



SUMMARY OF FINDINGS

The National Family Health Survey (NFHS) was carried out as the principal activity of a collaborative project to strengthen the research capabilities of the Population Research Centres (PRCs) in India, initiated by the Ministry of Health and Family Welfare (MOHFW), Government of India, and coordinated by the International Institute for Population Sciences (IIPS), Bombay. Interviews were conducted with a nationally representative sample of 89,777 ever-married women in the age group 13-49, from 24 states and the National Capital Territory of Delhi. The main objective of the survey was to collect reliable and up-to-date information on fertility, family planning, mortality, and maternal and child health. Data collection was carried out in three phases from April 1992 to September 1993. The NFHS is one of the most complete surveys of its kind ever conducted in India.

The households covered in the survey included 500,492 residents. The young age structure of the population highlights the momentum of the future population growth of the country; 38 percent of household residents are under age 15, with their reproductive years still in the future. Persons age 60 or older constitute 8 percent of the population. The population sex ratio of the *de jure* residents is 944 females per 1,000 males, which is slightly higher than the sex ratio of 927 observed in the 1991 Census.

In the survey households, 57 percent of all females age 6 and above are illiterate, and only 9 percent have a high school education or higher. Literacy and educational levels are much higher in urban than in rural areas: 67 percent of women in cities and towns are literate, compared with only 34 percent in villages. Female literacy also varies widely among the states, ranging from more than 80 percent in Kerala and Mizoram to less than 30 percent in Rajasthan and Bihar. Despite the rapid gains that have been made in literacy and educational attainment over time in India, universal education is still far from a reality. Only 59 percent of school-age females (age 6-14) attend school. The lowest levels of school attendance are found in Bihar and Rajasthan where only about 40 percent of school-age females go to school.

Marriage is nearly universal in India. At the time of the survey, 39 percent of women age 15-19 were married and 95 percent of women age 25-29 were married. The singulate mean age at marriage has risen steadily over the last several decades to a current level of 25 years for males and 20 years for females. The median age at marriage for women age 25-49 is highest in Goa at 21.7 years and is around 15 years in Madhya Pradesh, Rajasthan, Uttar Pradesh, Bihar and Andhra Pradesh. There has also been a dramatic decline in the proportion of women in India marrying at young ages. The proportion of women marrying before age 13 declined from 27 percent of those currently age 45-49 to 7 percent of those age 15-19, and the proportion marrying before age 15 declined from 45 percent of women age 45-49 to 17 percent of those age 15-19. Nevertheless, the legal minimum age at marriage of 18 for females is widely ignored. Fifty-four percent of women age 20-24 married before age 18. In fact, a large majority of women (two-thirds) do not even know what the legal minimum age at marriage is.

Fertility in India has been declining over time. The NFHS estimated a crude birth rate of 28.7 per 1,000 population for the period 1990-92. The total fertility rate (TFR), which represents the average number of children a woman would bear if she experienced current fertility rates throughout her reproductive years, is 3.4 children per woman. According to this

measure, fertility in India is similar to that in Bangladesh, lower than in any other South Asian country except Sri Lanka and nearly one child lower than the TFR for all less developed countries combined (excluding China). The NFHS TFR is slightly lower than the TFR of 3.7 for 1990-92 estimated from the Sample Registration System maintained by the Office of the Registrar General, India.

The NFHS rural TFR (3.7 children per woman) is 36 percent higher than the urban TFR (2.7 children per woman). In other words, according to the present schedule of fertility, rural women will have, on average, one child more in their reproductive years than urban women. Women with at least a high school education have a TFR of 2.2 children per woman (which is almost as low as the replacement level), whereas illiterate women have a TFR of 4.0, which is 87 percent higher.

Childbearing in India is concentrated in the age group 15-29, which contributes more than three-fourths of total fertility. Current fertility is characterized by a substantial amount of early childbearing: 17 percent of total fertility is accounted for by births to women age 15-19. The fertility level declines sharply beyond age 30 and childbearing is negligible for women in their forties.

There are wide variations in fertility levels among the states. Fertility is considerably below the national average in South India (Andhra Pradesh, Karnataka, Kerala and Tamil Nadu) and West India (Goa, Gujarat and Maharashtra), where two states (Kerala and Goa) have already reached below-replacement fertility. Goa has a unique pattern of childbearing, with very low fertility before age 25 as a result of a high average age at marriage and the late initiation of childbearing. At the other end of the spectrum, fertility is four children per woman or higher in Uttar Pradesh, Bihar, Haryana and Arunachal Pradesh, and the TFR also exceeds the national average in Madhya Pradesh, Meghalaya, Rajasthan and Assam. With a TFR of 4.8, Uttar Pradesh stands out as having especially high fertility (more than 40 percent higher than the national average).

The NFHS also collected data on cohort fertility, as measured by the number of children ever born to women of different ages. Women age 45-49 at the time of the survey had borne an average of 5.1 children per woman. This is much higher than current fertility as measured by the total fertility rate of 3.4, because most of the fertility experienced by these older women occurred considerably further back in time when fertility rates were much higher. In other words, fertility levels in India have fallen substantially in the recent past.

Contraceptive knowledge is nearly universal in India, with 96 percent of currently married women having heard of at least one modern family planning method (most commonly female sterilization). Contraceptive use is much less widespread than knowledge, however. Nearly half of currently married women age 15-49 have ever used a method and 41 percent are currently using any method. Modern methods (female and male sterilizations, the pill, the IUD, injections and the condom) are used by 36 percent of couples and traditional methods (primarily periodic abstinence and withdrawal) are used by 4 percent of couples. The most widely used method of family planning is female sterilization, which is the method accepted by 67 percent of current users. Other modern methods are used by only a small proportion of couples (male sterilization by 3 percent, the condom and the IUD by 2 percent each, and the pill by 1 percent).

Contraceptive use is appreciably higher in urban areas (51 percent) than in rural areas (37 percent) and is also higher among literate women (52 percent) than among illiterate women (34 percent). Contraceptive use is higher among Buddhists, Jains and Sikhs (51-63 percent) than among Hindus and Christians (42-48 percent) and the use rate is lowest among Muslims (28 percent). Current use of contraceptives is also lower among women from scheduled castes (35 percent) and scheduled tribes (33 percent) than among other women (42 percent). Current use is positively related to the number of living children a woman has, increasing from 4 percent for women with no children to a high of 59 percent for women with three children. Furthermore, contraceptive use in India reflects a preference for sons, with current use at each parity lowest for women with no sons and highest for women with two or more sons. The sterilization rate is highest (around 60 percent) for women with either 2 sons and 1 daughter or 3 sons. Despite the preference for sons, a substantial minority of higher parity women with no living sons use contraception.

There are large interstate variations in contraceptive use. A majority of all currently married women are current users of modern contraceptives in Kerala, Delhi, Himachal Pradesh, Maharashtra, Punjab and Mizoram. At the other extreme, current use rates for modern methods are less than 25 percent in Uttar Pradesh and Bihar (the two most populous states), as well as Assam and most of the other northeastern states.

The public sector, predominantly Primary Health Centres and government and municipal hospitals, is the most important source of contraception, supplying 79 percent of the current users of modern methods. In contrast, the private medical sector provides contraception to 15 percent of current users. Only 6 percent of current users obtain their contraceptives from other sources such as shops, friends or relatives. The source of modern contraceptives varies dramatically according to the method used. Over 85 percent of all sterilizations are done at a public health facility. The government is also the source of supply for 63 percent of IUD users but only 31 percent of pill users and 15 percent of condom users.

Nearly three out of five currently married nonusers of contraception say they do not intend to use contraception at any time in the future. The lack of intentions to use contraception presents a major challenge to the family welfare programme. Among women who intend to use contraception in the future, there is a strong preference for using female sterilization, which is preferred by 59 percent of potential users. Even though only 6 percent of current contraceptive users are using modern spacing methods, these methods are preferred by 31 percent of women who intend to use contraception in the future. Hence, there appears to be a substantial latent demand for temporary methods of contraception.

Information on the fertility preferences of currently married women was also collected in the NFHS. Slightly more than one-quarter of women say they do not want any more children, and 31 percent of women (or their husbands) are sterilized so that they cannot have any more children. These two groups together constitute 57 percent of all currently married women. Moreover, the majority of women who want another child say they would like to wait at least two years before their next birth. Among women who want an additional child, far more express a preference that the next child be a son than a daughter. The preference for a son is widespread, but it is stronger in rural areas than urban areas.

Twenty percent of currently married women in India have an unmet need for family planning, that is, they are not using contraception even though they do not want any more children or want to wait at least two years before having their next child. This finding suggests that approximately 30 million women have a need for family planning which is not being satisfied by current programmes. The unmet need for spacing is slightly higher than the unmet need for limiting, 11 percent compared with 9 percent. Current programmes, which emphasize limiting methods, are least effective in meeting the needs of young married women who would like to space their births. If the family welfare programmes were to make spacing methods more widely available, the use of these methods would undoubtedly increase.

The substantial unmet need for family planning suggests that the potential for increased contraceptive use in India is high if improvements are made in the accessibility and quality of services. If all of the women with an unmet need were to use contraception, the contraceptive prevalence rate would rise from 41 to 60 percent. Although there is considerable unmet need for family planning in the country, the ideal number of children is moderate, an average of three children among currently married women who give a numeric response to the question on ideal family size. Further attempts to promote the national goal of two children per couple are thus needed.

The NFHS also provides information on maternal and child health and the prevalence of specific medical problems (malaria, blindness, tuberculosis, leprosy and physical impairment of the limbs) among all members of the household. Of the five specific medical problems studied, malaria has the highest prevalence, afflicting, 3,324 per 100,000 population during the three months prior to the survey. Substantial numbers of household members suffered from partial or complete blindness (3,001 per 100,000), physical impairment of the limbs (639 per 100,000) and tuberculosis (467 per 100,000). The reported prevalence of leprosy is only 120 per 100,000 population.

During the two weeks preceding the survey, 7 percent of children under age four had symptoms of acute respiratory infection (cough accompanied by fast breathing), 20 percent were sick with a fever, and 10 percent had diarrhoea. For each medical condition, 61-66 percent of children were taken to a health facility or provider.

Knowledge and use of Oral Rehydration Salt (ORS) packets for the treatment of diarrhoea are not widespread. Overall, 57 percent of mothers are not familiar with ORS, and 74 percent have never used it. Moreover, only 31 percent of young children with recent episodes of diarrhoea were treated with ORS or with a recommended home oral rehydration fluid.

The infant mortality rate declined slowly during the 15 years prior to the survey, from 101 per 1,000 live births in 1978-82 to 79 per 1,000 live births in 1988-92. Despite this decline, 1 in 13 children still dies within the first year of life, and 1 in 9 dies before reaching age five. The infant mortality rate is 52 percent higher in rural areas than in urban areas, and is two and a half times higher for children of illiterate mothers than for children of mothers with at least a high school education. Children born shortly after the birth of a previous child have an especially high risk of dying in infancy. The infant mortality rate is three times as high for children with short birth intervals (less than 24 months) than for those with long birth intervals (48 months or more), 130 deaths per 1,000 live births compared to 42 deaths per 1,000 live

births. Twenty-seven percent of second and higher order births in the five years preceding the survey occurred within 24 months of the previous birth.

Orissa has the highest infant mortality rate of 112 per 1,000 live births. Other states with infant mortality rates above the national average are Uttar Pradesh (100), Bihar and Assam (89 each), and Madhya Pradesh (85). The infant mortality rate is relatively low in Kerala (24) and Goa (32), the two states with the lowest levels of fertility.

The NFHS provides the first direct national estimate of maternal mortality in India. The maternal mortality rate is estimated to be 437 maternal deaths per 100,000 live births. According to this estimate, over 100,000 women in India die every year from causes related to pregnancy and childbirth.

Both antenatal care and delivery services in India are inadequate. For births in the last four years, 37 percent of mothers did not receive any antenatal care, either at home or elsewhere. Only 54 percent received two doses of tetanus toxoid vaccine, and 51 percent received iron and folic acid tablets. Seventy-four percent of deliveries took place at home, and only 34 percent were attended by a doctor or nurse/midwife. The proportion of births whose mothers received antenatal care from an allopathic doctor increases steadily with education, from 25 percent for illiterate mothers to 84 percent for mothers who have completed high school. Antenatal care is nearly universal in Kerala (97 percent), Goa (95 percent) and Tamil Nadu (94 percent). On the contrary, mothers received antenatal care for only 31 percent of births in Rajasthan and 37 percent in Bihar. The percentage of births delivered in medical institutions ranges from a high of 87-88 percent in Goa and Kerala to a low of 12 percent or less in Nagaland, Assam, Uttar Pradesh, Rajasthan and Bihar.

The Universal Immunization Programme has met with only limited success in India. Thirty percent of young children (age 12-23 months) have not been vaccinated against any of six serious but preventable childhood diseases (tuberculosis, diphtheria, pertussis, tetanus, polio and measles). Only 35 percent have been fully vaccinated and another 35 percent have been partly vaccinated. The proportion of children fully vaccinated increases from 24 percent of children of illiterate mothers to 70 percent of children of mothers with at least a high school education. The immunization programme has been most successful in Goa, Jammu, Tamil Nadu, Maharashtra, Himachal Pradesh and Punjab, where more than 60 percent of children age 12-23 months have received all the recommended vaccinations. On the other hand, only between 11 and 21 percent of children in Bihar, Uttar Pradesh, and Rajasthan have been fully vaccinated.

The NFHS obtained fairly detailed information on infant feeding and child nutrition. Breastfeeding is nearly universal in India, with 95 percent of all children born in the four years preceding the survey having been breastfed. On average, children are breastfed for slightly over two years. Breastfeeding immediately after birth is uncommon, however. Among the most recent births, only 10 percent were breastfed within one hour of birth, and only 26 percent were breastfed within 24 hours of birth. Although it is recommended that the first breast milk should be given to children because it contains colostrum, which provides the baby with natural immunities, the majority of women (64 percent) squeeze the first milk from their breast before breastfeeding their children. Although it is also recommended that children should be exclusively breastfed through age 4-6 months, almost half of babies 0-3 age months are fed

water and other supplements, thus jeopardizing their nutritional status and increasing the risk of infection. Solid and semi-solid foods are generally not added to the diet at an early enough stage in the child's development. Less than one-third of infants are given solid or semi-solid food in addition to breast milk at the recommended age of 6-9 months.

Chronic and acute undernutrition are high in India. More than half (53 percent) of all children under age four are underweight and a similar proportion (52 percent) are stunted. Moreover, 21-29 percent of children are *severely* undernourished according to the weight-for-age and height-for-age measures. One in every six children is excessively thin (wasted). Undernutrition varies substantially by the age of the child, being lowest in the first six months of life when the majority of children are fully breastfed. Variation by the child's sex, length of previous birth interval, and other demographic characteristics is very modest. Variation in nutritional status by mother's education and place of residence is substantial. For instance, children whose mothers are illiterate are twice as likely to be underweight or stunted as children whose mothers have completed high school.

Undernutrition among young children is relatively low in Kerala (29 percent are underweight and 27 percent are stunted). Other states with relatively low levels of undernutrition are Manipur, Mizoram, Nagaland and Goa. Undernutrition is particularly high in Bihar and Uttar Pradesh. The problem of wasting is most evident in Bihar and Orissa, which also have among the highest infant mortality rates in the country.

Questions on the knowledge of AIDS, asked in 13 of the 25 NFHS states, indicate that in most states a large majority of ever-married women have never heard of the disease. The level of knowledge is particularly low in West Bengal and Assam, where fewer than 10 percent of women have heard of AIDS. Even in Delhi, where considerable media attention has been focused on AIDS, only 36 percent of women have heard of the disease. In addition, women who have heard of AIDS harbour a large number of misconceptions about how the disease is transmitted. These findings provide a clear indication of the challenges ahead for the National AIDS Control Organization and other agencies in providing even the most basic information about AIDS and ways of preventing the spread of the disease.

FACT SHEET-INDIA

1991 Population Data

Office of the Registrar General and Census
Commissioner

Total population (millions)	846.3
Percent urban	26.1
Percent scheduled caste	16.7
Percent scheduled tribe	8.0
Decadal population growth rate (1981-91)	23.9
Crude birth rate (per 1,000 population)	29.5
Crude death rate (per 1,000 population)	9.8
Life expectancy at birth (years) ¹	
Male	57.7
Female	58.1

National Family Health Survey, 1992-93

Sample Population

Ever-married women age 13-49	89,777
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Background Characteristics of Women Interviewed

Percent urban	26.1
Percent illiterate	63.1
Percent attended secondary school or higher	11.3
Percent Hindu	82.0
Percent Muslim	12.0
Percent Christian	2.4
Percent working	31.5

Marriage and Other Fertility Determinants

Percent of women age 15-49 currently married	77.4
Percent of women age 15-49 ever married	82.1
Singulate mean age at marriage for females (in years)	20.0
Singulate mean age at marriage for males (in years)	25.0
Percent of women married to first cousin ²	10.1
Median age at marriage among women age 25-49	16.1
Median months of breastfeeding ³	24.4
Median months of postpartum amenorrhoea ²	9.0
Median months of postpartum abstinence ³	3.4

Fertility

Total fertility rate ⁴	3.4
Mean number of children ever born to women age 40-49	4.8

Desire for Children

Percent of currently married women who:	
Want no more children or are sterilized	56.7
Want to delay their next birth at least 2 years	19.6
Mean ideal number of children ⁵	2.9
Percent of births in the last 4 years which were:	
Unwanted	8.8
Mistimed	13.8

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	95.8
Knowing a modern method	95.5
Knowing a source for a modern method	88.8
Ever used any method	46.9
Currently using any method	40.6

Percent of currently married women currently using:

Pill	1.2
IUD	1.9
Injection	0.0
Condom	2.4
Female sterilization	27.3
Male sterilization	3.4
Periodic abstinence	2.6
Withdrawal	1.4
Other method	0.2

Mortality and Health

Infant mortality rate ⁶	78.5
Under-five mortality rate ⁶	109.3
Maternal mortality rate ⁷	437
Percent of births ⁸ whose mothers:	
Received antenatal care from a doctor or other health professional	49.1
Received 2 or more tetanus toxoid injections	53.8
Percent of births ⁸ whose mothers were assisted at delivery by:	
Doctor	21.6
Nurse/midwife	12.6
Traditional birth attendant	35.2
Percent of children 0-1 month who are breastfeeding	97.8
Percent of children 12-13 months who are breastfeeding	89.2
Percent of children 12-23 months who received ⁹ :	
BCG	62.2
DPT (three doses)	51.7
Polio (three doses)	53.4
Measles	42.2
All vaccinations	35.4
Percent of children under 4 years ¹⁰ who:	
Had diarrhoea in the 2 weeks preceding the survey	10.0
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	6.5
Had a fever in the 2 weeks preceding the survey	20.2
Are acutely undernourished (underweight) ¹¹	53.4
Are chronically undernourished (stunted) ¹¹	52.0
Are acutely undernourished (wasted) ¹¹	17.5

¹ 1986-90

² Based on ever-married women

³ Current status estimate based on births during the 36 months preceding the survey (48 months for breastfeeding)

⁴ Based on births to women age 15-49 during the 3 years preceding the survey

⁵ Based on ever-married women age 13-49, excluding women giving non-numeric responses

⁶ For the 5 years preceding the survey (1988-92)

⁷ For the 2 years preceding the survey (1991-92), expressed per 100,000 live births

⁸ For births in the period 1-47 months preceding the survey

⁹ Based on information from vaccination cards and mothers' reports

¹⁰ Children born 1-47 months preceding the survey

¹¹ Underweight assessed by weight-for-age, stunting assessed by height-for-age, wasting assessed by weight-for-height; undernourished children are those more than 2 standard deviations below the median of the International Reference Population, recommended by the World Health Organization. Measures of stunting and wasting exclude Andhra Pradesh, Himachal Pradesh, Madhya Pradesh, Tamil Nadu and West Bengal.

FACT SHEET - STATE FINDINGS

State	Percent illiterate (females age 6+)	Percent attending school (females age 6-14)	Percent of households			Percent of women age 20-24		Crude birth rate ¹	Total fertility rate ¹	Percent of women ² using		Unmet need for family planning ⁴	Infant mortality rates ⁵	Under-five mortality ⁵
			with drinking water from pump/pipe	of households with no toilet facility	married before age 18	Any contraceptive method	Sterilization ³							
India	56.7	58.9	68.2	69.7	54.2	28.7	3.39	40.6	30.8	19.5	78.5	109.3		
North														
Delhi	29.2	86.3	99.5	15.9	28.7	26.6	3.02	60.3	23.3	15.4	65.4	83.1		
Haryana	54.1	74.7	73.0	73.1	57.3	32.9	3.99	49.7	34.8	16.4	73.3	98.7		
Himachal Pradesh	42.6	87.6	57.6	87.4	24.2	28.2	2.97	58.4	45.8	14.9	55.8	69.1		
Jammu Region of J & K	48.2	79.6	57.3	80.9	20.5	27.9	3.13	49.4	29.7	17.5	45.4	59.1		
Punjab	48.0	77.8	98.6	63.3	14.9	25.0	2.92	58.7	34.0	13.0	53.7	68.0		
Rajasthan	74.6	40.6	57.3	80.2	69.5	27.0	3.63	31.8	27.7	19.8	72.6	102.6		
Central														
Madhya Pradesh	65.7	54.8	55.8	78.7	73.3	31.6	3.90	36.5	31.5	20.5	85.2	130.3		
Uttar Pradesh	68.5	48.2	74.3	77.1	63.9	35.9	4.82	19.8	13.1	30.1	99.9	141.3		
East														
Bihar	71.4	38.3	63.6	83.5	69.1	32.1	4.00	23.1	18.6	25.1	89.2	127.5		
Orissa	58.6	62.0	50.9	87.8	45.5	26.5	2.92	36.3	31.6	22.4	112.1	131.0		
West Bengal	44.8	62.9	84.9	59.6	56.4	25.5	2.92	57.4	30.6	17.4	75.3	99.3		
Northeast														
Arunachal Pradesh	57.9	65.3	75.8	26.4	43.9	34.6	4.25	23.6	10.7	20.4	40.0	72.0		
Assam	49.3	66.0	43.2	50.4	44.4	30.4	3.53	42.8	14.4	21.7	88.7	142.2		
Manipur	37.0	86.8	47.0	16.9	14.3	24.4	2.76	34.9	13.8	21.7	42.4	61.7		
Meghalaya	39.8	75.7	47.6	45.7	28.1	31.9	3.73	20.7	10.0	25.1	64.2	86.9		
Mizoram	11.1	88.5	40.1	1.7	13.3	20.8	2.30	53.8	44.6	11.9	14.6	29.3		
Nagaland	28.2	89.0	72.1	20.7	16.4	31.3	3.26	13.0	6.4	26.7	17.2	20.7		
Tripura	35.6	76.7	44.1	20.6	41.1	23.1	2.67	56.1	19.1	13.5	75.8	104.6		
West														
Goa	26.9	92.5	56.5	52.0	7.2	17.2	1.90	47.8	30.5	15.7	31.9	38.9		
Gujarat	48.7	68.4	75.1	64.2	33.4	27.2	2.99	49.3	41.0	13.1	68.7	104.0		
Maharashtra	44.1	76.6	78.5	59.2	53.9	26.3	2.86	53.7	46.1	14.1	50.5	70.3		
South														
Andhra Pradesh	61.5	54.8	63.4	75.6	68.6	24.2	2.59	47.0	44.8	10.4	70.4	91.2		
Karnataka	53.5	64.4	75.6	68.8	51.2	25.9	2.85	49.1	42.5	18.2	65.4	87.3		
Kerala	17.6	94.8	21.0	29.1	19.3	19.6	2.00	63.3	48.3	11.7	23.8	32.0		
Tamil Nadu	43.9	78.7	74.6	70.6	36.1	23.5	2.48	49.8	39.5	14.6	67.7	86.5		

¹Based on births to women age 15-49 during the three years preceding the survey

²Currently married women age 13-49

³Female or male sterilization

⁴Percent of currently married women who are not using family planning, even though they either do not want any more children or want to wait at least two years before having another child

⁵Per 1,000 live births for the five years preceding the survey

FACT SHEET - STATE FINDINGS (Contd.)

State	For births in the last four years, percent of:										Percent of children								
	Mothers receiving antenatal care		Mothers receiving two doses of tetanus toxoid vaccine		Births delivered in a health facility		Deliveries assisted by health professional ⁶		Children who received either ORS or RLS for diarrhoea ⁷		Fully immunized (age 12-23 months) ⁸		Exclusively breast-feeding (age 0-3 months)		Receiving breast milk and solid/mushy food (age 6-9 months)		Percent of living children ⁹ under four years of age		
	Underweight	Stunted	Wasted	Underweight	Stunted	Wasted	Underweight	Stunted	Wasted	Underweight	Stunted	Wasted	Underweight	Stunted	Wasted	Underweight	Stunted	Wasted	
India	62.3	53.8	25.5	34.2	30.6	35.4	51.0	31.4	53.4	52.0	17.5								
North																			
Delhi	82.4	72.5	44.3	53.0	39.4	57.8	20.0	25.1	41.6	43.2	11.9								
Haryana	72.7	63.3	16.7	30.3	19.5	53.5	37.5	38.5	37.9	46.7	5.9								
Himachal Pradesh	76.0	47.4	16.0	25.6	44.9	62.9	36.4	39.9	47.0	U	U								
Jammu Region of J & K	79.5	68.9	21.9	31.2	44.4	65.7	16.9	44.8	44.5	40.8	14.8								
Punjab	87.9	82.7	24.8	48.3	32.7	61.9	3.3	37.3	45.9	40.0	19.9								
Rajasthan	31.2	28.3	11.6	21.8	22.7	21.1	65.9	9.4	41.6	43.1	19.5								
Central																			
Madhya Pradesh	52.1	42.8	15.9	30.0	33.0	29.2	31.4	27.7	57.4	U	U								
Uttar Pradesh	44.7	37.4	11.2	17.2	22.7	19.8	60.3	19.4	59.0	59.5	16.1								
East																			
Bihar	36.8	30.7	12.1	19.0	23.0	10.7	51.6	18.1	62.6	60.9	21.8								
Orissa	61.6	53.8	14.1	20.5	41.1	36.1	45.7	30.2	53.3	48.2	21.3								
West Bengal	75.3	70.4	31.5	33.0	74.7	34.2	40.0	53.6	56.8	U	U								
North-east																			
Arunachal Pradesh	48.9	31.9	19.9	21.3	33.3	22.5	73.9	35.8	39.7	53.9	11.2								
Assam	49.3	34.9	11.1	17.9	35.2	19.4	65.0	39.2	50.4	52.2	10.8								
Manipur	63.4	48.0	23.0	40.4	63.1	29.1	70.4	50.0	30.1	33.6	8.8								
Meghalaya	51.8	30.0	29.6	36.9	40.7	9.7	18.0	56.3	45.5	50.8	18.9								
Mizoram	88.9	42.5	48.9	61.5	24.5	56.4	45.5	64.3	28.1	41.3	2.2								
Nagaland	39.3	33.0	6.0	22.2	24.6	3.8	61.1	43.5	28.7	32.4	12.7								
Tripura	64.9	58.7	30.7	53.5	*	19.0	47.9	65.0	48.8	46.0	17.5								
West																			
Goa	95.4	83.4	86.8	88.4	41.4	74.9	10.8	33.9	35.0	32.5	15.3								
Gujarat	75.7	62.7	35.6	42.5	20.7	49.8	36.3	22.9	50.1	48.2	18.9								
Maharashtra	82.7	71.0	43.9	53.2	41.7	64.1	37.1	25.0	54.2	48.5	20.2								
South																			
Andhra Pradesh	86.3	74.8	32.8	49.3	32.5	45.0	70.5	47.8	49.1	U	U								
Karnataka	83.5	69.8	37.5	50.9	34.0	52.2	65.6	38.2	54.3	47.6	17.4								
Kerala	97.3	89.8	87.8	89.7	37.8	54.4	59.2	69.3	28.5	27.4	11.6								
Tamil Nadu	94.2	90.1	63.4	71.2	27.1	64.9	55.8	56.5	48.2	U	U								

U: Not available
 * Percentage not shown; based on fewer than 25 children
⁶ Allopathic doctor or nurse/midwife
⁷ For children who had diarrhoea in the past two weeks, percent receiving a solution made from an Oral Rehydration Salt (ORS) packet or a Recommended Home Solution (RHS) made from sugar, salt and water
⁸ Percent who have received BCG, measles and three doses of DPT and polio vaccines
⁹ Underweight assessed by weight-for-age, stunting assessed by height-for-age, wasting assessed by weight-for-height; undernourished children are those more than 2 standard deviations below the median of the International Reference Population, recommended by the World Health Organization

