lower when it comes to knowledge of prevention and transmission of HIV.
- Young people also lack accurate knowledge about the ways in which HIV can or cannot be transmitted. While 90% of men have heard of AIDS only 36% have comprehensive knowledge. Young women have lesser awareness (20%) than men in the same age group.
- The knowledge of transmission of HIV from mother to her child is low and awareness among youth that the risk of transmission can be reduced by using antiretroviral drugs is even lower and almost same for both young women and men (21%).
- Comprehensive knowledge about HIV/AIDS is also found to be associated positively with educational level; wealth; exposure to media and residence in urban areas among both young men and women.
- Men are more likely than women to know where to obtain a condom from (85% and 46% respectively).
- Condom use at first sexual intercourse by youth (15-24 years) who ever had sex shows that only 3% of women and 15% of men used condoms the first time they had sex.
- Majority of unmarried men and women (15-24 years) reported that they never had sex.
- Higher percentage of condom use was reported by unmarried men who had sex compared to unmarried women who had sex.



- Among sexually active youth aged 15-24 years less than one percent women and 26% men engaged in high risk sexual activity in the past 12 months preceding the survey.
- Younger men and women (15-19 years) reported more high risk sexual activity and low condom use compared to those in the 20-24 years age group.
- A very small percentage of youth went for HIV testing in the past 12 months preceding the survey. A higher percentage of sexually active women were tested as compared to men in the 15-24 years age group.
- The self reported prevalence of STI (among those who ever had sex) was 1.4% among women and 0.8% among men aged 15-24 years. More women reported STIs and its symptoms compared to men in this age group.
- Adolescents and youth have more accepting attitudes towards those living with HIV/AIDS compared to older people.



9

HEALTH SEEKING BEHAVIOUR

This chapter includes:

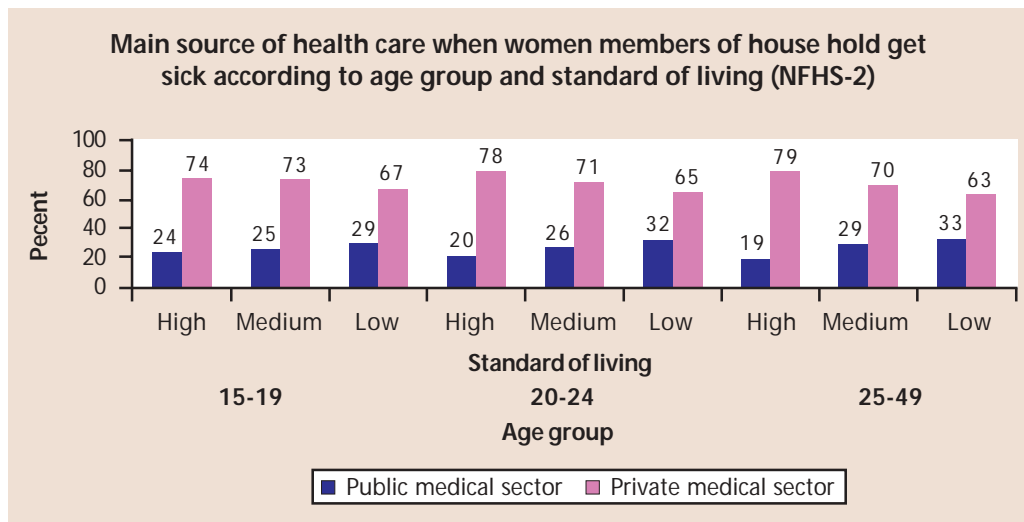
- Source of health care
- Recent visit to health facility by adolescent and quality of care received
- Quality of care indicators
- Matters discussed during contacts with health workers
- Problems in accessing health care by adolescents
- Key findings

Source of health care

Accessibility and availability of health care is important for ensuring an individual's well being and health status. The national household surveys have categorized the source of health care under three broad sections namely the public medical sector, private medical sector and other sources. According to NFHS-3 the private medical sector remains the primary source of health care for the majority of households in both urban and rural areas. Age disaggregated data from NFHS-2 shows that more than 70% households with 15-19 and 20-24 years old women normally use the private sector when they get sick (Figure 1). About 26% use the public health services. Reliance on private medical sector is higher in urban areas than in rural areas. The use of health care services is also influenced by the standard of living of the household- the higher the standard of living, the higher is the utilization of private health care facilities. Even among households with low standard of living only about one third use public sector services.



Figure 1

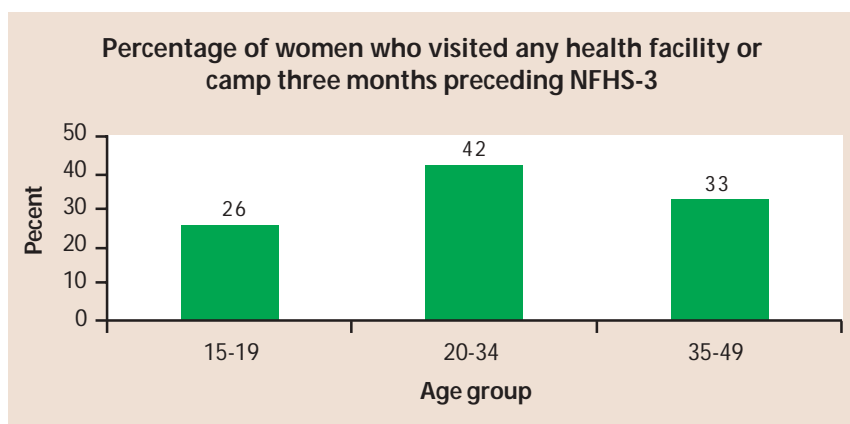


According to NFHS-3 the most commonly reported reasons for not using government facilities is poor quality of care, distance of the facility and long waiting time in these facilities.

Recent visit to a Health Facility and quality of care received

Data from NFHS-3 shows that health facility or camps were least visited by adolescent women as compared to women of older age groups among those who visited a health facility or camp in three months preceding the survey. Figure 2 shows that only 26% of women aged 15-19 years visited any health facility as compared to 42% in the older age group (20-34 years).

Figure 2



The perception of women regarding the quality of care they received during their recent visit to the health facility shows that overall there was a high level of satisfaction.



According to NFHS-3, 96% of women aged 15-19 years reported that the health worker was responsive to their problems and needs. More than 85% reported that the health care provider respected their need for privacy and more 63% women felt that the facility they last visited was very clean (table 1).

Table 1: Selected quality of care indicators for the most recent facility visit by women

Quality of care indicator for facility visit (Among women who visited a facility)	% who said staff respected their need for privacy		% who rated facility as very clean	
	NFHS-3	NFHS-2	NFHS-3	NFHS-2
15-19 years	77.2	85.8	64.6	63.1
20-24 years	77	87.5	66.3	64
25-49 years	79	87.5	67.7	66.6

Note: NFHS-3 age groups 15-19, 20-34, 35-49 years

Quality of care provided during home visits have also been assessed in terms of client satisfaction with the services received during the visit. Age disaggregated data from NFHS-2 of women who reported that a health or family planning worker had visited her during the 12 months preceding the survey, indicates that more than 90% were satisfied with the amount of time spent by the health worker with them. More than 70% of women aged 15-19 years felt that the health workers spoke nicely to them. About 26-28% women in this age group felt that the health workers were only somewhat nice to them and this percentage was higher than those in the 20-24 years age group (18-19%). Only a small percentage in all the three groups felt that the health workers did not talk nicely at all and this was more for younger women as compared to older ones (Table 2).



Quality of care indicators for home visits - NFHS-2

Table 2: Among married women quality of care indicators for the most recent home visit by a health or a family planning worker during the 12 month preceding the survey, according to type of worker and type of services received during the visit.

Age ---->	15-19 years				20-24 years				25-49 years			
Type of worker and services received? Quality indicator?	FP	Health	FP or Health	Neither	FP	Health	FP or Health	Neither	FP	Health	FP or Health	Neither
% who said worker spent enough time with them	98.6	90.1	90.4	85.9	90.7	90.9	90.8	87	87.7	90.2	89.9	85.4
% who said worker talked to them : nicely	71.4	70.9	71.1	80.4	78.4	79.6	79.7	68.2	76.9	79.5	79.3	78.4
Somewhat nicely	28.6	26.2	26.1	18.6	19.3	19.4	19.1	27.8	22.1	18.8	19	18
Not nicely	0	2.9	2.8	1	2.3	1	1.2	4	1	1.7	1.7	3.6

FP- Family Planning

Matters discussed during contacts with health or family planning worker

Age disaggregated data from NFHS-2 for women aged 15-24 years who had at least one contact with a health worker or a family planning worker in 12 months preceding the survey reveals that the most commonly discussed topic by 15-19 and 20-24 years old women who were pregnant or with children under the age of three, was immunization and disease prevention. Medical treatment for themselves and antenatal care were also discussed. Among women who were not using any contraception treatment of health problems was more discussed. For detailed information on matters discussed with a health worker refer to annexure 9 table 1.

Problems in accessing in Health Care

Many factors prevent women, especially adolescent women from accessing medical care for themselves. Table 3 shows that almost 48% of adolescent women have at least one major problem in accessing medical care. As evident from the table the main obstacle for



women in obtaining medical treatment or advice for themselves across ages is the distance to a health facility. Having to take transport, concern that there may be no provider available or no drugs available at the health facility were also reported as significant constraints. For younger women going alone and whether there will be a female health provider also came up as major concerns. A higher percentage of adolescent women need permission to go for treatment as compared to older women.

Table 3: Distribution of women according to age groups by the specific problems in accessing and seeking medical advice or treatment for themselves. (NFHS-3)

Problems in accessing medical advice or treatment	15- 19 years	20-34 years	35-49 years
Permission to go for treatment	9.3	6.9	4.8
Getting money for treatment	16.3	17.4	17.8
Distance to health facility	24.6	25.6	25.2
Having to take transport	22.1	23.2	22.7
Not wanting to go alone	12.8	1.9	10.7
Concern that no female provider available	21	18.8	16.9
Concern that no provider available	23.5	22.9	22
Concern that no drugs available	22.9	23.1	22.5
At least one problem in accessing health care	47.8	46.6	45.7

KEY FINDINGS

- Age disaggregated data from NFHS-2 shows that more than 70% households with 15-19 and 20-24 years old women normally use the private medical sector when they get sick. Only about 26% use the public medical sector services.
- Utilization of private medical facilities is higher among urban areas than in rural areas.
- NFHS-3 shows that adolescents (26%) are least likely to visit public health facilities or camps as compared to women of older age groups.
- Among those who visited a health facility, high level of satisfaction was reported for the quality of care received. Ninety six percent women (15-19 years) reported that the health worker was responsive to their problems and needs.
- Age disaggregated data from NFHS-2 of women who reported that a health or family planning worker had visited her during the 12 months preceding the survey,



indicates that more than 90% were satisfied with the amount of time spent by the health worker with them.

- Only a small percentage also felt that the health workers did not talk nicely at all and this was more for younger women as compared to older ones.
- Almost 48% of adolescent women have at least one major problem in accessing medical care. (NFHS-3).
- Distance to a health facility, transport, and concern over non-availability of health provider (especially female health provider) and drugs available at the health facility were reported as major concerns.



ANNEXURES



ANNEXURE - 1

NFHS-1

Table 1: Respondent's level of education by state

Percent distribution of ever-married women aged 15-24 years by literacy level, according to state, India, 1992-93							
Background characteristic	Literacy level					Total percent	Number of women
	Illiterate	Literate, < middle school complete	Middle school complete	High school complete and above	Missing		
India	62.2	18.6	9.2	10.0	0.0	100.0	27,064
North							
Delhi	39.4	15.9	14.8	29.8	0.0	100.0	784
Haryana	59.1	18.6	6.7	15.6	0.0	100.0	935
Himachal Pradesh	39.6	30.8	13.8	15.9	0.0	100.0	770
Jammu & Kashmir	50.1	18.0	15.6	16.3	0.0	100.0	680
Punjab	46.9	21.6	12.5	19.0	0.0	100.0	654
Rajasthan	79.3	11.1	4.3	5.2	0.0	100.0	1,525
Central							
Madhya Pradesh	72.7	15.2	6.1	5.9	0.0	100.0	2,154
Uttar Pradesh	73.0	10.4	7.4	9.2	0.0	100.0	3,655
East							
Bihar	77.0	10.1	4.2	8.7	0.0	100.0	1,981
Orissa	67.4	21.2	4.9	6.4	0.0	100.0	1,227
West Bengal	49.2	34.1	10.2	6.5	0.0	100.0	1,330
Northeast							
Arunachal Pradesh	56.3	22.8	13.2	7.7	0.0	100.0	272
Assam	61.2	22.9	10.8	5.1	0.0	100.0	890
Manipur	38.6	21.7	18.7	21.1	0.0	100.0	166
Meghalaya	43.1	33.8	14.1	9.0	0.0	100.0	334
Mizoram	3.6	52.8	28.5	15.0	0.0	100.0	193
Nagaland	27.4	37.6	19.8	15.2	0.0	100.0	237
Tripura	36.7	40.6	18.4	4.2	0.0	100.0	283
West							
Goa	34.0	28.4	15.1	22.5	0.0	100.0	324
Gujarat	51.6	22.2	10.3	15.8	0.1	100.0	1,030
Maharashtra	46.5	29.7	12.1	11.7	0.0	100.0	1,274
South							
Andhra Pradesh	67.3	12.4	9.3	11.0	0.0	100.0	1,440
Karnataka	62.5	19.7	7.7	10.2	0.0	100.0	1,332
Kerala	6.6	30.7	39.8	23.0	0.0	100.0	809
Tamil Nadu	46.8	25.9	14.9	12.4	0.0	100.0	985



NFHS-2

Table 2: Respondent's level of education by state

Percent distribution of ever-married women aged 15-24 years by literacy level, according to state, India, 1998-99				
State	Literacy level			Total percent
	Illiterate	Literate	Missing	
India	54.4	45.6	0.0	100.0
North				
Delhi	23.0	77.0	0.0	100.0
Haryana	41.1	58.9	0.0	100.0
Himachal Pradesh	20.2	79.8	0.0	100.0
Jammu & Kashmir	65.2	34.8	0.0	100.0
Punjab	35.5	64.5	0.0	100.0
Rajasthan	69.3	30.7	0.0	100.0
Uttarakhand	37.5	62.5	0.0	100.0
Central				
Madhya Pradesh	64.7	35.2	0.0	100.0
Uttar Pradesh	66.1	33.9	0.0	100.0
Chhattisgarh	63.3	36.7	0.0	100.0
East				
Bihar	73.3	26.7	0.0	100.0
Orissa	56.2	43.8	0.0	100.0
West Bengal	43.5	56.4	0.1	100.0
Jharkhand	73.5	26.5	0.0	100.0
Northeast				
Arunachal Pradesh	*	*	*	100.0
Assam	47.2	52.8	0.0	100.0
Manipur	(35.7)	(64.3)	(0.0)	100.0
Meghalaya	(38.2)	(61.8)	(0.0)	100.0
Mizoram	*	*	*	100.0
Nagaland	(28.9)	(71.1)	(0.0)	100.0
Sikkim	*	*	*	100.0
Tripura	20.3	79.7	0.0	100.0
West				
Goa	*	*	*	100.0
Gujarat	46.7	53.3	0.0	100.0
Maharashtra	38.6	61.4	0.0	100.0
South				
Andhra Pradesh	54.3	45.7	0.0	100.0
Karnataka	52.6	47.4	0.0	100.0
Kerala	2.1	97.9	0.0	100.0
Tamil Nadu	35.5	64.5	0.0	100.0

*Percentage not shown; based on fewer than 25 cases.

() Based on 25-49 unweighted cases.



NFHS-1

Table 3: Exposure to mass media by state

Percentage of ever-married women aged 15-24 years who usually watch television, or listen to the radio at least once a week, who usually visit a cinema/theatre at least once a month, or who are not regularly exposed to any of these media according to state, India, 1992-93					
State	Exposure to mass media				Number of women
	Watches television at least once a week	Listens to the radio at least once a week	Visits the cinema/theatre at least once a month	Not regularly exposed to any media	
India	28.0	43.4	18.0	47.9	27,064
North					
Delhi	76.5	63.0	10.3	17.6	784
Haryana	48.2	45.8	2.6	37.8	935
Himachal Pradesh	44.4	58.4	4.8	31.4	770
Jammu & Kashmir	45.1	67.9	4.0	26.7	680
Punjab	59.2	44.5	2.8	32.1	654
Rajasthan	17.5	28.8	6.3	68.3	1,525
Central					
Madhya Pradesh	24.1	31.5	10.8	60.2	2,154
Uttar Pradesh	17.4	33.8	4.3	61.3	3,655
East					
Bihar	9.5	27.5	5.7	70.1	1,981
Orissa	12.7	33.8	9.0	62.2	1,227
West Bengal	26.1	46.9	20.7	41.5	1,330
Northeast					
Arunachal Pradesh	33.8	45.6	24.6	45.6	272
Assam	13.8	31.7	6.4	62.8	890
Manipur	37.3	65.1	27.1	28.9	166
Meghalaya	22.5	35.6	7.2	55.1	334
Mizoram	28.0	65.8	0.5	30.1	193
Nagaland	17.7	40.9	2.5	57.4	237
Tripura	30.4	54.1	10.6	37.1	283
West					
Goa	66.4	65.1	11.1	18.2	324
Gujarat	36.9	47.2	13.6	44.9	1,030
Maharashtra	41.4	50.9	19.2	39.1	1,274
South					
Andhra Pradesh	37.4	61.6	56.5	22.3	1,440
Karnataka	34.6	63.1	35.4	29.2	1,332
Kerala	38.8	72.1	25.1	20.0	809
Tamil Nadu	50.9	63.0	53.4	18.4	985



NFHS-2

Table 4: Exposure to mass media by state

State	Exposure to mass media				
	Reads a newspaper or magazine at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Visits the cinema/theatre at least once a month	Not regularly exposed to any media
India	19.4	42.8	35.7	14.4	41.1
North					
Delhi	46.6	89.0	54.9	21.1	7.8
Haryana	22.7	65.6	36.0	2.6	27.1
Himachal Pradesh	27.9	71.8	60.3	2.3	13.9
Jammu & Kashmir	10.5	53.2	61.9	3.4	21.8
Punjab	28.9	75.0	36.2	6.3	19.9
Rajasthan	12.8	31.8	19.0	4.1	59.5
Uttarakhand	26.7	50.0	46.4	4.1	35.2
Central					
Madhya Pradesh	15.8	43.6	28.9	9.2	44.2
Uttar Pradesh	12.5	31.3	31.4	4.5	53.2
Chhattisgarh	17.5	42.7	44.5	17.5	34.3
East					
Bihar	10.0	15.2	21.3	5.0	71.9
Orissa	9.9	22.3	31.7	5.0	58.4
West Bengal	10.9	37.2	42.3	14.8	39.1
Jharkhand	9.7	16.5	17.5	4.3	72.8
Northeast					
Arunachal Pradesh	*	*	*	*	*
Assam	14.5	24.0	38.5	7.2	50.2
Manipur	(39.2)	(56.9)	(76.7)	(18.9)	(14.9)
Meghalaya	(26.9)	(30.0)	(31.7)	(4.3)	(46.5)
Mizoram	*	*	*	*	*
Nagaland	(18.4)	(46.8)	(45.0)	(2.8)	(34.4)
Sikkim	*	*	*	*	*
Tripura	18.2	51.3	42.1	9.0	32.4
West					
Goa	*	*	*	*	*
Gujarat	28.1	54.7	29.4	13.4	34.0
Maharashtra	29.6	58.5	33.2	12.1	29.9
South					
Andhra Pradesh	24.7	59.8	39.6	48.2	19.7
Karnataka	25.8	54.0	59.4	27.1	22.5
Kerala	71.7	63.8	74.9	21.0	8.9
Tamil Nadu	27.1	67.2	55.9	32.2	13.2

*Percentage not shown; based on fewer than 25 cases.

() Based on 25-49 unweighted cases.



NFHS-2

Table 5: Women's Autonomy by state

Percentage of currently married women aged 15-24 years involved in household decision making, percentage with freedom of movement and percentage with access to money by states, India, 1998-99								
Background characteristic	Percentage involved in decision making on				Percentage who do not need permission to:			
	Illiterate Percentage not involved in any decision making	What to cook	Own health care	Purchasing jewellery etc.	Staying with her parents/siblings	Go to market	Visit friends/relatives	Percentage with access to money
India	18.3	73.8	42.9	44.0	41.2	19.3	14.5	51.3
Northern region								
Delhi	12.2	74.6	59.5	49.6	43.8	32.1	19.6	77.4
Haryana	5.0	90.4	63.4	78.1	67.2	22.8	8.6	64.7
Himachal Pradesh	1.4	90.6	82.8	90.1	89.4	17.4	17.6	78.9
Jammu & Kashmir	21.1	69.3	48.0	55.4	45.6	4.2	3.0	53.2
Punjab	2.6	92.9	76.9	74.6	66.9	35.0	19.9	71.6
Rajasthan	24.4	69.1	35.9	37.6	35.2	10.0	9.3	35.4
Central region								
Madhya Pradesh	21.5	72.1	32.2	35.6	33.1	11.6	10.9	43.6
Uttar Pradesh	29.7	61.7	36.0	35.5	31.9	7.3	5.1	45.4
Eastern region								
Bihar	19.4	75.5	45.5	43.2	44.6	12.2	12.0	58.1
Orissa	15.9	78.8	35.5	51.9	45.6	9.7	7.9	36.1
West Bengal	17.4	75.9	35.8	37.6	38.1	7.7	5.3	44.8
Northeastern region								
Arunachal Pradesh	1.6	91.8	64.8	73.4	68.2	35.6	44.0	78.7
Assam	6.3	81.7	62.2	52.1	42.7	7.1	8.1	31.6
Manipur	5.9	75.3	39.3	62.8	59.0	18.8	22.2	73.6
Meghalaya	4.5	88.7	75.6	64.7	72.4	36.2	34.8	83.9
Mizoram	9.4	82.5	70.4	73.1	72.8	52.8	49.1	40.3
Nagaland	0.6	95.4	70.7	73.6	75.9	12.6	13.8	24.4
Sikkim	5.9	85.2	57.8	54.4	54.1	28.9	34.4	78.0
Tripura	12.6	81.2	45.2	49.8	46.2	14.9	15.3	35.1
Western region								
Goa	10.3	81.7	42.5	48.4	55.6	50.0	43.7	73.6
Gujarat	9.6	79.8	60.2	61.5	54.3	39.4	35.0	70.2
Maharashtra	16.8	75.7	38.0	37.0	33.4	31.5	20.9	51.9
Southern region								
Andhra Pradesh	14.4	74.6	48.7	51.5	48.8	15.5	10.5	49.9
Karnataka	16.1	77.6	37.6	36.0	35.2	31.4	25.9	56.7
Kerala	19.0	55.3	61.9	50.3	46.6	32.5	22.9	60.1
Tamil Nadu	5.0	88.1	51.0	59.9	56.8	70.4	45.9	73.8



NFHS-2

Table 6: Women's experience with beatings or physical mistreatment

Percentage of currently married women aged 15-24 years who have been beaten or physically mistreated by their husband, in-laws, or other persons since age 15 and percentage beaten or physically mistreated in the past 12 months, according to selected background characteristics, India, 1998-99.					
Background characteristic	Percentage beaten or physically mistreated since age 15	Percentage beaten or physically mistreated since age 15 by:			Number of women
		Husband	In-laws	Other person	
Age					
15-19	15.4	12.8	1.3	3.1	8277
20-24	19.4	17.0	1.6	3.4	16587
25-49	22.1	20.0	1.9	3.0	65427
Marital duration					
<5 yrs	13.6	10.7	1.0	3.8	14959
5-9 yrs	23.4	21.8	1.7	2.5	8471
10 or more	26.7	25.5	3.5	1.1	791
Not married	41.2	36.3	9.6	6.6	634
Residence					
Urban	16.5	13.3	1.3	4.8	5032
Rural	18.4	16.2	1.6	2.9	19823
Education					
Illiterate	21.2	19.5	2.1	2.5	12282
Literate	14.9	11.8	1.0	4.2	12571
Caste/tribe					
Scheduled caste	23.4	20.8	2.1	3.5	4905
Scheduled tribe	19.6	17.6	1.6	3.0	2426
Other backward class	18.6	15.8	1.4	3.8	8328
Other	14.1	11.9	1.3	2.8	8917
Cash employment					
Working for cash	27.7	25.0	2.7	4.0	4753
Not working	15.7	13.3	1.2	3.1	20050
Standard of living index					
Low	24.7	22.3	2.22	3.4	8822
Medium	16.3	14.0	1.34	3.3	11970
High	8.0	5.1	0.58	3.3	3770
Living children					
No living children	13.3	10.0	1.4	4.0	7814
Only daughters	19.1	16.8	1.6	3.4	5461
Only sons	19.6	17.4	1.6	3.0	6244
Both daughters and sons	22.1	20.4	1.4	2.5	5342
Total (15-24)	18.0	15.6	1.5	3.3	24850



NFHS-2

Table 7: Women's experience with beatings or physical mistreatment by state

Percentage of currently married women aged 15-24 years who have been beaten or physically mistreated by their husband, in-laws, or other persons since age 15 and percentage beaten or physically mistreated in the past 12 months, according to state, India, 1998-99.				
Background characteristic	Percentage beaten or physically mistreated since age 15	Percentage beaten or physically mistreated since age 15 by:		
		Husband	In-laws	Other person
India	18.0	15.6	1.5	3.3
Northern region				
Delhi	15.6	9.4	0.89	6.5
Haryana	10.5	7.4	2.01	3.4
Himachal Pradesh	5.2	2.7	0.53	2.7
Jammu & Kashmir	19.3	11.3	4.22	8.0
Punjab	11.7	9.4	0.38	4.3
Rajasthan	8.3	7.4	0.92	0.9
Central region				
Madhya Pradesh	17.4	15.6	1.92	1.7
Uttar Pradesh	18.4	16.4	1.46	2.7
Eastern region				
Bihar	22.8	20.9	2.45	3.1
Orissa	26.8	19.7	2.97	8.9
West Bengal	15.7	13.2	1.08	2.7
Northeastern region				
Arunachal Pradesh	24.7	16.5	1.90	9.5
Assam	12.6	10.8	0.97	2.1
Manipur	20.5	5.4	3.77	13.8
Meghalaya	26.7	3.2	0.90	24.1
Mizoram	19.8	9.4	0.00	12.2
Nagaland	20.7	9.8	1.16	11.5
Sikkim	10.0	5.2	0.74	4.8
Tripura	12.3	9.6	0.38	3.1
Western region				
Goa	21.4	15.9	1.59	6.3
Gujarat	8.8	7.1	1.04	2.0
Maharashtra	16.1	14.4	1.45	2.8
Southern region				
Andhra Pradesh	20.4	18.6	2.17	1.9
Karnataka	17.5	15.7	1.00	2.1
Kerala	6.8	3.1	0.00	3.7
Tamil Nadu	35.5	29.1	0.39	12.2



ANNEXURE - 2

NFHS-1

Table 1: Age at first marriage

Percentage of women married by specific exact ages, median age at first marriage, and median age at first cohabitation with husband, according to current age and state, India, 1992–93									
State	Current age ¹	Percentage ever married by exact age						Percentage never marriage	Median age at first marriage
		13	15	18	20	22	25		
India	15-19	6.8	17.0	NA	NA	NA	NA	60.7	*
India	20-24	11.8	26.1	54.2	71.4	NA	NA	18.5	*
India	25-49	19.1	36.6	68.0	81.9	89.9	95.1	2.2	*
North									
Delhi	15-19	1.9	4.7	NA	NA	NA	NA	81.1	NC
Delhi	20-24	5.5	11.3	28.7	52.1	NA	NA	29.8	19.7
Delhi	25-49	8.1	18.6	45.9	65.2	78.3	91.7	2.7	18.3
Haryana	15-19	6.3	13.0	NA	NA	NA	NA	54.8	NC
Haryana	20-24	10.4	20.8	57.3	77.3	NA	NA	10.6	17.1
Haryana	25-49	15.5	31.2	68.7	84.2	93.1	97.8	0.4	16.0
Himachal Pradesh	15-19	0.2	1.4	NA	NA	NA	NA	80.4	NC
Himachal Pradesh	20-24	1.2	4.3	24.2	53.1	NA	NA	23.7	19.7
Himachal Pradesh	25-49	6.0	15.8	53.6	78.4	90.7	96.0	1.9	17.7
Jammu & Kashmir	15-19	0.3	2.0	NA	NA	NA	NA	82.0	NC
Jammu & Kashmir	20-24	1.4	4.9	20.5	40.1	NA	NA	36.4	NC
Jammu & Kashmir	25-49	6.6	18.8	51.5	69.8	83.6	93.8	2.3	17.8
Punjab	15-19	0.1	0.9	NA	NA	NA	NA	85.6	NC
Punjab	20-24	0.3	2.2	14.9	41.4	NA	NA	32.4	NC
Punjab	25-49	2.1	4.9	31.1	58.4	81.2	94.1	1.9	19.0
Rajasthan	15-19	13.3	20.7	NA	NA	NA	NA	61.3	NC
Rajasthan	20-24	24.3	37.2	69.5	83.7	NA	NA	11.9	15.9
Rajasthan	25-49	30.5	49.2	81.6	90.3	96.7	98.6	0.6	15.0
Central									
Madhya Pradesh	15-19	19.3	36.7	NA	NA	NA	NA	36.0	NC
Madhya Pradesh	20-24	25.0	44.6	73.3	85.4	NA	NA	8.6	15.4
Madhya Pradesh	25-49	33.5	55.7	83.6	91.0	95.5	97.8	0.9	14.5
Uttar Pradesh	15-19	9.9	21.2	0.1	NA	NA	NA	59.8	NC
Uttar Pradesh	20-24	18.5	35.3	63.9	80.4	0.1	NA	11.1	16.4
Uttar Pradesh	25-49	28.3	49.0	79.4	90.6	95.9	98.4	0.6	15.1
Eastern									
Bihar	15-19	11.7	29.0	NA	NA	NA	NA	49.0	NC
Bihar	20-24	20.4	39.4	69.1	84.8	NA	NA	9.9	15.8
Bihar	25-49	31.1	53.7	82.0	92.0	96.0	97.9	1.1	14.7
Orissa	15-19	0.7	6.5	NA	NA	NA	NA	71.7	NC
Orissa	20-24	2.2	12.8	45.5	61.3	NA	NA	27.5	18.5
Orissa	25-49	7.6	23.2	68.3	84.8	91.9	95.6	3.0	16.6
West Bengal	15-19	4.4	15.3	NA	NA	NA	NA	58.6	NC
West Bengal	20-24	8.5	24.6	56.4	71.6	NA	NA	19.7	17.3
West Bengal	25-49	17.8	36.7	69.1	80.7	87.7	93.1	3.6	16.0
North east									
Arunachal Pradesh	15-19	0.1	4.0	NA	NA	NA	NA	70.7	NC
Arunachal Pradesh	20-24	0.1	5.2	43.9	64.2	NA	NA	23.4	18.5
Arunachal Pradesh	25-49	3.0	11.0	46.6	68.2	81.1	90.1	4.1	18.2

Contd...



Table 1: Age at first marriage (contd.)

Percentage of women married by specific exact ages, median age at first marriage, and median age at first cohabitation with husband, according to current age and state, India, 1992-93									
State	Current age ¹	Percentage ever married by exact age						Percentage never married	Median age at first marriage
		13	15	18	20	22	25		
Assam	15-19	3.1	14.2	NA	NA	NA	NA	68.1	NC
Assam	20-24	3.8	20.2	44.4	55.8	NA	NA	35.3	18.7
Assam	25-49	8.3	26.8	58.6	72.1	81.3	88.4	7.1	16.9
Manipur	15-19	0.1	0.1	NA	NA	NA	NA	94.0	NC
Manipur	20-24	0.1	2.4	14.3	30.3	NA	NA	56.9	NC
Manipur	25-49	0.3	4.1	23.7	42.4	59.0	73.4	14.4	20.8
Meghalaya	15-19	0.3	2.2	NA	NA	NA	NA	79.4	NC
Meghalaya	20-24	0.3	4.5	28.1	48.5	NA	NA	32.2	NC
Meghalaya	25-49	0.8	4.9	37.3	60.8	76.3	87.8	3.8	19.0
Mizoram	15-19	0.1	0.2	NA	NA	NA	NA	89.1	NC
Mizoram	20-24	0.1	1.0	13.3	32.8	NA	NA	49.2	NC
Mizoram	25-49	0.1	0.6	14.7	36.6	59.1	77.1	8.5	21.0
Nagaland	15-19	0.3	0.8	NA	NA	NA	NA	88.5	NC
Nagaland	20-24	0.1	1.5	16.4	41.3	NA	NA	42.6	NC
Nagaland	25-49	0.3	3.2	23.1	48.1	67.9	85.5	7.5	20.1
Tripura	15-19	1.2	7.7	NA	NA	NA	NA	72.1	NC
Tripura	20-24	4.2	14.1	41.1	55.2	NA	NA	33.5	18.9
Tripura	25-49	8.1	22.7	55.8	71.0	78.0	84.3	6.0	17.2
Western									
Goa	15-19	0.6	1.0	NA	NA	NA	NA	96.9	NC
Goa	20-24	2.4	3.6	7.2	15.4	NA	NA	71.0	NC
Goa	25-49	3.5	7.0	20.3	36.8	51.4	70.6	11.3	21.7
Gujarat	15-19	1.2	4.2	NA	NA	NA	NA	77.6	NC
Gujarat	20-24	5.0	10.7	33.4	58.8	NA	NA	23.4	19.1
Gujarat	25-49	7.8	15.9	51.1	72.4	88.9	95.2	2.1	17.9
Maharashtra	15-19	1.4	NA	NA	NA	NA	NA	93.5	NC
Maharashtra	20-24	4.6	15.9	0.1	NA	NA	NA	62.1	NC
Maharashtra	25-49	18.0	37.1	68.1	82.0	89.3	95.2	2.2	16.1
Southern									
Andhra Pradesh	15-19	6.9	22.5	NA	NA	NA	NA	46.7	NC
Andhra Pradesh	20-24	15.1	37.0	68.6	82.9	NA	NA	11.4	15.9
Andhra Pradesh	25-49	25.0	48.6	81.6	91.0	94.6	96.8	1.7	15.1
Karnataka	15-19	4.3	14.4	NA	NA	NA	NA	62.4	NC
Karnataka	20-24	7.7	22.9	51.2	66.4	NA	NA	24.4	17.9
Karnataka	25-49	13.2	31.6	64.1	78.6	86.6	92.8	3.4	16.6
Kerala	15-19	0.1	1.3	NA	NA	NA	NA	86.1	NC
Kerala	20-24	0.2	3.1	19.3	35.6	NA	NA	45.9	NC
Kerala	25-49	1.1	6.8	29.4	51.8	67.1	83.5	6.6	19.8
Tamil Nadu	15-19	0.3	NA	NA	NA	NA	NA	99.2	NC
Tamil Nadu	20-24	0.4	3.5	0.1	NA	NA	NA	75.1	NC
Tamil Nadu	25-49	3.6	15.4	49.3	70.5	82.6	91.5	3.3	18.1

NA: Not applicable

* Not available

NC: Not calculated because less than 50 percent of women in the age group have married or started living with their husband by the start of the five-year age group

¹The current age group includes both never-married and ever-married women



Table 2: Age at first marriage

Percentage of women married by specific exact ages, median age at first marriage, and median age at first cohabitation with husband, according to current age and state, India, 1998–99									
State	Current age ¹	Percentage ever married by exact age						Median age at first marriage	Median age at first cohabitation with husband
		13	15	18	20	22	25		
India	15-19	4.7	14.3	NA	NA	NA	NA	NC	NC
India	20-24	8.9	23.5	50.0	67.1	NA	NA	18.0	18.3
India	25-49	15.4	33.3	64.6	79.4	87.9	93.7	16.4	17.0
North									
Delhi	15-19	0.6	1.3	NA	NA	NA	NA	NC	NC
Delhi	20-24	2.1	4.5	19.8	36.8	NA	NA	NC	NC
Delhi	25-49	4.7	13.3	37.6	57.7	75.5	90.3	19.0	19.3
Haryana	15-19	2.1	3.6	NA	NA	NA	NA	NC	NC
Haryana	20-24	4.3	8.8	41.5	65.6	NA	NA	18.5	18.7
Haryana	25-49	10.1	18.3	59.9	78.3	89.8	96.2	16.9	17.9
Himachal Pradesh	15-19	0.0	0.1	NA	NA	NA	NA	NC	NC
Himachal Pradesh	20-24	0.0	0.7	10.7	35.8	NA	NA	NC	NC
Himachal Pradesh	25-49	2.1	6.7	38.2	67.1	83.3	93.3	18.6	18.8
Jammu & Kashmir	15-19	0.3	1.2	NA	NA	NA	NA	NC	NC
Jammu & Kashmir	20-24	1.2	6.0	22.1	36.2	NA	NA	NC	NC
Jammu & Kashmir	25-49	6.0	17.3	47.5	64.9	78.0	88.2	18.2	18.4
Punjab	15-19	0.0	0.3	NA	NA	NA	NA	NC	NC
Punjab	20-24	0.5	1.2	11.6	30.7	NA	NA	NC	NC
Punjab	25-49	1.2	2.5	22.7	49.4	74.6	90.5	20.0	20.1
Rajasthan	15-19	11.1	18.9	NA	NA	NA	NA	NC	NC
Rajasthan	20-24	22.9	35.7	68.3	81.9	NA	NA	16.0	17.1
Rajasthan	25-49	30.1	47.8	81.5	91.0	96.3	98.5	15.1	16.4
Uttarakhand	15-19	0.8	1.9	NA	NA	NA	NA	NC	NC
Uttarakhand	20-24	1.3	7.1	25.9	53.2	NA	NA	19.6	19.8
Uttarakhand	25-49	4.9	17.9	59.1	78.8	88.4	93.7	17.1	17.6
Central									
Madhya Pradesh	15-19	10.4	25.3	NA	NA	NA	NA	NC	NC
Madhya Pradesh	20-24	19.9	38.6	64.7	77.1	NA	NA	16.0	16.8
Madhya Pradesh	25-49	30.8	52.6	78.5	87.4	92.3	95.5	14.7	16.0
Uttar Pradesh	15-19	8.0	19.8	NA	NA	NA	NA	NC	NC
Uttar Pradesh	20-24	16.8	36.0	62.4	76.5	NA	NA	16.2	17.4
Uttar Pradesh	25-49	27.7	49.7	79.6	89.9	94.7	97.3	15.0	16.3
Chhatisgarh	15-19	4.7	18.9	NA	NA	NA	NA	NC	NC
Chhatisgarh	20-24	14.4	33.9	61.3	75.2	NA	NA	16.4	16.8
Chhatisgarh	25-49	25.7	49.5	76.8	85.4	90.8	93.2	15.0	15.8
Eastern									
Bihar	15-19	8.2	24.0	NA	NA	NA	NA	NC	NC
Bihar	20-24	14.7	40.4	71.0	82.7	NA	NA	15.7	17.2
Bihar	25-49	23.0	51.0	83.9	93.6	96.7	97.9	14.9	16.6
Orissa	15-19	0.5	5.5	NA	NA	NA	NA	NC	NC
Orissa	20-24	1.0	9.8	37.6	52.3	NA	NA	19.6	19.7
Orissa	25-49	2.8	15.2	58.2	78.5	88.8	93.8	17.5	17.6
West Bengal	15-19	2.0	9.7	NA	NA	NA	NA	NC	NC
West Bengal	20-24	3.9	17.2	45.9	65.4	NA	NA	18.3	18.4
West Bengal	25-49	9.0	24.9	62.1	78.2	86.3	92.2	16.8	16.9

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NFHS-2

Table 2: Age at first marriage (contd.)

Percentage of women married by specific exact ages, median age at first marriage, and median age at first cohabitation with husband, according to current age and state, India, 1998–99									
State	Current age ¹	Percentage ever married by exact age						Median age at first marriage	Median age at first cohabitation with husband
		13	15	18	20	22	25		
Jharkhand	15-19	5.7	14.8	NA	NA	NA	NA	NC	NC
Jharkhand	20-24	13.7	32.7	64.1	76.5	NA	NA	16.5	16.9
Jharkhand	25-49	19.3	39.0	77.8	90.2	94.9	96.6	15.7	16.5
Northeast									
Arunachal Pradesh	15-19	0.8	4.0	NA	NA	NA	NA	NC	NC
Arunachal Pradesh	20-24	1.9	7.7	27.6	46.7	NA	NA	NC	NC
Arunachal Pradesh	25-49	3.7	11.1	39.7	64.0	77.7	86.4	18.7	18.8
Assam	15-19	1.2	6.4	NA	NA	NA	NA	NC	NC
Assam	20-24	1.8	9.6	40.7	56.7	NA	NA	18.9	19.0
Assam	25-49	3.4	14.1	49.1	66.4	77.4	85.9	18.1	18.2
Manipur	15-19	0.2	1.4	NA	NA	NA	NA	NC	NC
Manipur	20-24	0.4	1.2	9.9	24.4	NA	NA	NC	NC
Manipur	25-49	0.3	3.1	20.6	37.8	51.6	67.2	21.7	21.8
Meghalaya	15-19	0.0	2.9	NA	NA	NA	NA	NC	NC
Meghalaya	20-24	1.4	4.2	25.5	43.2	NA	NA	NC	NC
Meghalaya	25-49	1.1	7.0	34.8	58.0	72.5	81.7	19.1	19.3
Mizoram	15-19	0.3	0.5	NA	NA	NA	NA	NC	NC
Mizoram	20-24	0.0	0.6	11.6	32.8	NA	NA	NC	NC
Mizoram	25-49	0.1	0.8	13.0	32.5	50.0	68.7	22.0	22.0
Nagaland	15-19	0.6	0.9	NA	NA	NA	NA	NC	NC
Nagaland	20-24	0.0	3.6	22.9	36.2	NA	NA	NC	NC
Nagaland	25-49	0.6	4.2	24.4	48.2	64.1	77.9	20.1	20.2
Sikkim	15-19	0.0	1.0	NA	NA	NA	NA	NC	NC
Sikkim	20-24	0.7	4.5	22.3	39.0	NA	NA	NC	NC
Sikkim	25-49	2.4	9.5	35.5	51.7	65.1	78.4	19.8	19.8
Tripura	15-19	0.3	3.4	NA	NA	NA	NA	NC	NC
Tripura	20-24	3.1	10.4	37.7	50.8	NA	NA	19.9	19.8
Tripura	25-49	5.9	17.9	46.6	64.2	74.7	83.6	18.3	18.4
Western									
Goa	15-19	0.6	1.8	NA	NA	NA	NA	NC	NC
Goa	20-24	1.5	3.6	10.1	17.2	NA	NA	NC	NC
Goa	25-49	1.7	4.2	15.3	28.2	42.3	61.7	23.2	23.2
Gujarat	15-19	2.3	6.9	NA	NA	NA	NA	NC	NC
Gujarat	20-24	3.2	12.4	40.7	59.8	NA	NA	18.9	19.2
Gujarat	25-49	8.4	21.0	54.1	73.2	86.4	94.2	17.6	18.2
Maharashtra	15-19	2.4	16.6	NA	NA	NA	NA	NC	NC
Maharashtra	20-24	4.4	22.5	47.7	68.4	NA	NA	18.2	18.2
Maharashtra	25-49	11.3	33.5	65.1	80.4	88.2	93.9	16.4	16.7



Table 2: Age at first marriage (contd.)

Percentage of women married by specific exact ages, median age at first marriage, and median age at first cohabitation with husband, according to current age and state, India, 1998-99									
State	Current age ¹	Percentage ever married by exact age						Median age at first marriage	Median age at first cohabitation with husband
		13	15	18	20	22	25		
Southern									
Andhra Pradesh	15-19	4.1	17.6	NA	NA	NA	NA	NC	NC
Andhra Pradesh	20-24	9.4	30.6	64.3	81.3	NA	NA	16.6	16.6
Andhra Pradesh	25-49	22.1	48.9	79.8	89.8	94.5	96.8	15.1	15.3
Karnataka	15-19	2.5	12.4	NA	NA	NA	NA	NC	NC
Karnataka	20-24	5.6	20.5	46.3	63.7	NA	NA	18.4	18.5
Karnataka	25-49	9.1	27.5	60.6	76.3	84.6	91.7	16.8	17.0
Kerala	15-19	0.0	0.6	NA	NA	NA	NA	NC	NC
Kerala	20-24	0.0	3.1	17.0	38.1	NA	NA	NC	NC
Kerala	25-49	0.9	5.1	27.1	48.4	64.5	82.0	20.2	20.3
Tamil Nadu	15-19	0.2	2.8	NA	NA	NA	NA	NC	NC
Tamil Nadu	20-24	0.5	3.7	24.9	49.4	NA	NA	NC	NC
Tamil Nadu	25-49	2.6	11.6	41.6	64.7	79.6	90.3	18.7	18.8

NA: Not applicable

NC: Not calculated because less than 50 percent of women in the age group have married or started living with their husband by the start of the five-year age group.

¹The current age group includes both never-married and ever-married women.



ANNEXURE - 3

NFHS-1

Table 1: Fertility by state

Age-specific fertility rates (ASFR) of currently married women aged 15-24 years for the three-years period preceding the survey, according to residence and state, India, 1992-93						
State	NFHS-1 age-specific fertility rates					
	Urban		Rural		Total	
	15-19	20-24	15-19	20-24	15-19	20-24
India	0.075	0.203	0.131	0.243	0.116	0.231
Northern region						
Delhi	0.061	0.223	(0.131)	(0.231)	0.066	0.224
Haryana	0.075	0.274	0.166	0.331	0.143	0.316
Himachal Pradesh	0.023	0.184	0.080	0.267	0.075	0.259
Jammu & Kashmir	0.026	0.144	0.058	0.243	0.054	0.223
Punjab	0.041	0.224	0.074	0.242	0.065	0.238
Rajasthan	0.063	0.184	0.124	0.264	0.112	0.247
Central region						
Madhya Pradesh	0.092	0.239	0.173	0.260	0.153	0.255
Uttar Pradesh	0.062	0.240	0.128	0.289	0.113	0.279
Eastern region						
Bihar	0.089	0.224	0.127	0.244	0.121	0.241
Orissa	0.070	0.182	0.089	0.209	0.086	0.204
West Bengal	0.083	0.158	0.140	0.219	0.123	0.202
Northeastern region						
Arunachal Pradesh	*	*	0.118	0.246	0.115	0.246
Assam	0.070	0.167	0.122	0.205	0.116	0.200
Manipur	0.030	0.122	0.033	0.170	0.037	0.152
Meghalaya	0.046	(0.207)	0.086	0.176	0.079	0.182
Mizoram	0.053	0.125	0.039	0.157	0.046	0.140
Nagaland	0.026	(0.145)	0.064	0.199	0.057	0.188
Tripura	(0.057)	(0.089)	0.091	0.185	0.085	0.166
Western region						
Goa	0.019	0.092	0.011	0.099	0.016	0.096
Gujarat	0.063	0.227	0.096	0.264	0.086	0.251
Maharashtra	0.088	0.196	0.183	0.252	0.141	0.227
Southern region						
Andhra Pradesh	0.085	0.210	0.164	0.198	0.144	0.202
Karnataka	0.094	0.169	0.147	0.226	0.129	0.206
Kerala	0.033	0.149	0.040	0.164	0.038	0.160
Tamil Nadu	0.063	0.188	0.099	0.212	0.087	0.203

() Rate based on 125-249 women-years of exposure

* Rate not shown; based on fewer than 125 women-years of exposure.



NFHS-2

Table 2: Fertility by state

NFHS-2 age-specific and total fertility rates (TFR) and crude birth rate of currently married women aged 15-24 years for the three-years period preceding the survey, and NFHS-1 TFR, according to residence and state, India						
State	NFHS-2 age-specific fertility rates					
	Urban		Rural		Total	
	15-19	20-24	15-19	20-24	15-19	20-24
India	0.068	0.179	0.121	0.222	0.107	0.210
Northern region						
Delhi	0.035	0.185	(0.046)	(0.251)	0.036	0.191
Haryana	0.031	0.186	0.116	0.260	0.092	0.240
Himachal Pradesh	0.025	0.132	0.030	0.210	0.029	0.203
Jammu & Kashmir	0.028	0.082	0.048	0.192	0.044	0.171
Punjab	0.015	0.145	0.050	0.197	0.040	0.178
Rajasthan	0.092	0.219	0.139	0.280	0.126	0.264
Central region						
Madhya Pradesh	0.087	0.195	0.162	0.240	0.142	0.228
Uttar Pradesh	0.057	0.195	0.137	0.272	0.120	0.256
Eastern region						
Bihar	0.072	0.200	0.119	0.226	0.113	0.223
Orissa	0.057	0.166	0.081	0.175	0.079	0.174
West Bengal	0.049	0.133	0.125	0.185	0.107	0.173
Northeastern region						
Arunachal Pradesh	(0.045)	(0.158)	0.075	0.160	0.066	0.160
Assam	0.040	0.110	0.094	0.152	0.089	0.149
Manipur	0.033	0.114	0.044	0.139	0.042	0.132
Meghalaya	(0.030)	(0.182)	0.103	0.222	0.086	0.211
Mizoram	0.038	0.143	0.064	0.248	0.054	0.188
Nagaland	(0.034)	(0.187)	0.060	0.237	0.056	0.224
Sikkim	(0.053)	(0.158)	0.069	0.166	0.065	0.171
Western region						
Goa	0.022	0.103	0.017	0.083	0.021	0.089
Gujarat	0.062	0.205	0.105	0.250	0.087	0.230
Maharashtra	0.094	0.185	0.156	0.254	0.129	0.223
Southern region						
Andhra Pradesh	0.099	0.189	0.144	0.186	0.132	0.186
Karnataka	0.069	0.160	0.135	0.180	0.112	0.172
Kerala	0.013	0.128	0.041	0.179	0.039	0.166
Tamil Nadu	0.071	0.172	0.090	0.199	0.083	0.189

() Rate based on 125-249 women-years of exposure



NFHS-3

Table 3: Percentage of women age 15-19 years who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing

Background characteristics	%who have had a live birth	% who are pregnant with first child	% who have begun childbearing	Number of women
<i>Age</i>				
15	1.3	1.2	2.5	4814
16	4.1	2.3	6.4	5237
17	8.6	3.8	12.5	
18	17.9	6.1	24	5606
19	29.7	6.1	35.7	4353
<i>Residence</i>				
Urban	6.3	2.4	8.7	7463
Rural	14.5	4.6	19.1	17348
<i>Education</i>				
No education	25.9	6.6	32.6	5375
<5 years complete	16.2	5.1	21.2	1920
5-7 years complete	14.9	4.7	19.6	4823
8-9 years complete	6	2.4	8.5	5860
10-11 years complete	3.7	2.4	6.1	4487
12 or more years complete	2	1.6	3.6	2348
<i>Marital status</i>				
Never married	0.0	0.0	0.0	17,969
Currently married	43.9	14.4	58.2	6726
Widowed/divorced/				
Separated/deserted	31.4	0.0	31.4	115
<i>Wealth index</i>				
Lowest	19.2	6.0	25.3	4432
Second	17.3	4.5	21.9	5071
Middle	12.6	3.7	16.3	5390
Fourth	8.2	3.5	11.7	5181
Highest	3.3	1.8	5.1	4738
Total	12.1	3.9	16	24811



NFHS-1

Table 4: Childbearing among ever-married women aged 15-24 years by state

Percentage of ever-married women aged 15-24 years who are mothers or pregnant with their first child and percentage of ever-married women aged 15-24 years who have begun childbearing, by state, India, 1992-93			
State	Percentage who are:		
	Mothers	Percentage with first child	Percentage who begun childbearing
India	70.1	6.9	76.9
North			
Delhi	72.1	7.7	79.7
Haryana	74.0	7.4	81.1
Himachal Pradesh	69.6	8.7	78.3
Jammu & Kashmir	65.1	8.2	73.4
Punjab	66.8	12.8	79.5
Rajasthan	62.7	6.6	69.2
Central			
Madhya Pradesh	68.9	7.2	76.0
Uttar Pradesh	67.4	5.4	72.8
East			
Bihar	65.2	6.0	71.2
Orissa	70.0	5.5	75.4
West Bengal	72.6	8.1	80.6
Northeast			
Arunachal Pradesh	75.7	9.9	85.7
Assam	78.5	5.5	84.0
Manipur	75.3	12.7	88.0
Meghalaya	72.5	11.7	84.1
Mizoram	63.7	19.2	82.9
Nagaland	72.6	12.7	85.2
Tripura	76.3	8.5	84.8
West			
Goa	64.5	11.1	75.6
Gujarat	68.9	6.8	75.7
Maharashtra	76.8	5.9	82.7
South			
Andhra Pradesh	70.1	6.7	76.7
Karnataka	77.5	7.3	84.8
Kerala	67.9	12.4	80.2
Tamil Nadu	71.8	9.1	80.9



NFHS-2

Table 5: Childbearing among ever-married women aged 15-24 years by state

Percentage of ever-married women aged 15-24 years who are mothers or pregnant with their first child and percentage of ever-married women aged 15-24 years who have begun childbearing, by state, India, 1998-99			
State	Percentage who are:		
	Mothers	Percentage with first child	Percentage who begun childbearing
India	70.7	7.2	77.8
North			
Delhi	69.9	8.7	78.6
Haryana	74.3	6.9	81.2
Himachal Pradesh	68.8	10.2	79.0
Jammu & Kashmir	75.6	6.0	81.6
Punjab	70.1	9.3	79.4
Rajasthan	68.6	6.8	75.4
Uttaranchal	63.8	6.5	70.3
Central			
Madhya Pradesh	70.3	6.2	76.5
Uttar Pradesh	67.8	6.4	74.2
East			
Bihar	67.6	5.8	73.4
Orissa	71.6	7.1	78.7
West Bengal	72.1	8.7	80.8
Northeast			
Arunachal Pradesh	*	*	*
Assam	71.4	8.7	80.1
Manipur	(75.0)	(8.4)	(83.4)
Meghalaya	(89.6)	(3.7)	(93.3)
Mizoram	*	*	*
Nagaland	(76.6)	(10.3)	(87.0)
Sikkim	*	*	*
Tripura	71.0	10.4	81.4
West			
Goa	*	*	*
Gujarat	70.7	7.6	78.3
Maharashtra	75.3	7.8	83.1
South			
Andhra Pradesh	72.1	5.9	77.9
Karnataka	74.0	7.8	81.7
Kerala	64.0	10.4	74.4
Tamil Nadu	73.2	9.4	82.6

() Based on 25-49 unweighted cases.



NFHS-1

Table 6: Children ever born and living

Percent distribution of currently married women aged 15-24 years by number of children ever born and mean number of children ever born (CEB) and living, according to state, India, 1992-93							
State	Children ever born				Total percent	Mean CEB	Mean children living
	0	1	2	3+			
India	29.6	31.7	23.1	15.6	100.0	1.31	1.17
North							
Delhi	28.0	34.7	24.1	13.2	100.0	1.27	1.16
Haryana	25.9	33.1	23.5	17.5	100.0	1.37	1.24
Himachal Pradesh	30.3	31.8	25.0	12.8	100.0	1.24	1.15
Jammu & Kashmir	35.0	33.3	19.2	12.5	100.0	1.14	1.08
Punjab	33.2	31.6	25.6	9.6	100.0	1.14	1.07
Rajasthan	37.0	31.9	19.4	11.6	100.0	1.11	0.99
Central							
Madhya Pradesh	30.6	31.7	23.3	14.5	100.0	1.27	1.10
Uttar Pradesh	32.3	31.2	22.2	14.3	100.0	1.24	1.07
East							
Bihar	34.6	30.9	20.6	13.9	100.0	1.20	1.06
Orissa	29.6	33.0	23.0	14.4	100.0	1.26	1.10
West Bengal	27.0	32.7	23.5	16.7	100.0	1.38	1.24
Northeast							
Arunachal Pradesh	24.3	35.8	23.1	16.8	100.0	1.38	1.29
Assam	20.7	30.3	23.7	25.2	100.0	1.66	1.43
Manipur	25.8	41.5	17.6	15.1	100.0	1.29	1.21
Meghalaya	27.0	37.0	21.7	14.3	100.0	1.27	1.18
Mizoram	40.8	33.8	13.4	12.1	100.0	0.98	0.94
Nagaland	26.8	33.8	29.6	9.9	100.0	1.24	1.22
Tripura	24.4	35.1	27.1	13.4	100.0	1.34	1.19
West							
Goa	35.8	35.2	15.0	14.0	100.0	1.12	1.05
Gujarat	30.3	33.0	23.3	13.4	100.0	1.24	1.10
Maharashtra	22.2	30.1	24.9	22.8	100.0	1.58	1.46
South							
Andhra Pradesh	29.5	29.2	22.9	18.4	100.0	1.36	1.23
Karnataka	22.5	29.8	28.2	19.5	100.0	1.52	1.37
Kerala	31.6	39.9	21.1	7.4	100.0	1.06	1.03
Tamil Nadu	28.0	36.2	25.2	10.7	100.0	1.20	1.10



NFHS-2

Table 7: Children ever born and living

Percent distribution of currently married women aged 15-24 years by number of children ever born and mean number of children ever born (CEB) and living, according to state, India, 1998-99							
State	Children ever born				Total percent	Mean CEB	Mean children living
	0	1	2	3+			
India	29.0	31.6	24.0	15.4	100.0	1.32	1.19
North							
Delhi	30.3	36.1	22.4	11.3	100.0	1.20	1.11
Haryana	25.7	32.9	29.9	11.5	100.0	1.30	1.22
Himachal Pradesh	31.1	33.5	26.6	8.7	100.0	1.14	1.08
Jammu & Kashmir	23.7	35.5	24.7	16.1	100.0	1.40	1.30
Punjab	29.7	36.3	21.8	12.2	100.0	1.19	1.11
Rajasthan	31.2	31.1	23.6	14.2	100.0	1.26	1.13
Uttaranchal	36.1	28.7	24.9	10.4	100.0	1.12	1.06
Central							
Madhya Pradesh	28.9	27.6	23.7	19.9	100.0	1.43	1.22
Uttar Pradesh	32.0	27.9	21.4	18.7	100.0	1.35	1.17
East							
Bihar	32.2	30.1	22.5	15.3	100.0	1.26	1.12
Orissa	28.2	33.6	23.6	14.6	100.0	1.29	1.12
West Bengal	27.5	36.0	23.8	12.8	100.0	1.26	1.17
Northeast							
Arunachal Pradesh	*	*	*	*	100.0	*	*
Assam	28.2	35.2	24.2	12.4	100.0	1.25	1.15
Manipur	(24.2)	(43.2)	(23.3)	(9.4)	100.0	(1.22)	(1.13)
Meghalaya	(11.0)	(33.4)	(37.1)	(18.5)	100.0	(1.72)	(1.51)
Mizoram	*	*	*	*	100.0	*	*
Nagaland	(23.8)	(35.4)	(25.5)	(15.3)	100.0	(1.39)	(1.31)
Sikkim	*	*	*	*	100.0	*	*
Tripura	29.1	40.9	21.9	8.0	100.0	1.11	1.03
West							
Goa	*	*	*	*	100.0	*	*
Gujarat	28.6	31.5	23.9	15.9	100.0	1.31	1.20
Maharashtra	24.4	31.4	24.5	19.8	100.0	1.47	1.37
South							
Andhra Pradesh	27.5	31.5	28.7	12.4	100.0	1.30	1.19
Karnataka	25.3	30.8	27.2	16.7	100.0	1.44	1.33
Kerala	35.5	37.0	21.2	6.3	100.0	0.99	0.98
Tamil Nadu	26.8	39.7	25.8	7.7	100.0	1.16	1.09

() Based on 25-49 unweighted cases.



NFHS-1

Table 8 a: Outcome of pregnancy by state

Percent distribution of all pregnancies of currently married women aged 15-19 years by their outcome, according to state, India, 1992-93						
State	Spontaneous abortion	Induced abortion	Stillbirth	Live birth	Total percent	Number of pregnancies
India-Urban	9.6	3.3	1.9	85.3	100.0	967
India-Rural	6.8	1.4	2.5	89.3	100.0	5,355
India-Total	7.3	1.7	2.4	88.7	100.0	6,322
North						
Delhi	15.0	2.8	2.8	79.4	100.0	107
Haryana	9.5	1.3	3.0	86.2	100.0	227
Himachal Pradesh	12.0	0.0	4.8	83.2	100.0	82
Jammu & Kashmir	13.0	1.4	1.4	84.3	100.0	91
Punjab	8.9	0.0	5.1	86.1	100.0	79
Rajasthan	7.6	2.8	2.8	86.9	100.0	290
Central						
Madhya Pradesh	5.9	1.6	1.3	91.1	100.0	480
Uttar Pradesh	5.3	1.0	2.5	91.2	100.0	706
East						
Bihar	6.8	1.3	3.0	89.0	100.0	419
Orissa	3.0	0.7	2.1	94.2	100.0	247
West Bengal	8.2	1.1	3.7	87.0	100.0	373
Northeast						
Arunachal Pradesh	7.1	0.0	1.8	91.1	100.0	56
Assam	9.2	2.4	4.3	84.1	100.0	362
Manipur	*	*	*	*	100.0	12
Meghalaya	(0.0)	(0.0)	(0.0)	(100.0)	100.0	38
Mizoram	*	*	*	*	100.0	21
Nagaland	(0.0)	(0.0)	(0.0)	(100.0)	100.0	36
Tripura	5.1	2.5	2.5	89.9	100.0	79
West						
Goa	(0.0)	(0.0)	(0.0)	(100.0)	100.0	28
Gujarat	7.6	3.8	2.5	86.0	100.0	157
Maharashtra	6.1	0.8	0.0	93.1	100.0	377
South						
Andhra Pradesh	6.3	3.5	2.6	87.6	100.0	459
Karnataka	6.9	0.5	1.7	91.0	100.0	422
Kerala	16.5	1.2	1.2	81.2	100.0	85
Tamil Nadu	17.5	3.6	4.6	74.2	100.0	194

() Based on 25-49 unweighted cases

*Percentage not shown; based on fewer than 25 unweighted cases



NFHS-1

Table 8 b: Outcome of pregnancy by state

Percent distribution of all pregnancies of currently married women aged 20-24 years by their outcome, according to state, India, 1992-93						
State	Spontaneous abortion	Induced abortion	Stillbirth	Live birth	Total percent	Number of pregnancies
India-Urban	6.4	2.2	1.9	89.5	100.0	6,828
India-Rural	5.2	0.9	2.7	91.2	100.0	25,596
India-Total	5.5	1.2	2.5	90.9	100.0	32,425
North						
Delhi	8.9	2.4	2.5	86.2	100.0	1,059
Haryana	9.2	1.7	4.0	85.1	100.0	1,275
Himachal Pradesh	6.5	1.5	2.4	89.6	100.0	985
Jammu & Kashmir	6.7	1.6	3.6	88.0	100.0	791
Punjab	4.8	2.1	4.1	89.0	100.0	757
Rajasthan	3.8	1.9	2.9	91.4	100.0	1,560
Central						
Madhya Pradesh	4.2	0.6	2.5	92.8	100.0	2,432
Uttar Pradesh	5.5	1.1	2.6	90.7	100.0	4,256
East						
Bihar	4.7	0.1	2.2	93.1	100.0	2,139
Orissa	4.5	0.6	2.3	92.6	100.0	1,407
West Bengal	3.6	1.4	2.5	92.5	100.0	1,604
Northeast						
Arunachal Pradesh	4.3	0.6	3.4	91.7	100.0	350
Assam	5.3	2.1	3.2	89.3	100.0	1,286
Manipur	4.9	0.9	1.8	92.4	100.0	225
Meghalaya	3.2	0.0	3.0	93.8	100.0	403
Mizoram	6.5	0.0	7.0	86.4	100.0	199
Nagaland	0.8	0.4	2.4	96.4	100.0	253
Tripura	7.1	3.4	3.4	86.1	100.0	353
West						
Goa	7.3	3.4	2.6	86.8	100.0	385
Gujarat	5.6	0.7	1.0	92.7	100.0	1,210
Maharashtra	5.0	1.0	2.1	91.9	100.0	1,761
South						
Andhra Pradesh	6.0	1.2	3.3	89.6	100.0	1,718
Karnataka	5.8	0.6	2.0	91.7	100.0	1,786
Kerala	9.0	1.3	1.1	88.6	100.0	877
Tamil Nadu	9.6	3.7	2.6	84.0	100.0	1,234



NFHS-2

Table 9 a: Outcome of pregnancy by state

Percent distribution of all pregnancies of currently married women aged 15-19 years by their outcome, according to state, India, 1998-99						
State	Spontaneous abortion	Induced abortion	Stillbirth	Live birth	Total percent	Number of pregnancies
India-Urban	4.8	1.3	1.1	92.9	100.0	784
India-Rural	4.5	0.5	1.5	93.5	100.0	4,679
India-Total	4.5	0.6	1.4	93.4	100.0	5,463
North						
Delhi	*	*	*	*	100.0	24
Haryana	7.9	0.0	4.0	88.0	100.0	100
Himachal Pradesh	(9.8)	(0.0)	(0.0)	(90.2)	100.0	26
Jammu & Kashmir	7.1	0.0	1.2	91.7	100.0	60
Punjab	(4.8)	(0.0)	(0.0)	(95.2)	100.0	44
Rajasthan	4.3	0.6	1.3	93.7	100.0	304
Uttarakhand	*	*	*	*	100.0	21
Central						
Madhya Pradesh	4.3	0.1	1.6	94.0	100.0	616
Uttar Pradesh	4.8	0.7	1.2	93.3	100.0	746
Chhattisgarh	5.7	0.0	2.3	92.0	100.0	87
East						
Bihar	2.1	0.6	2.5	94.8	100.0	482
Orissa	3.3	0.0	3.8	92.9	100.0	208
West Bengal	3.7	0.0	0.5	95.8	100.0	247
Jharkhand	2.3	1.1	1.2	95.5	100.0	88
Northeast						
Arunachal Pradesh	1.8	0.0	4.6	93.6	100.0	52
Assam	2.8	5.1	0.6	91.5	100.0	218
Manipur	(2.2)	(2.4)	(0.0)	(95.4)	100.0	43
Meghalaya	(1.9)	(0.0)	(4.4)	(93.6)	100.0	45
Mizoram	(0.0)	(0.0)	(2.8)	(97.2)	100.0	33
Nagaland	(0.0)	(0.0)	(0.0)	(100.0)	100.0	25
Sikkim	(2.1)	(0.0)	(4.2)	(93.8)	100.0	48
Tripura	(13.7)	(0.0)	(0.0)	(86.3)	100.0	48
West						
Goa	*	*	*	*	100.0	11
Gujarat	4.0	0.0	4.0	92.0	100.0	174
Maharashtra	5.1	1.6	0.7	92.7	100.0	402
South						
Andhra Pradesh	7.1	0.3	0.7	91.9	100.0	300
Karnataka	4.2	0.0	2.1	93.7	100.0	334
Kerala	*	*	*	*	100.0	24
Tamil Nadu	6.3	0.7	0.0	93.0	100.0	165

*Percentage not shown; based on fewer than 25 unweighted cases.

() Based on 25-49 unweighted cases.



NFHS-2

Table 9 b: Outcome of pregnancy by state

Percent distribution of all pregnancies of currently married women aged 20-24 years by their outcome, according to state, India, 1998-99						
State	Spontaneous abortion	Induced abortion	Stillbirth	Live birth	Total percent	Number of pregnancies
India-Urban	5.8	3.0	1.7	89.5	100.0	5,893
India-Rural	4.9	1.0	2.2	91.9	100.0	23,597
India-Total	5.1	1.4	2.1	91.4	100.0	29,490
North						
Delhi	7.1	3.1	1.0	88.8	100.0	582
Haryana	6.8	1.8	3.2	88.2	100.0	926
Himachal Pradesh	4.2	1.0	1.2	93.6	100.0	662
Jammu & Kashmir	5.9	2.5	2.3	89.3	100.0	707
Punjab	5.7	1.7	1.6	91.0	100.0	646
Rajasthan	6.0	0.9	2.1	91.0	100.0	2,382
Uttarakhand	3.6	1.1	2.2	93.0	100.0	288
Central						
Madhya Pradesh	4.2	1.0	1.8	93.0	100.0	2,699
Uttar Pradesh	5.3	1.3	2.2	91.2	100.0	3,557
Chhattisgarh	4.7	1.8	3.2	90.3	100.0	341
East						
Bihar	3.4	0.1	1.8	94.6	100.0	2,490
Orissa	6.6	1.8	3.2	88.4	100.0	1,401
West Bengal	3.4	2.1	1.8	92.8	100.0	1,359
Jharkhand	1.3	0.2	1.5	97.0	100.0	538
Northeast						
Arunachal Pradesh	1.1	0.3	3.6	95.0	100.0	369
Assam	5.9	4.1	2.3	87.6	100.0	1,087
Manipur	4.9	4.1	0.7	90.3	100.0	267
Meghalaya	3.9	0.8	2.5	92.7	100.0	349
Mizoram	7.2	1.5	1.0	90.4	100.0	293
Nagaland	3.5	0.4	1.3	94.7	100.0	227
Sikkim	1.5	0.8	2.8	94.9	100.0	282
Tripura	5.1	6.5	1.0	87.4	100.0	281
West						
Goa	6.3	1.9	1.5	90.3	100.0	142
Gujarat	5.9	2.0	1.3	90.8	100.0	1,195
Maharashtra	4.3	1.7	1.6	92.4	100.0	1,887
South						
Andhra Pradesh	5.7	0.5	2.7	91.1	100.0	1,379
Karnataka	4.2	0.8	2.4	92.6	100.0	1,516
Kerala	4.2	1.8	1.6	92.4	100.0	461
Tamil Nadu	8.9	4.3	2.5	84.3	100.0	1,217



ANNEXURE - 4

Table 1: Knowledge of contraceptive methods by state

Percentage of currently married women aged 15-24 years who know any contraceptive method by specific method and state, India, 1992-93											
State	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Condom	Any traditional method	Rhythm / Safe period	Withdrawal	Other Method
India	93.5	93.3	92.0	80.0	64.0	55.4	55.3	34.2	29.8	16.9	3.0
North											
Delhi	98.5	98.5	96.1	92.0	90.8	88.5	91.1	48.9	45.0	22.8	4.5
Haryana	98.9	98.8	98.4	97.2	75.5	76.8	74.1	53.0	39.9	38.3	3.5
Himachal Pradesh	97.6	97.4	96.0	92.8	72.1	70.3	72.9	58.5	46.1	37.5	8.8
Jammu & Kashmir	99.6	99.6	99.4	96.5	74.3	69.2	71.1	62.2	49.5	47.3	2.5
Punjab	99.7	99.5	99.2	98.5	81.8	82.4	77.8	55.6	48.6	36.3	1.4
Rajasthan	82.3	82.1	80.0	66.7	52.6	45.8	38.0	27.4	23.1	14.5	1.7
Central											
Madhya Pradesh	82.5	82.0	79.5	69.8	50.2	39.2	40.5	17.4	15.1	4.1	1.9
Uttar Pradesh	93.5	92.9	91.0	85.1	63.8	52.7	66.6	32.7	30.9	10.4	1.9
East											
Bihar	92.9	92.9	92.4	85.1	55.9	40.8	52.2	23.8	20.3	7.0	1.5
Orissa	88.2	87.8	86.7	65.2	49.6	44.7	32.9	29.5	23.0	8.5	6.4
West Bengal	99.1	98.8	97.9	79.8	83.5	58.4	63.0	69.3	57.7	54.0	5.0
Northeast											
Arunachal Pradesh	83.2	83.2	80.2	47.8	60.8	53.0	41.4	28.4	27.2	16.8	0.0
Assam	96.8	95.8	95.0	80.1	68.9	53.2	55.2	76.0	67.1	58.6	8.1
Manipur	95.0	94.3	86.8	84.9	79.9	78.6	57.2	67.3	66.0	42.8	2.5
Meghalaya	81.0	80.3	77.0	47.3	61.3	47.0	50.0	46.3	40.3	18.3	13.3
Mizoram	98.1	98.1	98.1	67.5	71.3	76.4	58.6	39.5	31.8	31.2	0.6
Nagaland	45.1	45.1	30.0	21.1	23.5	22.1	30.0	9.9	8.5	9.9	1.4
Tripura	98.9	98.9	98.1	84.0	93.9	52.3	63.7	82.1	69.1	66.0	8.8
West											
Goa	97.2	96.9	95.0	57.9	74.8	58.6	65.4	36.1	30.5	19.9	3.1
Gujarat	94.2	93.7	92.4	70.8	65.5	67.9	59.9	43.3	40.8	23.6	2.0
Maharashtra	96.6	96.5	96.0	78.4	66.9	68.2	55.2	20.7	18.9	7.4	1.8
South											
Andhra Pradesh	94.8	94.7	93.7	86.6	51.4	40.1	42.5	12.6	9.7	2.1	2.9
Karnataka	98.0	97.8	97.3	76.2	70.9	71.8	45.2	34.3	32.2	12.4	5.0
Kerala	99.5	99.5	98.6	82.5	85.1	87.3	92.8	67.3	60.5	44.2	2.9
Tamil Nadu	98.7	98.7	98.1	80.9	74.3	74.4	58.1	39.8	32.1	18.6	4.7



Table 2: Knowledge of contraceptive methods by state

Percentage of currently married women aged 15-24 years who know any contraceptive method by specific method and state, India, 1992-93											
State	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Condom	Any traditional method	Rhythm / Safe period	Withdrawal	Other Method
India	98.2	98.1	97.1	86.4	78.0	65.0	68.7	44.1	40.1	26.4	2.2
North											
Delhi	99.6	99.6	98.2	98.4	98.2	91.4	97.1	63.5	60.5	45.6	1.8
Haryana	99.7	99.7	98.7	96.4	94.5	87.9	93.1	72.2	67.0	60.6	2.0
Himachal Pradesh	100.0	100.0	100.0	99.8	94.8	92.2	96.2	87.1	84.4	62.5	1.5
Jammu & Kashmir	97.5	97.5	96.0	89.7	80.2	69.8	75.0	53.2	33.0	42.7	7.4
Punjab	100.0	100.0	99.8	97.8	95.3	94.4	94.7	70.8	62.9	54.0	1.8
Rajasthan	97.8	97.7	97.1	89.5	78.9	66.2	73.5	30.4	28.0	16.0	1.0
Uttarakhand	98.4	98.4	95.9	89.9	80.0	68.5	85.2	53.8	39.2	40.6	0.9
Central											
Madhya Pradesh	96.7	96.7	94.7	77.2	66.2	43.7	53.9	27.2	25.8	10.7	2.1
Uttar Pradesh	97.4	97.2	96.1	89.8	83.5	68.1	81.3	56.2	50.7	27.4	3.0
Chhattisgarh	96.9	96.9	95.8	82.8	65.5	34.3	55.4	35.7	33.6	15.4	4.2
East											
Bihar	98.9	98.9	98.5	96.9	73.5	56.3	64.2	37.7	33.7	23.5	2.8
Orissa	97.4	97.1	95.9	87.7	73.5	48.9	49.7	46.6	41.5	35.8	2.4
West Bengal	99.5	99.0	97.0	80.7	91.9	65.1	78.5	74.3	65.5	61.5	1.4
Jharkhand	98.3	98.3	97.8	94.9	68.0	45.6	56.4	35.3	29.9	23.8	11.9
Northeast											
Arunachal Pradesh	*	*	*	*	*	*	*	*	*	*	*
Assam	97.3	97.2	94.4	81.1	87.3	66.9	68.5	61.8	56.9	46.0	4.8
Manipur	*	*	*	*	*	*	*	*	*	*	*
Meghalaya	(84.1)	(84.1)	(75.8)	(42.9)	(70.4)	(55.6)	(63.4)	(39.3)	(37.8)	(24.0)	(11.9)
Mizoram	*	*	*	*	*	*	*	*	*	*	*
Nagaland	(85.1)	(84.5)	(80.9)	(50.2)	(69.2)	(70.2)	(63.3)	(60.4)	(58.1)	(50.2)	(0.6)
Sikkim	*	*	*	*	*	*	*	*	*	*	*
Tripura	97.4	97.4	95.1	74.7	92.4	66.6	80.7	66.9	65.4	45.5	5.2
West											
Goa	*	*	*	*	*	*	*	*	*	*	*
Gujarat	97.2	97.0	95.7	74.3	71.2	71.2	65.8	52.2	49.2	31.9	4.7
Maharashtra	98.8	98.8	98.2	85.7	85.3	75.7	71.6	29.3	27.4	14.5	1.6
South											
Andhra Pradesh	98.3	98.3	98.0	88.4	62.5	48.9	48.1	15.9	14.8	6.9	0.5
Karnataka	98.9	98.9	98.2	70.6	65.4	69.5	44.4	33.3	33.0	5.4	0.4
Kerala	99.4	99.4	97.4	90.7	88.0	85.0	90.5	74.7	65.5	58.3	0.7
Tamil Nadu	99.9	99.9	99.8	90.4	79.2	84.5	78.2	45.9	42.2	29.6	2.8

*Includes both modern and traditional methods that are not listed separately.

*Percentage not shown; based on fewer than 25 cases.

() Based on 25-49 unweighted cases.



Table 3 a: Current use by state

Percent distribution of currently married women aged 15-24 years by contraceptive method currently used, according to state and residence, India, 1992 - 93														
State	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Con-dom	Inje-ction	Any tradi-tional method	Rhythm /Safe period	With-drawal	Other Met-hod	Not using any met-hod	Total per-cent
Rural														
India	14.7	11.1	7.4	0.3	1.1	1.0	1.3	0.0	3.6	2.2	1.3	0.0	85.3	100.0
North														
Delhi	36.0	33.7	3.5	0.0	1.2	5.8	23.3	0.0	2.3	0.0	2.3	0.0	64.0	100.0
Haryana	17.3	13.1	7.3	0.2	1.4	1.5	2.8	0.0	4.2	2.2	2.0	0.0	82.7	100.0
Himachal Pradesh	20.3	14.7	6.5	2.0	0.4	1.5	4.3	0.0	5.6	2.8	2.8	0.0	79.7	100.0
Jammu & Kashmir	17.1	9.1	3.4	0.4	0.4	1.5	3.4	0.0	8.0	3.0	5.1	0.0	82.9	100.0
Punjab	23.4	19.0	4.2	0.0	3.0	4.2	7.5	0.0	4.4	3.4	1.0	0.0	76.6	100.0
Rajasthan	5.8	4.7	2.8	0.1	0.5	0.4	0.9	0.1	1.0	0.7	0.3	0.0	94.2	100.0
Central														
Madhya Pradesh														
Pradesh	8.2	7.6	5.3	0.2	0.7	0.3	1.1	0.0	0.6	0.6	0.0	0.0	91.8	100.0
Uttar Pradesh	4.6	3.8	1.0	0.0	0.7	0.2	1.7	0.1	0.9	0.8	0.0	0.0	95.4	100.0
East														
Bihar	5.0	3.7	1.9	0.1	0.8	0.4	0.5	0.0	1.3	0.8	0.4	0.0	95.0	100.0
Orissa	11.2	10.3	7.3	0.6	0.7	1.2	0.6	0.0	0.9	0.7	0.1	0.1	88.8	100.0
West Bengal	38.3	16.5	10.2	0.5	3.5	1.1	1.3	0.0	21.7	11.6	9.8	0.4	61.7	100.0
Northeast														
Arunachal Pradesh														
Pradesh	9.5	7.7	1.4	0.0	1.4	5.0	0.0	0.0	1.8	1.8	0.0	0.0	90.5	100.0
Assam	25.1	8.0	2.6	0.4	3.5	0.2	1.5	0.0	17.1	12.8	4.2	0.2	74.9	100.0
Manipur	11.7	6.3	0.0	0.0	1.8	4.5	0.0	0.0	5.4	5.4	0.0	0.0	88.3	100.0
Meghalaya	7.3	3.2	0.4	0.0	0.8	1.6	0.4	0.0	4.0	1.2	0.4	2.4	92.7	100.0
Mizoram	11.7	11.7	2.6	0.0	2.6	6.5	0.0	0.0	0.0	0.0	0.0	0.0	88.3	100.0
Nagaland	3.3	3.3	0.6	0.0	1.1	0.6	1.1	0.0	0.0	0.0	0.0	0.0	96.7	100.0
Tripura	31.4	8.2	1.4	0.0	5.0	1.4	0.5	0.0	23.2	15.9	7.3	0.0	68.6	100.0
West														
Goa	14.5	10.3	3.0	0.0	0.6	3.0	3.6	0.0	4.2	1.8	2.4	0.0	85.5	100.0
Gujarat	13.9	11.9	6.7	0.0	1.6	2.3	1.2	0.1	2.0	1.3	0.7	0.0	86.1	100.0
Maharashtra	22.7	22.2	17.0	0.9	1.3	1.7	1.4	0.0	0.5	0.5	0.0	0.0	77.3	100.0
South														
Andhra Pradesh														
Pradesh	18.6	18.5	16.9	0.8	0.4	0.3	0.2	0.0	0.1	0.1	0.0	0.0	81.4	100.0
Karnataka	21.5	20.6	17.1	0.0	0.5	2.7	0.3	0.0	1.0	0.7	0.2	0.0	78.5	100.0
Kerala	24.3	18.5	8.5	0.3	0.7	4.7	4.3	0.0	5.8	2.8	3.0	0.0	75.7	100.0
Tamil Nadu	23.0	19.9	15.5	0.2	0.3	2.8	1.1	0.0	3.1	1.9	1.2	0.0	77.0	100.0



Table 3 b: Current use by state (contd.)

Percent distribution of currently married women aged 15-24 years by contraceptive method currently used, according to state and residence, India, 1992 - 93														
State	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Con-dom	Inje-ction	Any tradi-tional method	Rhythm /Safe period	With-drawal	Other Met-hod	Not using any met-hod	Total per-cent
Urban														
India	22.5	19.2	7.4	0.3	2.1	3.9	5.6	0.0	3.3	2.1	1.1	0.1	77.5	100.0
North														
Delhi	36.7	34.4	2.0	0.1	3.6	7.4	20.9	0.3	2.3	1.7	0.6	0.0	63.3	100.0
Haryana	29.6	23.5	4.9	0.4	2.0	4.5	11.7	0.0	6.1	1.6	4.5	0.0	70.4	100.0
Himachal Pradesh	(34.0)	(29.6)	(5.7)	(1.3)	(1.3)	(8.2)	(13.2)	(0.0)	(4.4)	(1.3)	(3.1)	(0.0)	(66.0)	100.0
Jammu & Kashmir	31.4	24.5	2.5	0.0	1.9	3.1	17.0	0.0	6.9	1.9	4.4	0.6	68.6	100.0
Punjab	28.3	20.4	2.6	0.0	1.3	5.3	11.2	0.0	7.9	3.9	3.9	0.0	71.7	100.0
Rajasthan	10.2	10.2	3.1	0.9	0.4	2.2	3.5	0.0	0.0	0.0	0.0	0.0	89.8	100.0
Central														
Madhya														
Pradesh	15.8	14.7	2.0	0.3	0.9	4.4	7.1	0.0	1.0	1.0	0.0	0.0	84.2	100.0
Uttar Pradesh	12.7	11.4	1.2	0.0	0.9	2.3	7.0	0.0	1.3	0.8	0.5	0.0	87.3	100.0
East														
Bihar	12.3	10.3	3.1	0.3	2.5	1.0	3.1	0.3	2.0	1.7	0.0	0.3	87.7	100.0
Orissa	17.6	16.5	9.6	0.4	1.9	3.4	1.1	0.0	1.1	0.8	0.0	0.4	82.4	100.0
West Bengal	38.1	21.9	8.0	0.0	7.6	1.8	4.5	0.0	16.2	7.9	7.5	0.8	61.9	100.0
Northeast														
Arunachal Pradesh														
Pradesh	(17.4)	(10.9)	(4.3)	(0.0)	(0.0)	(4.3)	(2.2)	(0.0)	(6.5)	(6.5)	(0.0)	(0.0)	(82.6)	100.0
Assam	37.5	13.1	6.6	0.0	2.7	0.8	3.1	0.0	24.3	14.3	9.7	0.4	62.5	100.0
Manipur	(27.1)	(14.6)	(0.0)	(0.0)	(2.1)	(8.3)	(4.2)	(0.0)	(12.5)	(10.4)	(2.1)	(0.0)	(72.9)	100.0
Meghalaya	11.5	5.8	1.9	0.0	1.9	1.9	0.0	0.0	5.8	3.8	1.9	0.0	88.5	100.0
Mizoram	25.0	25.0	3.8	0.0	10.0	8.8	2.5	0.0	0.0	0.0	0.0	0.0	75.0	100.0
Nagaland	(9.4)	(9.4)	(3.1)	(0.0)	(3.1)	(0.0)	(3.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(90.6)	100.0
Tripura	(57.1)	(31.0)	(7.1)	(0.0)	(21.4)	(2.4)	(0.0)	(0.0)	(26.2)	(16.7)	(7.1)	(2.4)	(42.9)	100.0
West														
Goa	28.2	16.7	8.3	0.6	0.0	0.0	7.7	0.0	11.5	6.4	4.5	0.6	71.8	100.0
Gujarat	16.7	14.4	3.5	0.0	2.6	4.5	3.8	0.0	2.2	1.6	0.6	0.0	83.3	100.0
Maharashtra	23.7	21.9	8.9	0.0	2.3	4.6	6.2	0.0	1.8	1.8	0.0	0.0	76.3	100.0
South														
Andhra Pradesh														
Pradesh	27.6	26.6	19.2	1.7	1.4	2.1	2.1	0.0	1.0	1.0	0.0	0.0	72.4	100.0
Karnataka	22.5	21.4	14.5	0.0	0.3	4.6	2.0	0.0	1.1	1.1	0.0	0.0	77.5	100.0
Kerala	28.0	22.0	11.8	0.0	1.1	3.8	5.4	0.0	5.9	3.8	2.2	0.0	72.0	100.0
Tamil Nadu	26.8	25.2	11.0	0.0	1.0	8.7	4.5	0.0	1.6	1.0	0.6	0.0	73.2	100.0

() Based on 25-49 unweighted cases.



Table 3 c: Current use by state (contd.)

Percent distribution of currently married women aged 15-24 years by contraceptive method currently used, according to state and residence, India, 1992 - 93														
State	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Con-dom	Inje-ction	Any tradi-tional method	Rhythm /Safe period	With-drawal	Other Met-hod	Not using any met-hod	Total per-cent
Total														
India	16.3	12.8	7.4	0.3	1.3	1.6	2.2	0.0	3.5	2.2	1.3	0.1	83.7	100.0
North														
Delhi	36.6	34.3	2.2	0.1	3.4	7.2	21.2	0.3	2.3	1.5	0.8	0.0	63.4	100.0
Haryana	19.8	15.2	6.8	0.2	1.5	2.1	4.6	0.0	4.6	2.1	2.5	0.0	80.2	100.0
Himachal Pradesh	21.2	15.7	6.5	2.0	0.4	1.9	4.9	0.0	5.5	2.7	2.8	0.0	78.8	100.0
Jammu & Kashmir	18.9	11.0	3.3	0.4	0.6	1.7	5.0	0.0	7.9	2.8	5.0	0.1	81.1	100.0
Punjab	24.5	19.3	3.9	0.0	2.6	4.5	8.3	0.0	5.2	3.5	1.7	0.0	75.5	100.0
Rajasthan	6.4	5.6	2.8	0.2	0.5	0.7	1.3	0.1	0.9	0.6	0.3	0.0	93.6	100.0
Central														
Madhya Pradesh	9.5	8.8	4.7	0.2	0.8	1.0	2.2	0.0	0.7	0.7	0.0	0.0	90.5	100.0
Uttar Pradesh	5.8	4.9	1.0	0.0	0.8	0.5	2.4	0.1	0.9	0.8	0.1	0.0	94.2	100.0
East														
Bihar	5.8	4.5	2.0	0.1	1.0	0.5	0.8	0.1	1.3	0.9	0.4	0.0	94.2	100.0
Orissa	12.0	11.0	7.6	0.5	0.8	1.5	0.6	0.0	0.9	0.7	0.1	0.1	88.0	100.0
West Bengal	38.2	17.5	9.8	0.4	4.2	1.3	1.9	0.0	20.7	10.9	9.4	0.4	61.8	100.0
Northeast														
Arunachal Pradesh	10.8	8.2	1.9	0.0	1.1	4.9	0.4	0.0	2.6	2.6	0.0	0.0	89.2	100.0
Assam	26.4	8.5	3.0	0.3	3.4	0.2	1.6	0.0	17.8	12.9	4.7	0.2	73.6	100.0
Manipur	16.4	8.8	0.0	0.0	1.9	5.7	1.3	0.0	7.5	6.9	0.6	0.0	83.6	100.0
Meghalaya	8.0	3.7	0.7	0.0	1.0	1.7	0.3	0.0	4.3	1.7	0.7	2.0	92.0	100.0
Mizoram	18.5	18.5	3.2	0.0	6.4	7.6	1.3	0.0	0.0	0.0	0.0	0.0	81.5	100.0
Nagaland	4.2	4.2	0.9	0.0	1.4	0.5	1.4	0.0	0.0	0.0	0.0	0.0	95.8	100.0
Tripura	35.5	11.8	2.3	0.0	7.6	1.5	0.4	0.0	23.7	16.0	7.3	0.4	64.5	100.0
West														
Goa	21.2	13.4	5.6	0.3	0.3	1.6	5.6	0.0	7.8	4.0	3.4	0.3	78.8	100.0
Gujarat	14.8	12.7	5.7	0.0	1.9	3.0	2.0	0.1	2.1	1.4	0.7	0.0	85.2	100.0
Maharashtra	23.1	22.1	14.1	0.6	1.6	2.7	3.1	0.0	1.0	1.0	0.0	0.0	76.9	100.0
South														
Andhra Pradesh	20.4	20.1	17.4	1.0	0.6	0.6	0.6	0.0	0.3	0.3	0.0	0.0	79.6	100.0
Karnataka	21.8	20.8	16.4	0.0	0.5	3.2	0.8	0.0	1.0	0.9	0.2	0.0	78.2	100.0
Kerala	25.2	19.3	9.3	0.3	0.8	4.4	4.6	0.0	5.8	3.0	2.8	0.0	74.8	100.0
Tamil Nadu	24.2	21.6	14.0	0.1	0.5	4.7	2.2	0.0	2.6	1.6	1.0	0.0	75.8	100.0



Table 4 a: Current use by state

Percent distribution of currently married women aged 15-24 years by contraceptive method currently used, according to state and residence, India, 1998-99													
State	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Con-dom	Any tradi-tional method	Rhythm /Safe period	With-drawal	Other Met-hod ¹	Not using any met-hod	Total per-cent
Urban													
India	26.4	21.5	8.5	0.2	3.3	3.3	6.2	4.6	2.4	2.2	0.3	73.6	100.0
North													
Delhi	34.3	28.1	3.3	0.0	3.8	3.8	17.2	6.1	4.3	1.8	0.0	65.7	100.0
Haryana	26.1	19.1	4.9	0.0	2.2	4.9	7.1	7.0	2.8	4.2	0.0	73.9	100.0
Himachal Pradesh	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Jammu & Kashmir	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Punjab	39.5	33.1	0.8	0.0	2.4	5.6	24.3	6.4	4.0	2.4	0.0	60.5	100.0
Rajasthan	18.5	15.6	2.7	0.0	2.1	2.2	8.6	2.1	1.6	0.5	0.8	81.5	100.0
Uttarakhand	(31.6)	(28.7)	(2.8)	(0.0)	(2.8)	(2.8)	(20.2)	(2.8)	(0.0)	(2.8)	(0.0)	(68.4)	100.0
Central													
Madhya Pradesh													
Pradesh	19.8	18.3	6.4	0.0	2.4	2.1	7.4	1.3	0.3	1.0	0.2	80.2	100.0
Uttar Pradesh	17.4	12.2	1.9	0.0	2.3	1.8	6.2	4.3	2.5	1.8	0.9	82.6	100.0
Chhattisgarh	(23.7)	(23.7)	(10.5)	(0.0)	(0.0)	(2.6)	(10.5)	(0.0)	(0.0)	(0.0)	(0.0)	(76.3)	100.0
East													
Bihar	11.8	6.5	1.9	0.0	1.9	0.0	2.6	4.6	2.6	2.1	0.7	88.2	100.0
Orissa	21.1	17.3	3.8	0.0	9.2	3.1	1.2	3.1	1.3	1.9	0.7	78.9	100.0
West Bengal	57.8	32.5	7.0	0.0	17.0	1.7	6.9	24.4	8.7	15.7	0.9	42.2	100.0
Jharkhand	20.8	10.2	1.6	0.0	3.5	0.0	5.1	8.8	3.5	5.3	1.8	79.2	100.0
Northeast													
Arunachal Pradesh													
Pradesh	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Assam	(32.3)	(14.6)	(2.3)	(0.8)	(6.5)	(1.9)	(3.1)	(17.7)	(7.1)	(10.7)	(0.0)	(67.7)	100.0
Manipur	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Meghalaya	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Mizoram	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Nagaland	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Sikkim	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Tripura	*	*	*	*	*	*	*	*	*	*	*	*	100.0
West													
Goa													
Goa	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Gujarat	29.1	19.9	4.7	0.3	2.3	5.2	7.3	9.0	7.5	1.4	0.3	70.9	100.0
Maharashtra	22.7	20.9	7.2	0.0	3.7	3.6	6.4	1.8	1.4	0.4	0.0	77.3	100.0
South													
Andhra Pradesh													
Pradesh	34.0	34.0	26.5	1.5	1.5	1.9	2.6	0.0	0.0	0.0	0.0	66.0	100.0
Karnataka	26.4	25.1	15.2	0.0	1.0	6.7	2.2	1.3	0.9	0.3	0.0	73.6	100.0
Kerala	26.2	15.8	8.4	0.0	0.9	0.0	6.5	10.4	1.9	8.5	0.0	73.8	100.0
Tamil Nadu	27.1	25.3	13.9	0.0	0.7	7.0	3.6	1.8	0.6	1.2	0.0	72.9	100.0

¹Includes both modern and traditional methods that are not listed separately.

*Percentage not shown; based on fewer than 25 cases. () Based on 25-49 unweighted cases.



Table 4 b: Current use by state (contd.)

Percent distribution of currently married women aged 15-24 years by contraceptive method currently used, according to state and residence, India, 1998-99													
State	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Condom	Any traditional method	Rhythm / Safe period	Withdrawal	Other Method ¹	Not using any method	Total per cent
Rural													
India	18.4	14.2	9.6	0.1	2.1	0.8	1.7	4.1	2.3	1.8	0.1	81.6	100.0
North													
Delhi	(37.5)	(32.2)	(10.8)	(1.8)	(5.4)	(7.1)	(7.1)	(5.3)	(3.5)	(1.8)	(0.0)	(62.5)	100.0
Haryana	24.5	16.8	7.9	0.0	3.2	2.4	3.2	7.7	4.7	3.1	0.0	75.5	100.0
Himachal Pradesh	23.6	18.5	9.2	1.0	2.9	0.7	4.8	5.0	2.9	2.2	0.0	76.4	100.0
Jammu & Kashmir	15.9	11.4	1.9	0.0	3.2	2.6	3.7	4.3	1.4	2.9	0.3	84.1	100.0
Punjab	32.4	23.6	6.7	0.0	4.1	4.6	8.2	8.2	3.6	4.6	0.5	67.6	100.0
Rajasthan	12.7	11.0	6.8	0.0	1.5	0.6	2.0	1.7	1.2	0.5	0.0	87.3	100.0
Uttarakhand	10.2	8.7	4.0	0.0	2.0	0.4	2.2	1.5	0.0	1.5	0.0	89.8	100.0
Central													
Madhya Pradesh													
Pradesh	12.0	11.1	8.6	0.0	0.6	0.3	1.7	0.8	0.6	0.2	0.0	88.0	100.0
Uttar Pradesh	8.4	4.9	2.0	0.0	0.8	0.2	1.9	3.4	2.3	1.1	0.1	91.6	100.0
Chhattisgarh	12.9	11.7	8.5	0.0	0.8	0.8	1.6	1.2	0.4	0.8	0.0	87.1	100.0
East													
Bihar	5.3	3.6	2.6	0.1	0.6	0.1	0.3	1.7	0.9	0.7	0.1	94.7	100.0
Orissa	14.1	10.8	6.9	0.4	3.0	0.3	0.2	3.0	1.3	1.7	0.3	85.9	100.0
West Bengal	44.8	24.7	10.3	0.1	11.2	1.1	1.9	20.1	10.3	9.8	0.0	55.2	100.0
Jharkhand	5.4	3.5	2.6	0.0	0.5	0.2	0.2	1.7	1.0	0.7	0.2	94.6	100.0
Northeast													
Arunachal Pradesh													
Pradesh	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Assam	21.8	8.6	1.2	0.1	4.9	0.9	1.5	13.1	9.0	4.1	0.1	78.2	100.0
Manipur	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Meghalaya	(8.2)	(3.7)	(0.0)	(0.0)	(2.5)	(0.6)	(0.6)	(4.5)	(4.0)	(0.5)	(0.0)	(91.8)	100.0
Mizoram	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Nagaland	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Sikkim	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Tripura	29.8	22.8	7.4	0.0	13.2	0.9	1.3	6.6	5.7	0.9	0.5	70.2	100.0
West													
Goa													
Goa	*	*	*	*	*	*	*	*	*	*	*	*	100.0
Gujarat	20.8	17.2	11.8	0.0	1.2	2.0	2.2	3.4	2.9	0.5	0.2	79.2	100.0
Maharashtra	26.0	25.3	18.3	0.0	1.8	1.4	3.8	0.6	0.5	0.1	0.0	74.0	100.0
South													
Andhra Pradesh													
Pradesh	27.4	26.9	25.4	0.5	0.4	0.3	0.2	0.5	0.2	0.2	0.0	72.6	100.0
Karnataka	25.2	24.8	22.8	0.0	0.5	1.4	0.1	0.3	0.2	0.1	0.0	74.8	100.0
Kerala	25.4	18.0	10.1	0.0	0.6	2.0	5.3	7.4	2.7	4.7	0.0	74.6	100.0
Tamil Nadu	17.9	17.0	13.7	0.0	0.2	2.4	0.7	0.9	0.3	0.5	0.0	82.1	100.0

¹Includes both modern and traditional methods that are not listed separately.

*Percentage not shown; based on fewer than 25 cases. () Based on 25-49 unweighted cases.



Table 4 c: Current use by state (contd.)

Percent distribution of currently married women aged 15-24 years by contraceptive method currently used, according to state and residence, India, 1998-99													
State	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Con-dom	Any tradi-tional method	Rhythm /Safe period	With-drawal	Other Met-hod ¹	Not using any met-hod	Total per-cent
Total													
India	20.0	15.7	9.3	0.1	2.3	1.3	2.6	4.2	2.4	1.8	0.1	80.0	80.0
North													
Delhi	34.7	28.6	4.3	0.2	4.0	4.3	15.9	6.0	4.2	1.8	0.0	65.3	65.3
Haryana	24.8	17.2	7.3	0.0	3.0	2.9	4.0	7.6	4.3	3.3	0.0	75.2	75.2
Himachal Pradesh	24.8	19.6	9.2	0.9	2.8	1.0	5.8	5.1	3.0	2.2	0.0	75.2	75.2
Jammu & Kashmir	17.4	12.9	3.1	0.0	3.0	2.7	4.1	4.2	1.2	3.1	0.2	82.6	82.6
Punjab	33.8	25.6	5.5	0.0	3.7	4.8	11.5	7.8	3.7	4.2	0.4	66.2	66.2
Rajasthan	13.9	12.0	6.0	0.0	1.6	1.0	3.4	1.8	1.2	0.5	0.2	86.1	86.1
Uttarakhand	13.0	11.3	3.9	0.0	2.2	0.7	4.5	1.7	0.0	1.7	0.0	87.0	87.0
Central													
Madhya Pradesh	13.5	12.5	8.1	0.0	0.9	0.6	2.8	0.9	0.6	0.4	0.1	86.5	86.5
Uttar Pradesh	9.7	6.0	2.0	0.0	1.0	0.4	2.5	3.5	2.3	1.2	0.2	90.3	90.3
Chhattisgarh	14.3	13.3	8.7	0.0	0.7	1.1	2.8	1.0	0.4	0.7	0.0	85.7	85.7
East													
Bihar	5.8	3.8	2.5	0.1	0.7	0.0	0.5	1.9	1.0	0.8	0.1	94.2	94.2
Orissa	14.7	11.3	6.6	0.3	3.5	0.6	0.3	3.0	1.3	1.7	0.4	85.3	85.3
West Bengal	46.8	25.9	9.8	0.1	12.1	1.2	2.7	20.8	10.1	10.7	0.1	53.2	53.2
Jharkhand	7.4	4.4	2.5	0.0	0.9	0.2	0.9	2.6	1.3	1.3	0.4	92.6	92.6
Northeast													
Arunachal Pradesh	*	*	*	*	*	*	*	*	*	*	*	*	*
Assam	22.3	8.9	1.2	0.2	5.0	0.9	1.6	13.3	8.9	4.4	0.1	77.7	77.7
Manipur	(19.4)	(10.4)	(0.4)	(0.0)	(2.7)	(6.3)	(0.9)	(9.0)	(5.4)	(3.6)	(0.0)	(80.6)	(80.6)
Meghalaya	(9.3)	(5.4)	(0.0)	(0.0)	(2.8)	(1.5)	(1.0)	(4.0)	(3.5)	(0.5)	(0.0)	(90.7)	(90.7)
Mizoram	*	*	*	*	*	*	*	*	*	*	*	*	*
Nagaland	(8.8)	(7.7)	(0.6)	(0.0)	(1.8)	(5.3)	(0.0)	(1.1)	(1.1)	(0.0)	(0.0)	(91.2)	(91.2)
Sikkim	*	*	*	*	*	*	*	*	*	*	*	*	*
Tripura	32.2	25.6	7.5	0.0	15.7	0.8	1.6	6.2	5.5	0.8	0.4	67.8	67.8
West													
Goa	*	*	*	*	*	*	*	*	*	*	*	*	*
Gujarat	23.8	18.2	9.3	0.1	1.6	3.2	4.0	5.4	4.6	0.8	0.2	76.2	76.2
Maharashtra	24.8	23.7	14.2	0.0	2.5	2.2	4.8	1.1	0.8	0.2	0.0	75.2	75.2
South													
Andhra Pradesh	28.8	28.5	25.6	0.8	0.7	0.7	0.7	0.4	0.2	0.2	0.0	71.2	71.2
Karnataka	25.5	24.9	20.7	0.0	0.6	2.9	0.7	0.6	0.4	0.2	0.0	74.5	74.5
Kerala	25.6	17.6	9.8	0.0	0.7	1.7	5.5	8.0	2.5	5.4	0.0	74.4	74.4
Tamil Nadu	20.7	19.5	13.8	0.0	0.3	3.8	1.6	1.1	0.4	0.7	0.0	79.3	79.3

¹Includes both modern and traditional methods that are not listed separately.

*Percentage not shown; based on fewer than 25 cases. () Based on 25-49 unweighted cases.



Table 5: Need for family planning services by state

Percentage of currently married women aged 15-24 years with unmet need, met need, and total demand for family planning (FP) services, and percentage of total demand satisfied, according to state, India, 1992-93										
State	Unmet need for FP ¹			Met need (currently using) ²			Total demand for FP			Percentage of demand satisfied
	For spacing	For spacing	Total	For spacing	For spacing	Total	For spacing	For spacing	Total	
India	20.3	3.8		6.4	10.0	16.3	26.7	13.8	40.4	40.3
North										
Delhi	13.9	4.9		23.7	12.9	36.6	37.7	17.8	55.5	66.0
Haryana	15.4	3.8		8.7	11.1	19.8	24.1	14.9	38.9	50.7
Himachal Pradesh	18.7	4.2		7.9	13.3	21.2	26.6	17.4	44.0	48.2
Jammu & Kashmir	18.0	3.1		11.1	7.8	18.9	29.0	10.9	40.0	47.2
Punjab	13.1	2.9		12.8	11.7	24.5	25.9	14.7	40.6	60.5
Rajasthan	25.9	5.0		2.6	3.8	6.4	28.4	8.9	37.3	17.2
Central										
Madhya Pradesh	25.2	3.6		3.5	6.0	9.5	28.7	9.5	38.2	24.8
Uttar Pradesh	28.1	3.9		3.2	2.6	5.8	31.4	6.4	37.8	15.4
East										
Bihar	23.8	3.5		2.9	2.9	5.8	26.7	6.4	33.1	17.6
Orissa	24.4	4.9		2.6	9.4	12.0	27.0	14.2	41.2	29.0
West Bengal	11.8	4.0		21.5	16.8	38.2	33.3	20.7	54.0	70.8
Northeast										
Arunachal Pradesh	19.0	2.2		6.7	4.1	10.8	25.7	6.3	32.1	33.7
Assam	11.5	4.2		16.8	9.5	26.4	28.3	13.7	42.0	62.7
Manipur	18.2	3.1		13.8	2.5	16.4	32.1	5.7	37.7	43.3
Meghalaya	23.3	1.7		5.7	2.3	8.0	29.0	4.0	33.0	24.2
Mizoram	19.7	1.3		14.6	3.8	18.5	34.4	5.1	39.5	46.8
Nagaland	25.8	9.9		2.8	1.4	4.2	28.6	11.3	39.9	10.6
Tripura	7.3	3.8		23.3	12.2	35.5	30.5	16.0	46.6	76.2
West										
Goa	21.2	3.1		13.4	7.8	21.2	34.6	10.9	45.5	46.6
Gujarat	17.4	3.3		5.9	8.9	14.8	23.3	12.2	35.4	41.7
Maharashtra	15.1	4.8		6.1	17.0	23.1	21.2	21.8	43.0	53.6
South										
Andhra Pradesh	14.7	2.6		1.5	18.9	20.4	16.2	21.6	37.8	54.1
Karnataka	17.0	3.6		3.8	18.0	21.8	20.8	21.6	42.4	51.4
Kerala	21.3	1.8		14.5	10.7	25.2	35.8	12.5	48.3	52.1
Tamil Nadu	17.6	4.5		7.7	16.6	24.2	25.3	21.1	46.3	52.3

¹Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic who are not using any method of family planning and who say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and women who are neither pregnant nor amenorrhoeic who are not using any method of family planning and who want no more children.

²Met need for spacing refers to women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Met need for limiting refers to women who are using some method and who want no more children. Note that spacing and limiting refer to the reason for using contraception rather than to the particular method used.



Table 6: Need for family planning services by state

Percentage of currently married women aged 15-24 years with unmet need, met need, and total demand for family planning (FP) services, and percentage of total demand satisfied, according to state, India, 1998-99										
State	Unmet need for FP ¹			Met need (currently using) ²			Total demand for FP			Percentage of demand satisfied
	For spacing	For spacing	Total	For spacing	For spacing	Total	For spacing	For spacing	Total	
India	20.8	4.5	25.3	7.0	13.0	20.0	27.8	17.5	45.3	44.1
North										
Delhi	20.5	4.6	25.1	17.3	17.4	34.7	37.8	22.0	59.8	58.0
Haryana	8.5	4.4	12.9	9.7	15.1	24.8	18.2	19.4	37.7	65.9
Himachal Pradesh	13.7	4.4	18.1	10.0	14.8	24.8	23.7	19.2	42.9	57.7
Jammu & Kashmir	24.7	7.3	32.0	9.0	8.4	17.4	33.7	15.7	49.4	35.3
Punjab	9.4	2.6	11.9	14.5	19.3	33.8	23.9	21.9	45.7	73.9
Rajasthan	20.9	4.1	25.0	4.8	9.0	13.9	25.7	13.1	38.8	35.7
Uttarakhand	27.4	8.7	36.1	6.4	6.6	13.0	33.8	15.3	49.1	26.4
Central										
Madhya Pradesh	21.1	3.3	24.4	3.8	9.7	13.5	24.9	13.0	37.9	35.6
Uttar Pradesh	25.2	6.3	31.5	5.2	4.5	9.7	30.4	10.8	41.2	23.6
Chhattisgarh	17.5	3.2	20.6	4.9	9.4	14.3	22.4	12.6	35.0	41.0
East										
Bihar	26.8	5.6	32.4	2.3	3.5	5.8	29.1	9.1	38.2	15.2
Orissa	20.4	3.3	23.7	5.1	9.6	14.7	25.5	12.9	38.4	38.3
West Bengal	16.9	3.0	19.9	24.5	22.3	46.8	41.4	25.2	66.7	70.2
Jharkhand	24.1	4.8	28.9	3.6	3.8	7.4	27.7	8.5	36.3	20.4
Northeast										
Arunachal Pradesh	*	*	*	*	*	*	*	*	*	*
Assam	16.8	5.3	22.1	14.1	8.2	22.3	30.9	13.5	44.4	50.2
Manipur	(28.4)	(4.1)	(32.4)	(17.6)	(1.8)	(19.4)	(46.0)	(5.8)	(51.8)	(37.4)
Meghalaya	(36.4)	(4.9)	(41.3)	(7.2)	(2.1)	(9.3)	(43.7)	(7.0)	(50.7)	(18.4)
Mizoram	*	*	*	*	*	*	*	*	*	*
Nagaland	(33.8)	(5.3)	(39.1)	(4.6)	(4.1)	(8.8)	(38.5)	(9.4)	(47.9)	(18.3)
Sikkim	*	*	*	*	*	*	*	*	*	*
Tripura	22.0	7.5	29.5	16.9	15.3	32.2	38.8	22.8	61.7	52.2
West										
Goa	*	*	*	*	*	*	*	*	*	*
Gujarat	13.2	4.1	17.3	10.4	13.4	23.8	23.6	17.5	41.1	57.9
Maharashtra	22.2	5.2	27.4	6.7	18.1	24.8	29.0	23.2	52.2	47.5
South										
Andhra Pradesh	14.5	2.3	16.8	1.6	27.2	28.8	16.1	29.5	45.7	63.1
Karnataka	21.9	2.8	24.7	3.2	22.3	25.5	25.0	25.1	50.2	50.8
Kerala	25.2	3.2	28.3	13.7	11.9	25.6	38.9	15.1	53.9	47.4
Tamil Nadu	19.4	6.4	25.8	4.7	16.0	20.7	24.1	22.4	46.5	44.5

¹Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic who are not using any method of family planning and who say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and women who are neither pregnant nor amenorrhoeic who are not using any method of family planning and who want no more children.

²Met need for spacing refers to women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Met need for limiting refers to women who are using some method and who want no more children. Note that spacing and limiting refer to the reason for using contraception rather than to the particular method used.

*Percentage not shown; based on fewer than 25 cases. () Based on 25-49 unweighted cases.



NHFS-2

Table 7: Exposure to messages and discussion of family planning by state

Percentage of ever-married women aged 15-24 years who have been exposed to a family planning message in the past few months, and percentage of currently married women who know a contraceptive method who have discussed family planning with their husbands, friends, neighbours, or other relatives by state, India, 1998-99			
State	Exposed to family planning message ¹	Discussed family planning with husband	Discussed Family planning with anyone ²
India	59.4	21.7	27.4
North			
Delhi	91.2	32.5	35.6
Haryana	80.1	58.9	67.3
Himachal Pradesh	92.2	57.5	65.1
Jammu & Kashmir	59.2	26.0	32.2
Punjab	83.6	57.4	64.1
Rajasthan	39.6	20.9	25.4
Uttarakhand	59.5	15.4	17.1
Central			
Madhya Pradesh	48.6	20.7	26.6
Uttar Pradesh	49.4	18.3	22.2
Chhattisgarh	56.4	28.3	31.9
East			
Bihar	41.1	13.4	18.8
Orissa	56.5	28.9	35.3
West Bengal	58.2	23.7	32.4
Jharkhand	37.2	13.9	17.7
Northeast			
Arunachal Pradesh	*	*	*
Assam	59.1	24.2	28.3
Manipur	(80.4)	(28.5)	(36.5)
Meghalaya	(55.5)	(28.7)	(33.2)
Mizoram	*	*	*
Nagaland	(64.2)	(21.6)	(25.9)
Sikkim	*	*	*
Tripura	71.0	28.8	35.1
West			
Goa	*	*	*
Gujarat	63.0	18.9	26.4
Maharashtra	62.3	27.0	29.5
South			
Andhra Pradesh	77.7	13.6	21.9
Karnataka	82.6	21.1	26.0
Kerala	82.1	32.6	38.8
Tamil Nadu	79.9	21.4	30.0

¹Women who have heard or seen any message about family planning on the radio or television, in a cinema, film show, newspaper, or magazine, on a wall painting or hoarding, or in a drama, folk dance, or street play in the past few months.

²Husband, friends, neighbours, or other relatives.

*Percentage not shown; based on fewer than 25 cases.

() Based on 25-49 unweighted cases.



ANNEXURE - 5

Table 1: Respondent's level of education by state

Background characteristic	Type of food						Chicken, meat, or fish	Number of women
	Milk or curd	Pulses or beans	Green, leafy vegetables	Other vegetables	Fruits	Eggs		
Age								
15-19	49.1	87.8	84.8	92.3	26.6	26.1	29.1	8,182
20-24	55.4	88.3	85.9	92.9	32.8	29.3	32.4	16,389
Residence								
Urban	61.7	92.2	88.3	94.1	51.7	42.1	43.5	4,979
Rural	51.2	87.1	84.8	92.4	25.4	24.7	28.2	19,591
Education								
Illiterate	44.7	85.2	83.9	91.0	19.1	22.2	24.9	13,369
Literate, < middle school complete	54.0	89.8	85.7	94.0	34.0	36.1	40.9	5,042
Middle school complete	63.4	92.6	88.7	95.1	42.5	34.6	38.5	2,807
High school complete and above	78.3	93.7	89.0	95.8	62.7	35.2	36.7	3,349
Caste/tribe								
Scheduled caste	44.7	85.8	84.8	93.6	24.2	28.5	32.0	4,841
Scheduled tribe	34.2	82.0	79.8	86.4	21.1	21.6	24.8	2,396
Other backward class	57.7	90.4	86.1	93.7	31.9	29.2	29.9	8,237
Other	59.4	89.0	86.9	93.0	36.5	29.1	34.2	8,812
Standard of living index								
Low	35.5	83.3	83.0	91.8	18.2	26.6	30.4	8,716
Medium	58.4	90.0	86.0	92.8	31.7	28.7	32.0	11,824
High	79.1	93.5	89.6	94.5	56.6	30.7	31.0	3,733
Total 15-24	53.3	88.1	85.5	92.7	30.8	28.2	31.3	24,571
Total 25-49	55.6	87.6	85.1	93.3	33.9	27.7	32.2	64,628

Note: Total includes 4, 285 and 298 women with missing information on education, caste/tribe, and the standard of living index, respectively, which are not shown separately.



Table 2: Women's food consumption by state

Percentage of ever-married women aged 15-24 years consuming specific foods at least once a week by state, India, 1998-99								
State	Type of food						Chicken, meat, or fish	Number of women
	Milk or curd	Pulses or beans	Green, leafy vegetables	Other vegetables	Fruits	Eggs		
India	53.3	88.1	85.5	92.7	30.8	28.2	31.3	24,571
North								
Delhi	71.8	87.2	85.5	91.6	55.7	21.0	14.9	449
Haryana	93.4	99.3	99.1	99.3	51.9	9.1	4.3	697
Himachal Pradesh	88.2	98.6	94.5	99.6	68.8	13.1	5.1	564
Jammu & Kashmir	69.5	67.1	85.3	89.8	45.9	15.5	28.3	498
Punjab	88.7	99.2	99.0	99.8	46.8	9.6	3.3	532
Rajasthan	71.6	82.6	76.8	79.2	20.4	6.1	8.5	1,963
Uttarakhand	86.8	90.9	93.7	81.7	32.0	15.7	14.6	255
Central								
Madhya Pradesh	31.1	80.0	80.1	85.9	21.4	13.0	12.0	2,191
Uttar Pradesh	56.3	89.5	90.4	91.3	17.6	9.6	8.7	2,942
Chhattisgarh	22.1	83.4	88.9	88.7	23.2	19.5	14.6	301
East								
Bihar	46.4	88.9	95.8	96.1	17.9	23.3	22.7	2,244
Orissa	17.5	80.1	91.3	96.8	14.4	17.0	27.9	1,112
West Bengal	22.4	77.0	91.1	98.8	14.6	42.8	67.5	1,201
Jharkhand	28.5	85.7	95.6	86.2	15.8	23.2	16.8	489
Northeast								
Arunachal Pradesh	19.3	57.9	96.5	78.3	27.4	37.0	57.0	316
Assam	38.6	82.8	86.3	93.9	31.1	58.0	58.8	931
Manipur	13.0	32.7	94.9	92.2	45.4	15.9	44.0	239
Meghalaya	24.2	59.3	89.7	92.2	39.2	31.4	61.5	221
Mizoram	18.9	64.0	98.6	86.9	65.9	37.5	50.9	212
Nagaland	77.6	64.7	96.1	81.5	32.5	33.4	72.1	174
Sikkim	72.4	79.3	93.6	87.0	27.3	30.2	56.5	270
Tripura	51.2	87.7	93.1	90.4	42.9	59.7	68.4	261
West								
Goa	66.2	85.7	74.3	83.9	56.8	40.0	79.8	126
Gujarat	79.7	97.5	73.2	99.2	40.9	14.8	11.8	964
Maharashtra	45.8	93.8	87.6	89.7	44.7	35.3	40.8	1,453
South								
Andhra Pradesh	71.4	92.2	70.2	94.7	48.9	63.1	60.9	1,198
Karnataka	74.8	98.8	92.6	89.9	49.9	39.4	33.4	1,205
Kerala	45.6	70.6	58.9	90.8	59.5	34.6	84.1	459
Tamil Nadu	65.9	95.0	80.1	98.8	48.3	56.8	56.1	1,018



Table 3: Nutritional status of women

Among ever-married women aged 15-24 years mean BMI and percentage with specified levels of BMI by selected background characteristics, India, 1998-99				
Background characteristic	Mean Body Mass Index (BMI)	Percentage with BMI below 18.5 kg/m ²	Percentage with BMI of 25.0 kg/m ² or more	Percentage with BMI of 30.0 kg/m ² or more
Age				
15-19	19.3	38.8	1.7	0.1
20-24	19.3	41.8	3.6	0.4
25-49	20.7	33.9	10.1	3.4
Residence				
Urban	19.9	38.5	5.9	1.4
Rural	19.0	46.3	1.6	1.1
Education				
Illiterate	18.8	49.2	0.9	1.1
Literate	19.6	40.1	4.1	1.3
Caste/tribe				
Scheduled caste	18.9	49.1	1.6	1.7
Scheduled tribe	18.9	51.8	0.8	0.9
Other backward class	19.2	42.7	2.3	1.0
Other	19.4	42.0	3.5	1.2
Standard of living index				
Low	18.7	52.5	0.9	0.9
Medium	19.3	42.4	1.9	1.3
High	20.3	32.4	8.2	1.7
Total	19.2	44.7	2.4	1.2

Note: This analysis excludes women who are pregnant and women with a birth in the preceding two months. The body mass index is the ratio of the weight in kilograms to the square of the height in meters (kg/m²).



Table 4: Nutritional status of women by state

Among ever-married women aged 15-24 years mean BMI and percentage with specified levels of BMI by state, India, 1998-99				
Background characteristic	Mean Body Mass Index (BMI)	Percentage with BMI below 18.5 kg/m ²	Percentage with BMI of 25.0 kg/m ² or more	Percentage with BMI of 30.0 kg/m ² or more
India	19.2	44.7	2.4	1.2
North				
Delhi	21.3	22.8	9.2	2.2
Haryana	19.5	37.7	2.6	0.7
Himachal Pradesh	19.5	40.1	3.7	0.0
Jammu & Kashmir	19.6	36.0	3.6	0.4
Punjab	20.5	30.1	11.7	1.1
Rajasthan	19.1	43.0	1.1	0.4
Central				
Madhya Pradesh	19.4	46.5	1.2	1.1
Uttar Pradesh	19.2	38.6	1.7	3.4
East				
Bihar	19.0	41.5	1.1	0.2
Orissa	18.6	54.7	0.8	0.5
West Bengal	18.9	53.1	1.5	0.7
Northeast				
Arunachal Pradesh	20.5	10.4	2.1	0.5
Assam	19.8	27.5	2.3	1.1
Manipur	20.1	22.7	5.0	0.0
Meghalaya	19.7	27.3	1.6	0.8
Mizoram	19.8	23.5	2.3	0.0
Nagaland	19.6	24.2	1.0	0.0
Sikkim	20.9	17.5	1.8	0.6
Tripura	19.8	41.7	1.3	0.7
West				
Goa	19.3	47.8	4.5	1.5
Gujarat	19.4	50.0	3.2	2.5
Maharashtra	18.6	55.1	2.1	0.5
South				
Andhra Pradesh	19.0	48.7	3.2	0.7
Karnataka	18.8	51.4	2.6	0.4
Kerala	20.6	28.5	7.9	1.2
Tamil Nadu	20.0	37.2	6.5	0.8

Note: This analysis excludes women who are pregnant and women with a birth in the preceding two months. The body mass index is the ratio of the weight in kilograms to the square of the height in meters (kg/m²).



Table 5: Anaemia among women by state

Percentage of ever-married women aged 15-24 years classified as having iron-deficiency anaemia by degree of anaemia, according to state, India, 1998-99				
Background characteristic	Percentage of women with any anaemia	Percentage of women with Mild anaemia	Percentage of women with Moderate anaemia	Percentage of women with Severe anaemia
India	58.0	39.1	17.2	1.7
North				
Delhi	50.0	35.4	13.1	1.5
Haryana	55.7	31.6	22.4	1.7
Himachal Pradesh	39.7	32.0	7.7	0.0
Jammu & Kashmir	54.1	38.0	14.2	1.9
Punjab	50.6	35.7	14.5	0.4
Rajasthan	56.5	38.1	16.6	1.8
Central				
Madhya Pradesh	59.0	40.0	17.7	1.3
Uttar Pradesh	53.6	36.1	15.7	1.7
East				
Bihar	67.5	45.3	20.5	1.7
Orissa	67.4	46.7	19.4	1.3
West Bengal	67.1	48.6	17.0	1.5
Northeast				
Arunachal Pradesh	58.4	46.5	11.6	0.3
Assam	72.0	43.7	26.9	1.4
Manipur	40.7	30.1	9.3	1.3
Meghalaya	60.2	34.8	21.5	3.9
Mizoram	56.3	43.2	12.6	0.5
Nagaland	36.3	23.8	11.9	0.6
Sikkim	54.4	38.4	14.8	1.3
Tripura	61.8	47.7	13.3	0.8
West				
Goa	42.8	34.7	6.5	1.6
Gujarat	56.0	35.4	17.5	3.1
Maharashtra	54.6	35.6	17.0	2.0
South				
Andhra Pradesh	55.6	37.5	15.7	2.4
Karnataka	52.4	34.5	16.2	1.7
Kerala	25.4	22.4	2.3	0.7
Tamil Nadu	62.0	41.6	18.9	1.5

Note: This analysis excludes women who are pregnant and women with a birth in the preceding two months. The body mass index is the ratio of the weight in kilograms to the square of the height in meters (kg/m²).



ANNEXURE - 6

Table 1: Antenatal care indicators by state

Percentage of births during the three years preceding the survey for which mothers received different types of antenatal care by state, India, 1992-93						
State	Percentage that received at least one antenatal check-up	Percentage that received three or more antenatal check-ups	Percentage that received an antenatal check-up in the first trimester of pregnancy	Percentage that received two or more tetanus toxoid injections	Percentage given any iron and folic acid tablets	Number of births
India	68.5	46.9	25.9	59.4	55.6	18,806
North						
Delhi	84.6	69.2	33.2	72.9	74.5	591
Haryana	79.0	45.6	34.9	69.2	65.6	765
Himachal Pradesh	78.1	40.8	26.0	53.1	73.8	600
Jammu & Kashmir	81.7	59.9	32.1	70.8	72.9	479
Punjab	90.1	63.0	26.1	85.6	77.1	506
Rajasthan	33.8	19.8	10.8	31.8	32.1	950
Central						
Madhya Pradesh	55.0	30.0	20.3	46.6	47.0	1,441
Uttar Pradesh	51.5	26.5	14.3	44.0	33.9	2,614
East						
Bihar	44.6	23.1	16.3	37.6	25.8	1,230
Orissa	67.0	40.2	24.6	60.2	56.8	814
West Bengal	81.0	48.9	21.5	75.9	59.5	883
Northeast						
Arunachal Pradesh	54.1	34.0	19.1	37.8	52.2	209
Assam	51.4	26.0	20.5	36.3	40.3	693
Manipur	68.8	41.6	24.0	48.0	41.6	125
Meghalaya	59.1	42.8	31.2	36.3	57.7	215
Mizoram	92.7	71.5	40.7	57.7	72.4	123
Nagaland	38.5	13.7	16.5	33.0	24.2	182
Tripura	69.3	39.8	25.6	66.5	55.1	176
West						
Goa	90.8	81.2	51.8	77.5	81.2	218
Gujarat	79.2	60.3	32.2	65.3	73.2	790
Maharashtra	83.8	59.9	27.7	70.1	70.4	983
South						
Andhra Pradesh	89.1	75.7	38.6	77.6	79.6	901
Karnataka	86.4	72.9	47.4	70.8	77.0	1,018
Kerala	98.5	96.0	69.2	92.9	92.3	519
Tamil Nadu	94.7	87.1	42.1	91.2	83.5	692

Note: Table is based on births in the period 0-35 months prior to the survey.



Table 2: Maternal care indicators by state

Maternal care indicators for births during the three years preceding the survey by state, India, 1992-93				
State	Percentage who received all recommended types of antenatal care ¹	Percentage of births delivered in a medical institution	Percentage of deliveries assisted by a health professional ²	Number of births
India	18.1	27.2	37.1	18,806
North				
Delhi	24.4	41.1	50.1	591
Haryana	22.2	15.9	32.8	765
Himachal Pradesh	14.5	17.5	25.7	600
Jammu & Kashmir	25.0	22.2	30.9	479
Punjab	22.5	25.3	48.2	506
Rajasthan	6.1	12.2	26.8	950
Central				
Madhya Pradesh	11.6	16.0	30.7	1,441
Uttar Pradesh	7.6	12.6	18.9	2,614
East				
Bihar	8.7	14.5	23.2	1,230
Orissa	14.1	14.5	21.6	814
West Bengal	12.5	32.6	34.6	883
Northeast				
Arunachal Pradesh	12.9	24.9	27.8	209
Assam	11.6	13.0	20.3	693
Manipur	11.2	27.2	40.8	125
Meghalaya	20.5	29.3	38.1	215
Mizoram	20.3	52.0	67.5	123
Nagaland	4.4	6.6	22.0	182
Tripura	18.8	26.1	29.5	176
West				
Goa	43.6	76.6	79.4	218
Gujarat	24.9	37.5	45.1	790
Maharashtra	19.2	41.8	51.0	983
South				
Andhra Pradesh	31.5	34.0	53.2	901
Karnataka	36.1	36.2	51.7	1,018
Kerala	63.0	89.0	90.6	519
Tamil Nadu	36.4	62.3	69.9	692

Note: Table is based on births in the period 0-35 months prior to the survey.

¹Three or more antenatal check-ups (with the first check-up within the first trimester of pregnancy), two or more tetanus toxoid injections, and given iron and folic acid.

²Allopathic doctor or nurse/midwife.



Table 3: Antenatal care indicators by state

Percentage of births during the three years preceding the survey for which mothers received different types of antenatal care by state, India, 1998-99							
State	Percentage that received at least one antenatal check-up	Percentage that received three or more antenatal check-ups	Percentage that received an antenatal check-up in the first trimester of pregnancy	Percentage that received two or more tetanus toxoid injections	Percentage given any iron and folic acid tablets or syrup	Percentage that received supply of iron and folic acid tablets or syrup for 3+ months	Number of births
India	69.9	46.4	34.7	69.5	61.3	50.4	16,757
North							
Delhi	84.5	70.1	46.3	84.0	76.0	69.6	331
Haryana	58.5	36.7	30.8	80.7	68.2	54.5	522
Himachal Pradesh	87.8	61.5	50.1	71.6	84.8	69.1	428
Jammu & Kashmir	86.1	71.1	51.2	84.7	73.0	60.4	375
Punjab	74.6	58.5	39.8	88.1	79.0	62.4	398
Rajasthan	50.9	24.0	20.9	55.6	41.3	32.1	1,374
Uttarakhand	47.2	19.2	21.3	57.2	42.2	29.4	163
Central							
Madhya Pradesh	62.3	28.1	26.1	54.7	48.4	37.3	1,535
Uttar Pradesh	38.6	15.7	17.8	54.6	34.5	21.5	2,029
Chhattisgarh	59.8	35.1	27.2	58.3	56.0	41.1	187
East							
Bihar	41.5	21.2	17.8	61.4	28.6	23.7	1,426
Orissa	80.4	47.3	33.8	74.4	68.9	63.0	712
West Bengal	93.3	57.7	34.1	83.8	76.8	59.3	728
Jharkhand	49.0	28.3	23.3	54.2	40.4	35.5	283
Northeast							
Arunachal Pradesh	65.1	44.8	27.1	48.8	59.5	50.3	192
Assam	66.5	30.7	32.4	58.7	59.7	50.0	560
Manipur	85.9	59.8	41.8	67.6	52.4	37.4	181
Meghalaya	59.4	29.0	23.7	32.7	55.0	44.1	197
Mizoram	90.6	77.9	40.4	52.4	72.7	60.2	188
Nagaland	60.3	20.6	18.4	53.6	39.9	20.2	149
Sikkim	73.3	46.9	30.1	59.0	66.3	55.4	194
Tripura	82.5	53.0	34.6	74.8	67.9	51.3	149
West							
Goa	97.4	92.5	65.7	83.9	88.6	75.3	82
Gujarat	85.6	58.8	34.4	71.3	76.1	64.0	722
Maharashtra	92.0	64.1	46.7	76.6	86.9	72.6	1,124
South							
Andhra Pradesh	94.3	80.6	54.5	83.8	82.9	71.9	765
Karnataka	85.4	68.6	50.3	73.6	76.2	71.9	821
Kerala	99.6	99.2	83.8	87.7	95.3	89.9	273
Tamil Nadu	99.3	92.8	62.6	96.1	94.0	84.6	723

Note: Table includes only the two most recent births during the three years preceding the survey.



Table 4: Antenatal care indicators by state

Maternal care indicators for births during the three years preceding the survey by state, India, 1998-99							
State	Percentage who received all recommended types of antenatal care ¹	Percentage of births delivered in a medical institution	Percentage of deliveries assisted by a health professional ²	Number of births	Percentage of non-institutional deliveries with a postpartum check-up within two months of birth ³	Percentage of non-institutional deliveries with a postpartum check-up within two days of birth ²	Number of births
India	21.3	34.9	44.5	16,757	18.1	2.6	10,847
North							
Delhi	29.4	53.7	61.3	331	19.6	2.0	148
Haryana	19.9	22.2	43.9	522	13.4	2.4	406
Himachal Pradesh	32.1	26.4	38.2	428	19.7	2.5	315
Jammu & Kashmir	34.8	39.3	47.0	375	29.1	2.5	226
Punjab	30.2	37.2	62.5	398	19.0	5.0	250
Rajasthan	8.8	22.8	38.0	1,374	5.5	0.2	1,060
Uttarakhand	6.9	20.3	35.6	163	19.2	0.0	129
Central							
Madhya Pradesh	10.7	19.8	30.8	1,535	9.9	0.6	1,225
Uttar Pradesh	4.9	17.2	24.5	2,029	7.4	1.6	1,671
Chhattisgarh	11.1	14.4	35.2	187	12.6	0.6	159
East							
Bihar	8.4	16.7	27.1	1,426	10.5	1.2	1,172
Orissa	21.9	24.5	34.0	712	18.2	1.9	538
West Bengal	19.1	41.5	47.2	728	35.0	8.1	420
Jharkhand	15.6	17.2	20.4	283	15.9	4.3	230
Northeast							
Arunachal Pradesh	20.3	35.3	37.1	192	9.6	0.0	124
Assam	16.0	15.7	19.6	560	31.4	0.5	469
Manipur	15.4	31.6	50.6	181	23.4	2.4	124
Meghalaya	10.3	15.6	18.6	197	18.3	0.0	166
Mizoram	18.8	56.6	63.6	188	24.0	1.1	82
Nagaland	5.9	15.2	36.6	149	4.6	0.0	126
Sikkim	16.0	38.1	41.1	194	42.5	0.0	120
Tripura	19.6	48.5	52.5	149	29.2	0.0	77
West							
Goa	53.3	80.2	80.2	82	46.2	*	15
Gujarat	24.0	46.0	53.2	722	9.2	1.5	390
Maharashtra	31.2	49.1	56.8	1,124	30.4	8.0	572
South							
Andhra Pradesh	36.1	48.9	65.6	765	43.8	1.2	391
Karnataka	38.7	48.2	56.9	821	35.1	3.0	426
Kerala	67.3	92.9	94.0	273	35.3	*	18
Tamil Nadu	53.5	80.2	84.5	723	52.5	11.5	143

Note: Table includes only the two most recent births during the three years preceding the survey.

¹Three or more antenatal check-ups (with the first check-up within the first trimester of pregnancy), two or more tetanus toxoid injections, and iron and folic acid tablets or syrup for three or more months.

²Doctor, auxiliary nurse midwife, nurse, midwife, lady health visitor, or other health professional.

³Based on births in the 2-35 months preceding the survey.

*Percentage not shown; based on fewer than 25 unweighted cases.



ANNEXURE - 7

Table 1: Source of knowledge about AIDS by state

The percentage of ever-married adolescents aged 15-24 years who have heard about AIDS and among women who have heard about AIDS, the percentage who received information from specific sources by state, India, 1998-99											
State	Percentage who have heard about AIDS	Radio	Television	Cinema	Newspaper/magazine	Poster/hoarding	Health worker	Adult education programme	Friend/relative	School/teacher	Other sources
India	37.2	42.4	80.0	8.2	23.5	12.6	3.3	0.4	29.5	1.4	5.4
North											
Delhi	78.8	35.7	94.7	11.1	31.6	19.2	2.2	0.3	12.1	0.3	2.3
Haryana	50.7	34.7	91.5	2.9	20.5	17.5	2.5	0.3	21.1	3.1	1.2
Himachal Pradesh	70.2	43.2	88.4	2.4	31.8	30.1	8.1	0.3	21.3	0.9	0.7
Jammu & Kashmir	30.9	(53.3)	(89.3)	(0.0)	(16.7)	(3.5)	(0.7)	(0.0)	(15.6)	(2.9)	(0.0)
Punjab	52.0	27.2	93.6	2.8	26.8	21.1	1.5	0.3	21.4	0.3	0.6
Rajasthan	22.6	34.9	89.6	2.7	28.1	13.3	2.9	0.2	11.4	2.1	3.1
Uttarakhand	45.1	43.5	93.5	4.6	29.5	8.5	0.0	0.7	5.6	1.4	0.0
Central											
Madhya Pradesh	22.5	28.4	93.8	3.7	20.8	7.1	3.2	0.1	10.6	0.6	2.0
Uttar Pradesh	20.2	42.6	90.6	5.6	20.6	6.2	1.0	0.1	10.4	0.4	1.7
Chhattisgarh	19.5	52.7	94.9	5.1	21.9	6.7	3.4	0.0	5.0	0.0	3.3
East											
Bihar	11.4	57.5	80.8	12.1	18.7	2.1	0.8	0.0	16.8	0.4	1.7
Orissa	36.3	64.0	69.6	5.1	17.0	7.1	1.5	0.7	43.1	0.8	1.7
West Bengal	21.9	37.8	80.5	3.2	19.3	5.4	1.5	0.0	19.9	1.0	4.5
Jharkhand	15.1	54.4	76.8	19.0	26.1	2.8	1.4	0.0	19.3	0.0	4.2
Northeast											
Arunachal Pradesh	*	*	*	*	*	*	*	*	*	*	*
Assam	31.0	61.9	52.5	12.8	18.7	16.1	5.1	0.0	46.2	0.8	3.3
Manipur	(93.8)	(77.3)	(28.7)	(2.7)	(20.5)	(12.6)	(5.7)	(0.0)	(56.8)	(1.8)	(13.4)
Meghalaya	(40.9)	*	*	*	*	*	*	*	*	*	*
Mizoram	*	*	*	*	*	*	*	*	*	*	*
Nagaland	(76.2)	*	*	*	*	*	*	*	*	*	*
Sikkim	*	*	*	*	*	*	*	*	*	*	*
Tripura	47.4	(39.0)	(52.5)	(4.1)	(12.8)	(16.1)	(27.9)	(0.7)	(33.8)	(0.8)	(7.7)
West											
Goa	*	*	*	*	*	*	*	*	*	*	*
Gujarat	27.7	18.3	88.7	5.6	43.6	39.2	4.2	0.0	10.8	3.4	4.9
Maharashtra	59.6	23.4	75.5	1.2	19.8	18.5	5.5	0.0	33.4	2.4	13.5
South											
Andhra Pradesh	57.2	33.0	77.0	18.9	16.5	7.7	3.4	0.7	39.9	1.3	6.3
Karnataka	54.0	70.0	82.7	12.3	24.0	11.6	3.2	0.2	31.8	0.8	2.5
Kerala	89.7	67.8	59.3	3.7	67.1	4.6	3.7	2.5	37.1	3.8	4.7
Tamil Nadu	91.8	55.4	79.3	12.3	19.7	17.4	4.1	0.9	45.0	1.1	6.4

*Percentage not shown; based on fewer than 25 cases. () Based on 25-49 unweighted cases.



Table 2: Knowledge about avoidance of AIDS by state

Among ever-married adolescents age 15-24 years who have heard about AIDS, the percentage who believe AIDS can be avoided in specific ways by state, India, 1998-99										
State	Abstaining from sex	Using Con- doms	Avoiding sex with partner	Avoiding sex with commercial sex workers	Avoiding sex with homo- sexuals	Avoiding blood trans- fusions	Avoiding injections/ using clean needles	Avoid- ing IV drug use	Other ways	Knows No way to avoid AIDS
India	6.3	20.3	37.8	23.8	2.9	17.3	28.6	1.3	5.7	34.7
North										
Delhi	14.8	49.9	49.6	17.6	4.0	26.8	41.3	0.9	4.2	28.3
Haryana	21.6	40.7	46.0	8.5	0.6	22.6	35.9	2.3	3.5	23.7
Himachal Pradesh	23.1	46.2	44.1	12.0	0.9	13.1	28.7	0.6	1.7	25.6
Jammu & Kashmir	(4.7)	(16.6)	(24.9)	(9.7)	(2.9)	(9.1)	(21.9)	(1.9)	(1.9)	(54.7)
Punjab	25.7	32.3	42.3	9.1	1.5	18.4	24.1	4.3	5.6	32.6
Rajasthan	8.0	34.3	36.5	4.6	0.8	9.5	22.1	1.2	5.0	39.0
Uttarakhand	10.8	37.2	29.7	9.8	8.0	12.3	13.7	2.1	2.0	41.8
Central										
Madhya Pradesh	12.4	25.7	16.2	4.8	1.0	10.0	21.2	1.5	2.8	47.2
Uttar Pradesh	10.7	25.3	24.9	11.8	3.5	13.1	20.5	1.0	4.4	45.3
Chhatisgarh	1.7	21.9	22.0	1.7	0.0	5.1	20.2	0.0	1.7	54.3
East										
Bihar	16.4	18.8	25.4	9.7	2.0	9.3	13.0	4.6	12.0	51.6
Orissa	17.7	17.0	42.3	33.5	4.5	25.7	62.9	4.6	28.6	11.9
West Bengal	8.3	19.5	14.7	12.1	2.0	12.9	16.7	0.5	5.4	54.8
Jharkhand	8.1	17.6	30.1	8.1	0.0	15.1	16.4	5.5	16.5	43.8
Northeast										
Arunachal Pradesh	*	*	*	*	*	*	*	*	*	*
Assam	13.1	21.1	20.6	9.0	1.5	12.9	15.1	1.4	2.3	61.0
Manipur	(8.1)	(8.1)	(21.4)	(29.2)	(3.5)	(28.6)	(47.1)	(7.1)	(6.7)	(37.3)
Meghalaya	*	*	*	*	*	*	*	*	*	*
Mizoram	*	*	*	*	*	*	*	*	*	*
Nagaland	*	*	*	*	*	*	*	*	*	*
Sikkim	*	*	*	*	*	*	*	*	*	*
Tripura	(12.2)	(13.7)	(7.8)	(8.0)	(0.7)	(9.7)	(15.5)	(2.4)	(9.1)	(66.9)
West										
Goa	*	*	*	*	*	*	*	*	*	*
Gujarat	1.1	28.4	30.5	35.3	2.6	16.0	20.4	1.1	4.1	38.2
Maharashtra	1.3	22.6	36.4	32.3	1.7	7.9	23.6	0.4	6.0	36.0
South										
Andhra Pradesh	2.4	16.4	33.2	24.7	1.7	22.0	40.7	1.4	5.5	36.5
Karnataka	1.4	7.7	23.4	36.9	13.7	28.8	36.4	0.6	5.7	38.6
Kerala	0.7	13.6	58.6	26.9	1.3	21.2	23.2	0.2	5.7	28.6
Tamil Nadu	1.8	11.3	76.7	37.4	1.4	23.2	30.1	0.7	2.7	8.5

*Percentage not shown; based on fewer than 25 cases. () Based on 25-49 unweighted cases.



Table 3: Symptoms of reproductive tract infections by state

Percentage of currently married women age 15-24 years reporting various symptoms of reproductive tract infections by state, India, 1998-99							
State	Percentage with any abnormal vaginal discharge	Percentage with symptoms of a urinary tract infection ¹	Percentage with any abnormal vaginal discharge or symptoms of a urinary tract infection ¹	Percentage With painful intercourse (often)	Percentage With bleeding after intercourse (ever) ²	Percentage with any reproductive health problem	Number of women
India	28.1	16.8	34.0	15.7	3.2	39.1	23,944
North							
Delhi	29.9	13.2	33.5	14.2	2.5	38.7	446
Haryana	28.1	11.8	32.0	12.9	1.4	37.6	693
Himachal Pradesh	26.4	13.7	32.2	13.2	1.3	37.0	557
Jammu & Kashmir	53.1	35.4	61.3	32.1	3.7	67.2	489
Punjab	21.6	7.3	24.5	7.2	0.8	28.0	525
Rajasthan	29.7	14.3	34.1	11.7	1.7	37.5	1,938
Uttarakhand	28.1	17.2	34.9	11.7	4.0	39.5	251
Central							
Madhya Pradesh	30.8	21.6	37.1	17.8	5.1	42.3	2,122
Uttar Pradesh	24.6	15.3	29.9	18.8	3.3	36.4	2,893
Chhatisgarh	23.9	15.0	29.8	10.5	6.3	33.3	285
East							
Bihar	30.0	23.4	37.9	14.4	3.2	41.3	2,181
Orissa	16.9	11.6	22.1	16.8	3.5	30.7	1,083
West Bengal	33.4	19.0	41.0	18.5	3.2	46.4	1,166
Jharkhand	29.1	26.1	39.9	16.1	3.1	44.5	478
Northeast							
Arunachal Pradesh	29.3	23.3	39.8	11.3	1.3	42.7	308
Assam	42.8	25.2	50.5	22.1	7.6	56.7	891
Manipur	44.5	32.8	56.6	19.3	4.1	62.9	222
Meghalaya	70.4	24.5	70.4	23.2	5.3	71.8	191
Mizoram	35.5	22.0	43.2	13.9	2.4	46.0	191
Nagaland	37.2	21.3	39.5	17.1	6.5	40.6	167
Sikkim	36.8	22.3	44.6	23.3	4.5	54.2	263
Tripura	49.6	26.7	57.0	18.3	3.9	61.1	253
West							
Goa	28.5	25.3	43.2	15.2	1.5	51.3	123
Gujarat	24.3	9.1	26.8	10.8	2.8	31.4	936
Maharashtra	28.7	19.4	35.7	12.9	2.4	39.3	1,412
South							
Andhra Pradesh	40.2	18.4	45.9	21.4	4.1	53.2	1,159
Karnataka	12.5	5.0	15.2	3.6	0.5	17.0	1,158
Kerala	21.8	18.4	32.8	20.6	5.6	42.0	451
Tamil Nadu	17.8	10.7	22.4	11.0	2.8	27.6	1,001

¹Includes pain or burning while urinating or more frequent or difficult urination

²Not related to menstruation



ANNEXURE - 8

Table 1: Matters discussed during contacts with a health or family planning worker

Among ever-married women aged 15-24 and 25-49 years who had at least one contact with a health or family planning worker in the 12 months preceding the survey, the percentage who discussed specific topics with the health or family planning worker, India, 1998-99				
Topic discussed	Pregnant women or with children under age 3	Other women		Total
		Current contraceptive users	Current nonusers	
Women aged 15-19 years				
During home visit				
Family planning	10.4	*	8.2	10.1
Breastfeeding	3.2	*	0.0	2.6
Supplementary feeding	0.3	*	0.0	0.2
Immunization	56.5	*	14.1	49.4
Nutrition	6.6	*	0.6	5.8
Disease prevention	6.2	*	13.4	7.3
Treatment of health problem	25.0	*	57.4	30.4
Antenatal care	30.4	*	11.4	27.0
Delivery care	13.7	*	5.5	12.2
Postpartum care	3.1	*	1.5	2.8
Childcare	18.1	*	4.1	15.7
Sanitation/cleanliness	1.0	*	2.7	1.3
Oral rehydration	0.2	*	0.4	0.3
Others	2.7	*	10.1	4.0
Number of women	903	8	179	1090
During visit to health facility				
Family planning	2.3	4.5	0.2	1.8
Breastfeeding	1.2	0.0	0.0	0.9
Supplementary feeding	0.3	0.0	0.0	0.3
Immunization	30.2	0.0	1.2	22.4
Nutrition	2.5	0.0	0.9	2.1
Disease prevention	1.6	3.5	3.9	2.2
Treatment of health problem	39.1	81.9	91.5	53.1
Antenatal care	32.8	2.9	3.4	24.9
Delivery care	13.9	5.8	2.5	10.9
Postpartum care	5.1	4.7	0.5	3.9
Childcare	36.5	15.6	4.3	27.9
Sanitation/cleanliness	0.4	4.7	0.2	0.4
Oral rehydration	0.1	0.0	0.2	0.1
Others	0.3	0.0	1.0	0.5
Number of women	3185	50	1121	4356



Topic discussed	Pregnant women or with children under age 3	Other women		Total
		Current contraceptive users	Current nonusers	
Women aged 20-24 years				
During home visit				
Family planning	17.1	13.5	11.1	16.3
Breastfeeding	3.3	1.1	0.8	2.9
Supplementary feeding	1.1	0.0	0.8	1.0
Immunization	64.6	44.5	21.0	59.4
Nutrition	6.2	0.8	0.8	5.4
Disease prevention	8.9	12.6	12.4	9.5
Treatment of health problem	23.9	36.0	50.0	27.0
Antenatal care	19.1	1.4	7.2	16.8
Delivery care	8.2	0.7	2.1	7.2
Postpartum care	4.0	1.6	0.7	3.5
Childcare	25.6	16.6	19.5	24.4
Sanitation/cleanliness	1.7	3.3	2.7	1.9
Oral rehydration	0.3	0.0	0.8	0.3
Others	4.2	8.7	10.0	5.0
Number of women	2537	210	259	3006
During visit to health facility				
Family planning	4.0	2.8	0.7	3.4
Breastfeeding	1.3	0.1	0.2	1.1
Supplementary feeding	0.4	0.0	0.2	0.3
Immunization	33.9	13.1	4.8	28.1
Nutrition	2.4	0.8	0.8	2.1
Disease prevention	2.5	2.8	2.7	2.5
Treatment of health problem	42.8	68.9	80.1	50.2
Antenatal care	25.4	1.1	4.4	20.5
Delivery care	12.8	0.7	2.5	10.4
Postpartum care	5.4	0.2	0.7	4.3
Childcare	46.2	41.4	20.0	42.1
Sanitation/cleanliness	0.4	0.3	0.5	0.4
Oral rehydration	0.3	0.0	0.0	0.3
Other	0.3	0.3	1.7	0.5
Number of women	8626	842	1594	11061

Contd...



Table 1: Matters discussed during contacts with a health or family planning worker (contd..)

Topic discussed	Pregnant women or with children under age 3	Other women		Total
		Current contraceptive users	Current nonusers	
Women age 25-49 years				
During home visit				
Family planning	22.0	10.8	10.0	14.5
Breastfeeding	3.7	0.2	0.1	1.4
Supplementary feeding	0.9	0.2	0.5	0.5
Immunization	63.3	18.5	19.4	34.3
Nutrition	6.5	2.1	1.2	3.5
Disease prevention	8.3	21.2	18.3	16.2
Treatment of health problem	24.8	48.8	52.8	41.2
Antenatal care	14.9	0.9	1.9	6.0
Delivery care	6.7	0.8	0.5	2.8
Postpartum care	3.5	0.1	0.3	1.3
Childcare	25.3	18.4	16.1	20.4
Sanitation/cleanliness	1.7	4.5	4.2	3.4
Oral rehydration	0.5	0.4	0.5	0.4
Others	4.1	12.9	9.9	9.2
Number of women	2645	3477	1460	7581
During visit to health facility				
Family planning	5.4	1.3	0.7	2.3
Breastfeeding	1.3	0.0	0.0	0.4
Supplementary feeding	0.4	0.0	0.0	0.1
Immunization	34.1	2.4	2.7	11.2
Nutrition	2.4	0.3	0.3	0.9
Disease prevention	2.7	3.8	3.9	3.5
Treatment of health problem	45.6	81.6	82.6	72.0
Antenatal care	16.6	0.3	0.8	4.9
Delivery care	9.2	0.3	0.6	2.8
Postpartum care	4.1	0.2	0.3	1.3
Childcare	50.0	32.1	26.0	35.5
Sanitation/cleanliness	0.4	0.4	0.3	0.4
Oral rehydration	0.3	0.2	0.1	0.2
Other	0.3	1.1	0.8	0.8
Number of women	10259	18045	9135	37439

Note: Percentages add to more than 100.0 because of multiple responses.