

# Status of Child and Maternal Health in Madhya Pradesh and India

A comparative analysis from NFHS – III report



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# Index

S.No	Particulars	Page number
	<b>Introduction</b>	<b>3</b>
<b>1.</b>	<b>Child Nutrition</b>	<b>5</b>
1.1	Micronutrient intake among children by state	5
1.2	Malnourished children	5
1.3	Anaemia	6
1.4	Prevalence of Anaemia in children	6
1.5	ICDS	7
1.6	Indicators of women's utilization of ICDS services by the state	9
1.7	Breastfeeding	9
1.8	Child Vaccination	10
<b>2.</b>	<b>Accessibility and availability of health care</b>	<b>12</b>
<b>3.</b>	<b>Infant and child mortality</b>	<b>13</b>
<b>4.</b>	<b>Maternal Health</b>	<b>14</b>
<b>5.</b>	<b>Women's and Men's nutrition</b>	<b>16</b>
<b>6.</b>	<b>Domestic Violence</b>	<b>16</b>
<b>7.</b>	<b>Birth Registration</b>	<b>16</b>

## Tables

Table 1.	Micronutrient intake among children in Madhya_Pradesh	6
Table 2.	Status of Malnourishment in Madhya Pradesh	7
Table 3.	Anaemia status by Hemoglobin level	7
Table 4.	Anaemia among children in Madhya Pradesh	7
Table 5.	Mothers received from an AWC	10
Table 6.	Percentage who started breastfeeding	10
Table 7.	Child feeding practices	11
Table 8.	Child immunization and vitamin A supplement	11
Table 9.	Treatment of childhood diseases (children under 3 years)	12
Table 10.	Quality of healthcare indicators by state, India, 2005-06	13
Table 11.	Prevalence of Anaemia in women – NFHS -3 [2005-06] [India]	18
Table 12.	Prevalence of Anaemia in Men – NFHS -3 [2005-06] [India]	19
Table 13.	Prevalence of Anaemia in women and men by state	19
Table 14.	Percentage of de jure children under the age five years whose birth was registered with the civil authorities, according to residence and state, India, 2005-06.	20

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## Introduction

If one goes by the latest human development report of Madhya Pradesh, the state of health in Madhya Pradesh is far from satisfactory. This is reflected from the latest estimate for longevity, measured as life expectancy at birth, which was 59 years for males and 58 years for females (corresponding to period 2002-06). As per the latest estimate on longevity as quoted in the Human Development Report 2007, the life expectancy for males and females in Madhya Pradesh was the lowest among all the major states in India and a good four to eight years lower than the national average.

States like Assam, Bihar, Gujarat, Haryana, Karnatakka and Kerala have better life expectancy at birth as compared to Madhya Pradesh. Even the state of Bihar which is counted among one of the most backward states in the country, life expectancy at birth for males and females (2001-06) stood at 65.66 years and 64.79 years respectively, much higher than that of Madhya Pradesh.

What has been found to be more surprising that while naturally female life expectancy should be more than male life expectancy, it is just the opposite in Madhya Pradesh, pointing towards discriminatory practices against both the girl child and women, leading to higher mortality rate.

Similarly, state's performance on the infant mortality rate (IMR) and the maternal mortality rate (MMR), is far below than the national average. IMR is related to combination of factors including poor nutrition for their mothers while pregnant, inadequate immunization of mothers from tetanus and lack of hemoglobin in their bodies, poor sanitary and health care conditions at birth, poor care during deliveries, etc.

The infant mortality in the state in 2004 was estimated at 79 (84 for rural areas and 56 for urban areas) as against national IMR of 58, the highest among all states in the country. Between 2000 and 2004, while the national IMR reduced from 68 to 58, the IMR of Madhya Pradesh dropped from 87 to just 79.

As far as maternal mortality rate is concerned, though the state had witnessed a significant reduction in MMR at 498/1000 (as per the National Family Health Survey - II) to 379/1000 as per the MMR data released in 2003, it was still far higher than the national MMR of 301/1000.

The public health infrastructure in the state is also far from satisfactory. As per the Human Development Report 2007, the state had a shortage of 26% in primary health centers, the very basis of primary health. The poor deliveries of primary

health services in the state have primarily been attributed to doctors' unwillingness to serve in rural areas. Though the state has adopted an innovative approach of mobile health dispensaries through public private partnership and other health schemes, its impact on primary health is yet to be evaluated.

As per 2001 census, 22 per cent of the state population was directly at risk of water borne diseases as they did not have access to safe drinking water. As far as condition of sanitation is concerned, the state ranks far below than the national average. As per the survey carried out by the Ministry of Rural Development, Government of India, only 9.7% of rural households in Madhya Pradesh had a toilet in 2005, which is abysmally low even compared to the national average of 23.7%.

Considering all the above health indicators depicting abysmal condition of the healthcare facilities and condition in the state it becomes imperative on our part to bring out information on the performance of various health indicators concerning women and children in the state. Therefore, the present document; an excerpt from NFHS – 3, contains vital data, health indicators and other information related to health status in the State of Madhya Pradesh. To make it more convenient the data has been streamlined as per the pertinent issue.

The National Family Health Surveys [NFHS] programme, initiated in the early 1990s, has emerged as a nationally important source of data on population, health and nutrition for India and its states. The 2005-06 National Family Health Survey [NFHS – 3], the third in the series of these national surveys, was preceded by NFHS– 1 in 1992-93 and NFHS – 2 in 1998-99.

## 1. Child Nutrition

Though the Government of India recommends that children should be given vitamin A supplements every six months until they reach three years of age, starting at age 9 months but NFHS – 3 found that only one-quarter of children age 12-35 received vitamin A supplements in the six months before the survey. This figure drops further, to only 18%, among children aged 6-59 months. In Madhya Pradesh this % drops to just 20.1%. Compared with other children, those age 12-17 months are most likely to have received vitamin A supplements in the last six months. [National]

### 1.1 Micronutrient intake among children by state

Table 1. Status of youngest children of age 6-35 months living with their mother		
Youngest children of age 6-35 months living with their mother	India	MP
% who consumed foods rich in vitamin A in last 24 hours	47.1%	40.5%
% who consumed foods rich in iron in last 24 hours	14.6%	4.1%
<b>Children age 12-35 months</b>		
% given vitamin A supplements in last 6 months	24.8%	20.1%
<b>Children age 6-59 months</b>		
% given vitamin A supplements in last 6 months	18.1%	14.1%
% given iron supplements in last 7 days	4.7%	3.5%
% given deworming medication in last 6 months	11.9%	4.0%
% living in households using adequately iodized salt	47.5%	32.5%

### 1.2 Malnourished children

Almost half of children under five years of age [48%] are stunted and 43% are underweight in the nation. The proportion of children who are severely malnourished is also notable: 24% children are severely stunted and 16% are severely underweight. Wasting is quite a serious problem in India, affecting 20 percent of children under five years of age. Very few children under five years of age are overweight. [National]

In Madhya Pradesh, 40% children are stunted [NFHS 2 – 49], 33% wasted [NFHS 2 – 20] and 60% underweight [NFHS 2 – 54]<sup>1</sup>. The data shows that the number of underweight and malnourished children has hiked in the state posing a question on government efforts for combating the so.

<sup>1</sup> As per provisional data NFHS - 3

Table 2. Status of Malnourishment in Madhya Pradesh			
	Total	Urban	Rural
Children under 3 years who are stunted (%)	39.9	34.6	41.6
Children under 3 years who are wasted (%)	33.3	34.3	32.9
Children under 3 years who are underweight (%)	60.3	52.8	62.6

[As per provisional data NFHS – 3]

More malnourishment in rural children than urban is attributable to the poor economy of households, low education of parents, inappropriate health facilities, abysmal Anganwadi centres etc.

### 1.3 Anemia

The problem of Anaemia is very common in India. Almost 7 in 10 children [69.5%] age 6-59 months are anaemic, including 40% who are moderately anaemic and 3% who are severely anaemic. The prevalence of anaemia doesn't vary by sex of the child. **Anaemia is considerably higher in rural areas, among children of women with no education, among scheduled castes and tribes, and among children in households in the lower wealth quintiles.** The prevalence of anaemia among children aged 6-35 months has increased from 74% in NFHS – 2 to 79% in NFHS – 3. **This increase is largely due to a sharp increase in anaemia among young children in rural areas.**

*Madhya Pradesh [74.1%] is second highest in the nation when it comes to % anaemic children, following Bihar [78%].*

### 1.4 Prevalence of Anaemia in children

Table 3. Anaemia status by Hemoglobin level				
	Mild	Moderate	Severe	Any Anemia
India	26.3%	43.6%	2.9%	69.5%
MP	27.1%	40.2%	3.4%	74.1%

Table 4. Anaemia among children in Madhya Pradesh			
	Total	Urban	Rural
Children age 6-35 months who are anaemic (%)	82.6%	75.2%	84.9%

[Source – NFHS 3 provisional data]

The above data shows that the % of anaemic children in state is more than the national data. Almost three-fourth children in Madhya Pradesh are anaemic. Also, the state is over numbering national figure in terms of mild and severely anaemic children. Improper healthcare and lack of nutrition for new-borns and expectant mothers are a major factor behind the robust number of anaemic children in the age group of 6-35 months.

### 1.5 ICDS

- While the coverage of children by an AWC is relatively high, only one out of four children [28%] in the country age 0-71 months has received any service from an Anganwadi centre in the year preceding the survey. In most states, the proportion of children who received services is less than one out of every three children. Nationally, 81.1% children under age six are living in enumeration areas covered by an AWC but merely 28.4% children under age six have received any service from an AWC in the past year. In Madhya Pradesh 79.8% children under age six are living in enumeration areas covered by an AWC but merely 43.8% children under age six have received any service from an AWC in the past year.
- One of the important mandates of the AWC is to provide supplementary nutrition to young children in the form of cooked food served at the AWC on a daily basis or given in the form of take-home rations. However, three – fourth children age 0-71 months in areas covered by an Anganwadi centre did not receive any supplementary food from the centre in the 12 months preceding the survey. Further, only a small proportion [12%] received supplementary food almost daily. In MP – 49.8% children have received any service from AWC.
- Immunization of children with the basic vaccinations [BCG, DPT, polio and measles] and the provision of regular health check ups are other component of the ICDS programme. **Only one in five children received any vaccination through an Anganwadi centre in the past 12 months;** and this proportion is not much higher even among children younger than 23 months, an age when children should have received basic vaccinations. In MP, 37.8% children have received immunizations from an AWC.
- Nationally, one-fourth children age 0-71 months [26%] in areas covered by an Anganwadi centre received supplementary food from an AWC in the 12 months preceding the survey. **MP – 36.4%**
- Overall, 20% children of age 0-71 months in areas covered by an AWC received immunization from an AWC in the 12 months preceding the

survey. At least one in four children received immunization from an AWC in MP [37.8%].

- Only one in six children [15.8%] age 0-71 months in areas covered by an AWC has gone to an AWC for a health check up in the 12 months preceding the survey. **MP – 31.5%**
- In India, nearly one – fourth [22.8%] of children age 36-71 months in areas served by an Anganwadi centre went for early childhood care or pre – schooling education to an AWC. **MP – 28.9%**
- **Eighteen percent children** age 0-59 months in areas served by an Anganwadi centre have had their weight measured in an AWC. **MP – 39.1%**
- **Mothers of half of the children age 0-59 months** who were weighed received counseling from an Anganwadi centre after their child was weighed. **MP - 61.8%.**
- **Utilization of ICDS by Pregnant and Lactating mothers** – Pregnant and lactating mothers are expected to receive supplementary food from an AWC. Also, AWCs are supposed to monitor the health status of mothers during pregnancy and breastfeeding and provide them with health and nutritional education. NFHS – 3 shows that for a vast majority of their births, women in India who are in areas covered by an Anganwadi centre, did not receive any service from an AWC during pregnancy [78%] or during the lactation period [83%].
- **The percentage of women in areas covered by an Anganwadi centre receiving supplementary food during pregnancy and lactation is 20.5% in India, in MP its 31%.**
- Nearly one – fourth of children age 36-71 months in areas served by an Anganwadi centre went for early childhood care or pre school education to an AWC, and only 18% of children age 0-59 months had their weight measured in an AWC. Mothers of only half of the children age 0-59 months who were weighed received counseling services from an AEC after the child was weighed.

### 1.6 Indicators of women's utilization of ICDS services by the state

Table 5. Mothers received from an AWC				
		Supplementary food	Health check up	Health and nutrition education
<b>During Pregnancy</b>	India	20.5%	12.3%	10.9%
	MP	31%	25.1%	21.7%
<b>While Breastfeeding</b>	India	16.5%	8.5%	8.3%
	MP	26.9%	18.3%	17.5%

## 1.7 Breastfeeding

While breast feeding is nearly universal in India, very few children are put to the breast immediately after birth. Only one – quarter of the last born children who were ever breastfed started breast feeding within half an hour of the birth, as is recommended, and almost half [45%] did not start breastfeeding within one day of the birth. Most mothers [57%] gave their last-born child something to drink other than breast milk in the three days after delivery.

- Only 69 percent of children under two months of age are exclusively breastfed. Exclusive breast feeding drops to 51% at 2-3 months of age and 28% at 4-5 months of age. Overall, slightly less than half of children under six months of age are exclusively breastfed.
- Only 21% of breastfeeding and non breastfeeding children are fed according to the infant and young child feeding recommendations.

	% ever breast fed	Within half an hour of birth	Within one hour of birth	Within one day of birth
India	95.7%	23.6%	24.5%	55.3%
MP	95.7%	14.7%	15.9%	52.6%

	Total	Urban	Rural
Children age 0-5 months exclusively breastfed (%)	21.6	21.9	21.5
Children age 6-9 months receiving solid or semi-solid food and breast milk (%)	51.9	60.5	48.9

[Source – NFHS 3 provisional data]

## 1.8 Child Vaccination

According to the immunization schedule outlined by Government of India and the World Health Organization [WHO], all primary vaccinations, including measles, should be administered by the time a child is 12 months old. NFHS – 3 shows that only 36% of children age 12-23 months were fully vaccinated by age 12 months. In India, only 44% of children age 12-23 months are fully vaccinated, and 5% have not received any vaccinations.

- Children from Scheduled tribes are more deprived from vaccination than the other children. Only 31.3% children from scheduled tribes have received all vaccinations compare to 40.7% OBC and 39.7% SC children.
- Similarly, 11.5% ST children have received no vaccination compare to 3.9% OBC and 5.4% SC children. [National data].
- The situation of **Madhya Pradesh is terribly poor when it comes to full vaccination of all children. Madhya Pradesh comes at the ninth position from the lowest in full vaccination of children. Total 40.3% [69% children in urban area and 32% in rural area]** children have received all basic vaccinations in the state, following Nagaland [21.0%], Uttar Pradesh [23.0%], Rajasthan [26.5%], Arunachal Pradesh [28.4%], Assam [31.4%], Bihar [32.8%], Meghalaya [32.9%], and Jharkhand [34.2%].
- In Madhya Pradesh 5.0% children have not received any vaccination.

<b>Table 8. Child immunization and vitamin A supplement</b>			
	Total	Urban	Rural
Children 12-23 months fully immunized (BCG, measles, and 3 doses each of polio/DPT) (%)	40.3%	68.7%	31.5%
Children 12-23 months who have received BCG (%)	80.5%	91.4%	77.0%
Children 12-23 months who have received 3 doses of polio vaccine (%)	75.6%	87.6%	71.8%
Children 12-23 months who have received 3 doses of DPT vaccine (%)	49.8%	75.8%	41.6%
Children 12-23 months who have received measles vaccine (%)	61.4%	77.4%	56.4%
Children age 12-35 months who received a vitamin A dose in last 6 months (%)	16.1%	21.0%	14.6%

<b>Table 9. Treatment of childhood diseases (children under 3 years)</b>			
	Total	Urban	Rural
Children with diarrhea in the last 2 weeks who received ORS (%)	28.6%	30.6%	27.8%
Children with diarrhea in the last 2 weeks taken to a health facility (%)	60.1%	52.8%	63.2%
Children with acute respiratory infection or fever in the last 2 weeks taken to a health facility [%]	68.7%	76.4%	66.5%

## 2. Accessibility and availability of health care

Accessibility and availability of health care is important for ensuring a community's general health status and reflects the coverage of health facilities. NFHS -3 shows a decline in the number of people availing health facilities from public sector. Nearly two – third [65%] of all households in India generally seek health care from the private medical sector, while one –third of the household use the public medical sector. Forty- six percent of the urban households and 36% percent rural households go to a private doctor or clinic for health care. The next common source for healthcare is public and private hospitals, followed by community health centres.

The most common reason given for not using public health care facilities is poor quality of the service, followed by non-availability of a facility nearby. While most respondents are generally satisfied with the health care they receive, ratings on quality services are lower for both urban and rural public – sector facilities than for private sector and NGO facilities.

**In MP, 62.6% [India–65.6%] population generally does not use government health facilities. Highest reason for so is Poor quality of care [62.9%], followed by, No nearby facility [50.8%], Waiting time too long [26.4%], Facility timing not convenient [10.0%], Health personnel often absent [7.7%] and other reason [1.6%].**

The most commonly reported problem by women is distance to a health facility, reported by one–quarter women. As one would expect, distance is a more common challenge among rural women than urban women. In the tribal region, owing to the hilly terrain regions, bad roads and lack of transport facilities the habitants are completely deprived of the government PHCs. One-third of rural women cite distance to be a big obstacle to obtaining medical care. **Forty-four percent women from scheduled tribes reported distance to be a big problem.**

Table 10. Quality of healthcare indicators by state, India, 2005-06		
	India	Madhya Pradesh
% of women with any contact with a health worker	17.3%	16.9%

Despite the unrelenting government claims of endeavoring for providing health care facilities to every person and in each habitation the NFHS – 3 data shows that merely 16.9% women in the state have come in any contact with a health worker. Even the national data for this does not seem much impressive.

### 3. Infant and child mortality

- The Infant Mortality Rate [IMR] in India has declined from 77 deaths per 1000 live births in 1991-95 [10-14 years before the survey] to 57 deaths per 1000 live births in 2001-05 [0-4 years before the survey].
- IMR is highest among Scheduled Caste - 50.7% as compared to 43.8% in Scheduled Tribes and 42.2% in OBC. Trends show that this figure was highest among these two social groups [SC and ST] in NFHS – 1 and 2 as well. In NFHS – 1 [1988-92] the status of IMR was 71% in SC, 63.9% in ST, 61.1% in OBC and 55.7% in others. In NFHS – 2 [2001-05] it was SC – 66.4% and ST – 62.1%, OBC – 56.6% and Others – 48.9%.
- Aside from Uttar Pradesh [72.7%], high levels of infant and child mortality are found in Chhattisgarh [70.8%] and MP [69.5%] in the central region. **MP is third highest in the country in terms of infant deaths. There were 70 infant deaths per 1,000 live births in Madhya Pradesh. The infant deaths for urban and rural areas were 47 and 76 per thousand live births respectively.**
- Infant and child mortality rates are considerably higher in rural areas than the urban areas. In 2001-05, the IMR was 50% higher in rural areas [62] than in urban areas [42]. The rural – urban difference in mortality is especially large for children in the age interval 1-4 years, for whom the rate in rural areas is twice as high as the rate in urban areas. In both the neonatal and post neonatal periods, mortality in rural areas is about 50% higher than mortality in the urban areas.
- Infant and child mortality rates have declines faster in rural areas than in urban areas. Between 1991-95 and 2001-05, infant mortality declined by 27% in rural areas, compared with 21% in urban areas. During the same period, the child mortality rate declined by 45% in rural areas, compared with 40% in urban areas. Even in the neonatal period, the decline in mortality was slightly faster in rural areas [26%] than in urban areas [18%].
- Among the largest religious groups, Hindus have the highest rate of infant mortality [59], followed by Buddhists/Neo-Buddhists [53], Muslims [52], Sikhs [46] and Christians [42]. **Although scheduled tribes have a lower infant mortality rate [62] than scheduled castes [66], the under-five mortality rate is higher among scheduled tribes [96] than among scheduled castes [88].**
- The percent distribution of the de jure population by wealth quintiles, according to the religion and caste/tribe of the household shows that Hindu, Muslim and Buddhist/Neo Buddhist household [as defined by the religion of the household head] are almost evenly distributed across the wealth quintiles. However, the majority of persons in Jain [87%] and Sikh [53%]

households and almost one-third of persons in Christian household are in the highest wealth quintile. **Half of the persons in scheduled tribe households and about one in four [27%] persons in scheduled caste household are in the lowest wealth quintile.**

- The IMR is 70 among children in household in the lowest wealth quintile, 58 in middle wealth quintile households and only 29 in the highest wealth quintile households.

#### **4. Maternal Health –**

- According to the Sample Registration Survey - 2001-03, around 78,050 pregnant women die in India every year. For every hundred thousand live births, there are 301 maternal deaths, the survey says. According to the White Ribbon Alliance of India (WRAI), a nationwide initiative that promotes safe motherhood, there has been no significant decline in India's maternal mortality rate (MMR) since the 1990s. Surveys of the causes of the high MMR show how inaccessible timely medical attention still is to many pregnant women. An inadequate health care system, lack of awareness, bad roads and, poverty are some of the major factors that come in the way of safe deliveries for pregnant women. Internal bleeding, eclampsia and obstructed labour are just some of the factors that are responsible for the high number of maternal mortality deaths in Madhya Pradesh. Every five minutes, India suffers one maternal death.
- **Surveys have also found that the maximum number of maternal deaths is recorded among the Scheduled Castes, the Scheduled Tribes and Other Backward Classes.**
- With a maternal mortality rate (MMR) of 379, Madhya Pradesh is among the six worst affected states in the country.
- Only 17% of births to women who belong to Scheduled Tribes were assisted by a doctor, compared with 47% births to women who do not belong to a scheduled tribe, scheduled caste or other backward classes.
- The majority of women in all religious groups receive antenatal care; nonetheless, there is a substantial variation by religion in the likelihood of women receiving antenatal care. Antenatal care was received by 73% Muslim women and 78% Hindu women, compared with almost all Jain women and 90% Sikh women. **By caste/tribe, the likelihood of receiving any antenatal care and care from a doctor is lowest for scheduled tribe mothers and highest for mothers who do not belong to a scheduled caste, scheduled tribe, or other backward classes.**

- The likelihood of having received antenatal care at all, as well as antenatal care from a doctor, increases sharply with the household's wealth index. Among mothers in household with the lowest wealth quintile, 59% received antenatal care and only 23% received antenatal care from a doctor. By contrast, among mothers in households in the highest wealth quintile, 97% received antenatal care and 86% received antenatal care from doctors.
- In summary, almost one out of five women in India did not receive any antenatal care for their last birth in the five years preceding the survey. Women not receiving any antenatal care tend disproportionately to be older women, women having children of high birth orders, scheduled tribe women, women with no education and women in the household with lowest wealth quintile. These differentials suggest that improving the coverage of antenatal programmes requires special efforts to reach older and higher parity women and women who are socio economically disadvantaged.
- **Madhya Pradesh [32.6%] comes at the third lowest position, following Bihar [29.1%] and Uttar Pradesh [22.5%] when it comes to antenatal care of women by doctor.**
- **93% urban women and 77% rural women has received any antenatal care.**
- **Contact with health workers** – During their contact with health workers pregnant women are expected to be told about pregnancy related complications and where they should go if they have any complications. NFHS – 3 says that most women did not receive information on specific pregnancy related complications and where to go if they experience any of these signs. Only 20% were told about prolonged labour as a sign of a pregnancy complication, and even fewer [15-17%] were told about convulsions and vaginal bleeding as signs of pregnancy complication. Urban women, more educated women and women in the households in the highest wealth quintile were better informed about the each pregnancy complication. **In MP 16.9% women have had any contact with the health worker.**
- Births assisted by a doctor/nurse/LHV/ANM/other health personnel (%) – 37.1% [Urban – 66.4% Rural – 28%].
- **Place of delivery** - less than 40 percent of births in India take place in health facilities. More than half take place in the woman's own home and 9 percent take place in the parent's home. Two- third deliveries [67.3%]

in urban areas and 29% of deliveries in rural areas take place in health facilities. Though the state government has taken innumerable steps and initiated several programmes for promoting institutional deliveries but there are just 29.7% institutional deliveries in the state. The data shows that was 59.9% institutional deliveries in urban areas and 20.2% in rural areas. This depicts the quagmire of health care facilities and personnel in the rural areas.

- **Maternal care indicator by state** - *Percentage who received all recommended types of ante natal care – Madhya Pradesh [7.2%] comes at fifth position from the lower when it comes to percentage women who received all recommended types of antenatal care, following Nagaland [1.9%], Uttar Pradesh [4.1%], Bihar [5.8%] and Arunachal Pradesh [6.5%].*
- Anaemia is a major cause of Maternal Mortality. The survey data show that nearly 82.6 per cent of the children in the age group of six to 35 months are anaemic; 40.1 per cent of women have a body mass index (BMI) below normal; 57.9 per cent of pregnant women and 57.6 per cent of women who were ever married are anaemic.

## 5. Women's and Men's nutrition

- More than one – third [36%] of women age 15-49 in India have a BMI below 18.5 indicating chronic nutritional deficiency, including 16% who are moderately to severely thin. The proportion of undernourished women is highest in Bihar [45%], Chhatisgarh [43%], Madhya Pradesh [42%] and Orissa [41%].
- The survey found that 418 out of every 100,000 persons have been medically treated for TB. Tuberculosis is more common in rural area than in other regions.

Caste	Mild	Moderate	Severe	Any Anaemia
ST	44.8%	21.3%	2.4%	68.5%
SC	39.3%	16.8%	2.2%	58.3%
OBC	38.2%	14.5%	1.7%	54.4%
Other	37%	12.9%	1.4%	51.3%
Don't know	34.5%	19.7%	1.7%	55.9%

<b>Caste</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Any Anaemia</b>
ST	20.4%	18.1%	1.1%	39.6%
SC	14%	11.0%	1.6%	26.6%
OBC	12%	9.0%	1.3%	22.3%
Other	11.7%	8.1%	1.1%	20.9%
Don't know	10.7%	10.7%	3.4%	24.8%

The above data clearly shows that the prevalence of anaemia is highest in the Scheduled tribes as compare to other as more than two – third women belonging to Scheduled Tribes are having anaemia corresponding to around two-fifth male from Scheduled Tribes.

<b>Women</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Any anaemia</b>
India	38.6%	15.0%	1.8%	55.3%
MP	40.8%	14.1%	1%	56%
<b>Men</b>				
India	13%	9.9%	1.3%	24.2%
MP	15.1%	9.5%	1.1%	25.6%

More than half women in the state are having anaemia closely corresponding to the national figure of 55.3% for it. Also, one-fourth of men in the state are anaemic, which is more than the national figure for it.

## **6. Domestic Violence**

More than a third [34%] of women age 15-49 have experienced physical violence and 9% have experienced sexual violence. In all, 35% of women age 15-49 years in India has experienced physical or sexual violence. Women's experience of physical and sexual violence ranges in 40% in Madhya Pradesh.

## **7. Birth Registration**

India is signatory to the United nation convention on the rights of the child that has recognized birth registration as one of the first rights of the children. It is the right of the every child to have his or her birth registered and provided with a birth certificate free of charge. A birth certificate is the first legal document confirming identity of the individual. In India, the registration of births and deaths is

compulsory under the Registration of Births and Deaths [RBD] Act of 1969. Under this act, institutional heads are responsible for registering all births that take place within their institution within 21 days of occurrence. Heads of households are responsible for registering any birth taking place within their homes. After registration, the birth certificate is obtained by applying to the registrar or sub-registrar of the area, either on plain paper or by filling in form. The National Population Policy 2000 has set the goal of achieving universal birth registration by the year 2010.

Nationally, 41% children under the age five years have had their births registered with the civil authorities. However, only 27% children under the age five years have a birth certificate. The extent of registration of births among children age less than two years and age two to four years is about the same, this suggest that despite efforts to increase birth registration, there is as yet no change in the registration. It is the children with more educated mothers and fathers and children from the higher wealth quintiles who are more likely to have their births registered and to have birth certificates. The births of less than one-fourth of children who belong to households in the lowest wealth quintiles have been registered and only one in ten has a birth certificate. **Scheduled tribe [17.6%] has lowest registered births.**

	Urban	Rural	Total
<b>India</b>	<b>59.3%</b>	<b>34.8%</b>	<b>41.1%</b>
<b>Madhya Pradesh</b>	<b>37.3%</b>	<b>27.5%</b>	<b>29.7%</b>

The above data shows that the number of registered birth in Madhya Pradesh is really low than the national data for this. Moreover, the number of registered birth declines in rural area as compare to the urban areas.

*Madhya Pradesh is at fifth place from the lowest when it comes to the number of registered birth in the nation, following Bihar [5.8%], Uttar Pradesh [7.1%], Jharkhand [9.1%] and Rajasthan [16.4%].*