

Status of Child and Maternal Health in Madhya Pradesh and India

A comparative analysis from NFHS – III report



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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 were 59 years for males and 58 years for females (corresponding to period 2001-06). 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, Karnataka 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. According to latest SRS 2008, it has decreased further by two points with state IMR of 70/1000 against the national average of 53 per 1000 live births.

As far as maternal mortality rate is concerned, though the state had witnessed a significant reduction in MMR at 498/100000 (as per the National Family Health Survey - II) to 379/100000 as per the MMR data released in 2003, it was still far higher than the national MMR of 301/100000. It has been further decreased to 335 as per SRS 2004-06 data but still far behind the new national average of 254 per lakh live birth.

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

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%
Children age 12-35 months		
% given vitamin A supplements in last 6 months	24.8%	20.1%
Children age 6-59 months		
% 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%

Though micronutrients are required in very small amounts, the consequences of their absence are severe. Micronutrient deficiency in children contributes to childhood morbidity & mortality. According to WHO estimates approximately 50% of all anemia can be attributed to iron deficiency.

In Madhya Pradesh only 3.5 percentages of children of 6-59 months were given iron supplement in last seven days preceding the survey, which further reduced in case of children belonging to low wealth index to 2.3% & 1.8% for Muslim community children.

Vitamin A deficiency (VAD) causes slow growth and development in children in addition to the manifestations of its deficiency in the eye. And NFHS-3 results shows that merely 14.1% children had received Vitamin A supplement in last six month preceding the survey and just 11.4% marginalized tribal children received the same in a given period.

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]¹. 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.

Forms of Malnutrition	Total	Urban	Rural
Children under 5 years who are stunted (%)	50.0	44.3	51.7
Children under 5 years who are wasted (%)	35.0	31.7	36.0
Children under 5 years who are underweight (%)	60.0	51.3	62.7

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.

Malnutrition in tribal children is again found to be the higher. The state fact sheet shown that 60% of the children were malnourished, but the recent report says, 71.4% children in tribal families are living with the curse of malnutrition.

Children belonging to other backward class are having little advantage over schedule caste in terms of anemia among children, breastfeeding practices & status of malnourishment among the children. 57.4% of OBC community are malnourished which is below the state average & on the contrary 62.6% ST children are above state average of 60.3%. But if we perceive it on the whole all three SC, ST & OBC children are at risk.

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. **Anaemia is considerably higher in rural areas, among children of women with no education, among scheduled castes and tribes, and**

¹ As per provisional data NFHS - 3

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 percentage of anaemic children, following Bihar [78%].

1.4 Prevalence of Anaemia in children

Madhya Pradesh holds top position for ‘Under Five Child Mortality’ in the country. The issue of malnutrition deaths in Madhya Pradesh during the last two year has grabbed the attraction of everyone. The major cause which comes for such large number infant deaths seems to be starvation & persisting anaemia among small kids in Madhya Pradesh. The state report of NFHS -3 portrays a very disgraceful image of state health gauge.

	Mild	Moderate	Severe	Any Anemia
India	26.3%	43.6%	2.9%	69.5%
MP	27.1%	40.2%	3.4%	74.1%

	Total	Urban	Rural
Children age 6-35 months who are anaemic (%)	82.6%	75.2%	84.9%

Anaemia is an indicator of both poor nutrition and poor health. Anaemia, defined as hemoglobin concentration below established cut off level (5-9mg/100ml of blood) Interpretation of child health indicators exposes that 74.1% children belonging to age 6-59 months suffers from anemia of different grades. Incidence of anaemia has increased by 11.3 percent i.e from 71.3% in 1998-99 during NFHS-2 to 82.6% in 2006-06 during NFHS-3 survey.

Table 5. Percentage of children suffering from Anaemia in Urban and Rural Madhya Pradesh

Background	Mild	Moderate	Severe	Any Anemia
Urban	27.5	37.4	4.0	68.9
Rural	27	45.5	3.2	75.7

The rural children are comparatively much more anemic (75.7 %) than the urban children with 69%

anemic children. While moderate anaemia is feature of rural child, severe anaemia is more rampant in urban child where around 4% children suffer from it. Schedule tribes children constitute the most vulnerable segment of any community. While 82.5 of children from schedule tribes are entrapped by anaemia of different grades, 75.6% children from schedule caste and 70.6% children from other backward classes bearing it. Their nutritional status is a sensitive indicator of community health and nutrition. Schedule caste & schedule children are worst sufferers of anaemia in the state. More than eighty percent of tribal children undergoes through various stages of childhood anaemia. Similarly 4.6 % children from schedule caste are in the grip of death monster in the form of severe anaemia.

Childhood anaemia poses a major public health issue leading to an increased risk of child mortality, as well as the negative consequences of iron deficiency anaemia on cognitive and physical development. The prevalence of mild anaemia is commonly more visible among the children of 3-5 years of age but percentage of severe anaemia & overall occurrence of anaemia is highest among the children belonging to the age 12-23 months.

Background	Severe Anaemia	Any Anaemia
SC	4.6	75.6
ST	3.5	82.5
OBC	2.9	70.6
Others	3.1	68.5

Young girls are more anemic & malnourished in proportion to boys. According to NFHS-3, 76% girls are having anemia & 60.6% girl child are malnourished in comparison to 72.4 % boys found malnourished & 59.5 % malnourished. Further most glaring fact is that while anemia in boys has decreased by 1.8% from NFHS-2 in 1998-99 to NHFS-3 in 2005-06 & contrary to this anemia among girls has increased by 0.1%.

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.**
- According to the NFHS-3 state report **only 54.2 per cent children of age 0-35 months and 45.8 per cent children of 36-71 months are having an access to any services of ICDS.**
- Similarly, merely 52.8% and 51.9 % children of age 0-71 months respectively belonging to schedule caste and tribal population have an access to any services of Anganwadi centers.
- 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%**
- The anemic children under 12-23 must be provided with additional nutritional foods to triumph over undernourishment but it is so unfortunate that **merely 35.9% of children receive supplementary food from Anganwadi centers in Madhya Pradesh.**

- 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

		Supplementary food	Health check up	Health and nutrition education
During Pregnancy	India	20.5%	12.3%	10.9%
	MP	31%	25.1%	21.7%
While Breastfeeding	India	16.5%	8.5%	8.3%
	MP	26.9%	18.3%	17.5%

1.7 Breast feeding

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 21.6% are given exclusively breast milk for the first 6 months, as recommended.

- 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.
- Less than one fourth of children (21.6%) is given exclusively breast milk for the first 6 months in Madhya Pradesh, as recommended.

	% 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

Situation of children belonging to ST in terms of breastfeeding is defenseless. The chance of survival of tribal child is very stumpy with merely 11.7 percent tribal children born in last five year preceding the survey are breastfed within an hour of birth in comparison to 15.9% total children given breastfeeding in the state. While 17.4 % of schedule caste children & 16.8% children from other backward classes are breastfed within an hour of birth.

Table 10. Caste wise breastfeeding practices in M.P.

Caste/ Tribe	Breastfeeding within an hour of birth
SC	17.4
ST	11.7
OBC	16.8
Other	18.2

Gender discrimination by the family is not addressed by our laws unless it is a case of gross violence. Girl child after birth receives first discrimination during breast feeding while 16.3% boys are breastfed within an hour but it is unfortunate that only 15.3% girls received the same.

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 were fully vaccinated by age 12 months. In India, **only 44% of children age 12-23 months is fully vaccinated**, and 5% have not received any vaccinations.

- Nation wide 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%].
- Children from Scheduled tribes are more underprivileged in Madhya Pradesh with merely 22.3% of fully immunized children in comparison to Schedule Caste & other backwards class with 40.5 & 41 percent of children received all basic vaccination. **ST- 22.3%**

- Girls face biasness even to get the right to be fully immunized. Total 6.3 percentages of young girls under 2years were given no vaccination while 3.8% boys fall in this category. With regards to the proportion of children under two receiving full vaccination, still the percentage of boys (44.3%) in comparison to girls (35.5%) is on elevated side.
- In Madhya Pradesh 5.0% children have not received any vaccination.

	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%

	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.**

	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

Neonatal Mortality refers to number of death during the first 28 days of life per thousand live births in a given year.

Infant mortality rate (IMR) is the number of deaths of infants per thousand live births before reaching the age of one.

The under-five mortality rate or child mortality rate is the number of children who die by the age of five, per thousand live births.

Exploring the basic underlying causes of such a high prevalence of child mortality among these vulnerable section of the society divulge that circumstance like malnutrition & anemia among the young kids, low rate of initial breastfeeding & no vaccination are the major determining factors.

Caste/ Tribe	Any Anemia in Children (6-59 mths)	Breastfeeding within an hour of birth	All basic vaccination (12-23 moth)	Malnutrition in children (0-3yrs) percentage below -2 SD ²
M.P.	74.1	15.9	40.3	60.3
SC	75.6	17.4	40.5	62.6
ST	82.5	11.7	22.3	71.4
OBC	70.6	16.8	41	57.4
Other	68.5	18.2	62.4	45.3

- **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].**
- *Madhya Pradesh holds top position for 'Under Five Child Mortality' in the country. The under five mortality rate among schedule tribes in Madhya Pradesh is 140.4 per one lakh live birth which is far higher than the state average of 94.2 & national average of 74.3. **ST – 140.4***
- In Madhya Pradesh 140 tribal and 110 dalit children perishes per thousand live births before celebrating their 5th birthday.
- 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%.

² The current WHO recommendation to use the Z-Score or SD system to grade under nutrition.

- 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.

3.1 Roots of Child Mortality among Oppressed Class in the State- (Tribals are losing health battle in all indicators)

The very recently released state specific report of NFHS -3 brings out a very grim picture of Health indicators among tribal communities. It mentions that 140 tribal children perish on every 1000 live births; means 14% children are not surviving to celebrate their 5th birthday and die before it. It is much higher than the Madhya Pradesh average Under5 mortality of 94.2 per one thousand live births.

More than 56 children die within just 28 days of birth, whereas it is 44.9 for the state and 95 die without celebrating their first birthday, in comparison to the state average of 69.5 for the state. The status of child survival among tribal communities is a great matter of concern for Madhya Pradesh.

State	IMR	Under 5 Mortality
M.P.	95.6	140.4
C.G.	90.6	128.5
Rajasthan	73.2	113.8
Gujrat	86.0	115.8
Jharkhan	93.0	138.5
Orissa	78.7	136.3

The state of Madhya Pradesh is the one of the biggest contributor of total neo-natal & child mortality in the country. The survey report of National Family Survey (NFHS-3) India presents the terrible situation of child care in the state but the data on caste based classification of child fatality in Madhya Pradesh by the latest state report of NFHS-3 Madhya Pradesh paints an outrageous state of affairs of efforts made to protect the right of survival of every child.

Caste/Tribe	Neo-natal Mortality	Infant Mortality	Under 5 Mortality
India	39	57	74.3
M.P.	44.9	69.5	94.2
SC	50.2	81.9	110.1
ST	56.5	95.6	140.7
OBC	53.3	79	97.6
Other	39.6	66.8	79.9

Providing safe childhood to their young children is just a day-dreaming for parents belonging to downtrodden caste/tribe in the state. In Madhya Pradesh 56.5/1000 new born in Schedule tribes had to pay the cost of taking birth in schedule

tribe by giving away their life. 56.5 neonates born in Schedule tribe died in the first 28 days of birth per thousand live births. Similarly 50.2 neonates per thousand live births from schedule caste died off in neo-natal period.

The schedule caste (15.17%) & schedule tribe (20.27%) together form 34.44 percent of total population in Madhya Pradesh but it is unfortunate that these section of the society are not assured whether their child will survive or not by tomorrow. In

comparison to the 94.2/1000 under 5 mortality, the chance of survival is much lesser among SC & ST child population under five years of age with 110 & 140 mortality per thousand live births.

3.2 No Endeavor to Save the Girl Child

The girl child is the most vulnerable & neglected member society in Madhya Pradesh. The life chart of a disadvantaged girl child reflects the strong element of discrimination at every step of her life. It is clearly visible in the latest state specific report of NFHS -3 Madhya Pradesh thorough light on the poor status of girl child.

Girl child is deserted even on the part of the government entitled to protect the right of every citizen without discrimination on any grounds. Gender insensitivity of the government is reflected in child mortality indicators of state reports of NFHS-2 & NFHS-3, Madhya Pradesh. Between the time periods of NFHS-2 & 3 survey, the male child mortality has declined very steeply with resulting into positive changes in the health indicators but on the other hand female mortality indicators have changed at a very slow pace. Against 14.6 % decline in neonatal mortality from NFHS-2 to NFHS-3 female neonatal mortality has declined only by 1.6 percent. Similarly there is 11.6% difference in the declining proportion of infant mortality among male child & girl child.

Table 17 .Comparative Male & Female Mortality Rate Analysis of M.P.			
Male	Neonatal Mortality	Infant Mortality	Under- 5 Mortality
NFHS-2	67.3	97.2	141.7
NFHS-3	52.7	80.9	103.6
Decline	14.6	16.3	38.1
Female	Neonatal mortality	Infant mortality	Under- 5 Mortality
NFHS-2	51.7	87.5	148.0
NFHS-3	50.1	82.8	112.7
Decline	1.6	4.7	35.3

Discrimination in the provision of adequate and timely nutrition and health inputs to the girl child is a persisting problem as result of which these groups suffer from various problems like under weight, malnutrition, anaemia, micro nutrient deficiencies, stunted growth etc. But it is appalling that she even do not diverse the right to care when falls ill. While during fever 72.2% male child under 5 for whom treatment was sought from health facility/provider but more than 30% girl child are not taken to any health provider. 50.4% young girls with diarrhea are not given any medical aid although 63.9% were taken to heath facility.

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.

4.1 Safe Motherhood Only For Urban & Elite Women

Although safer motherhood has remained high on the political agenda, still safe child birth is an atrocious circumstance in rural & tribal regions of Madhya Pradesh. Latest state report of NFHS-3 Madhya Pradesh presents a shocking picture of maternal health care in the state. State government is asserting to ensure 79% institutional deliveries but still only 8% of tribal women delivered their babies in a health facility.

Safe motherhood means that no woman or baby should die or be harmed by pregnancy or child birth or within 42 days of termination of pregnancy & it aims at reducing maternal and new born mortality and morbidity. But unfortunately Madhya Pradesh holds third position with regards to the all India mortality ratio with maternal deaths of 379 per lakh live births.

Residence	At least 3 ANC visits	Percentage of birth delivered in a health facility	PNC within two days of delivery
India	52	38.7	37.3
M.P.	40.7	29.7	28.5
Urban	60.7	59.9	51.8
Rural	32.5	20.2	21.1

The dangers of childbearing can be greatly reduced if a woman is healthy and well nourished before becoming pregnant, if she has a health check-up by a trained health worker at least three times during every pregnancy, and if the birth is assisted by a skilled birth attendant such as a doctor, nurse or midwife. The woman should also be checked during the 12 hours after delivery. However rural & tribal women in Madhya Pradesh are not very lucky to break these periling signs of unsafe deliveries.

The health indicators of NFHS-3 Madhya Pradesh report shed light that safe child bearing is the only right secured for urban & elite class women. In the urban areas of the state 59.9% delivered their child in health institution. Against this only 20.2% women in rural region got the opportunity for institutional delivery.

Around 56 percent women in Madhya Pradesh are anaemic & must need special care during pregnancy especially tribal women with 74 percent women living with anaemia & out of them 1.2% women are severe anaemic. Still only 32.5 in rural setting got minimum three ante-natal check-up for early detection of any pregnancy

related complications by doctors or any other health provider. The proportion of urban pregnant ladies who are given ANC is almost double comparing rural women. Less than 10 percent rural women took IFA tablets for at least 90 days to pick-up their hemoglobin level during pregnancy. They are either not supplied with it or not given awareness regarding the need of special nutritional needs during pregnancy.

Rural women are at disadvantage for maternal care but if she also tribal women than motherhood become a gamble to her life. She do not have right to get care during pregnancy. It is evident as just 25.9% women are receiving minimum three ante-natal check-ups & less than 8 percent getting IFA tablets for 90 days. An around 92% delivery takes place either at home or on the road side with the support of any skilled birth attendant but not in a health facility.

Residence	Percentage women with any Anaemia	Percentage women with at least 3 ANC done	percentage who took IFA for atleast 90 days	percentage of birth delivered in a health facility	PNC within two days of delivery
SC	56.5	38.1	11.2	25.3	24.9
ST	73.9	25.9	7.7	8	12.7

One of most basic facility for institutional delivery is to have sufficient number of beds in health institutions. But most distressing feature is that at present only 26000 beds are their in government hospitals in Madhya Pradesh and out of them only 9300 beds are their in rural areas, which further means that only one bed is available per 5.95 villages in Madhya Pradesh with total 55,392 villages. In such a radical situation, is it possible to ensure safe motherhood?

It results in either maternal death, termination of pregnancy or into still birth of fetus. Consequently 18.5% pregnancy in schedule tribes got terminated & 6.6% pregnancy results into still birth, ultimately into degraded health of tribal women. Even in such a dreadful situation they do not have access to proper post-natal check-up much needed to prevent the death of women while living birth to a life.

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%

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.

Caste	Mild	Moderate	Severe	Any Anaemia
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%

Women	Mild	Moderate	Severe	Any anaemia
India	38.6%	15.0%	1.8%	55.3%
MP	40.8%	14.1%	1%	56%
Men				

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 anemic, 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.

6.1 No Right to Dignity for Muslim Women

Muslim women around the whole country are facing deep rooted inequality and violence against them. It is not only women's right that undergoes violation but also basic principal & values of Islam are rubble under it. . Violence against women (VAW) is not an Islamic tradition, although it seems fairly widespread in Islamic marriages. Gender based notions of super ordination and subordination became entrenched practices of Muslim society in Madhya Pradesh resulting into shocking state of Muslim women in the state. They are abused, physically, sexually and emotionally, in the name of a supposedly divine conception of privileged authority.

Violence against women as an expression of uneven distribution of power between men and women and gender inequality is present in all the stages of development of a society & is commonly visible in Madhya Pradesh where 50.8% of married women age 15-49 experience any form of physical or sexual violence ever in life. Often the outer world is blamed for insecurity of women but the most glaring aspect that women mostly face brutality in her own abode. In 83.2% husband is the main person to commit assault to currently married women who have been mugged physical violence ever. Often the crimes are committed by people who are close to the victims and are traditionally supposed to be their protectors. Among the married women who have ever faced sexual violence 84.4% women confronted of being sexually abused by their husband itself.

The roots of violence against women lie deep in the structure of the society and represent the most frequent form of human rights violation especially among Muslim community in Madhya Pradesh. The latest NFHS-3 Madhya Pradesh state report denotes that among the major religions followed in the state, Muslim women have been much more encountered to physical, sexual, emotional or in combination of any forms. In comparison to 27.7% Jain women & 48.6% Hindu women facing emotional, physical or sexual violence 60.8% Muslim women have to bear the pains of violence.

Sexual violence is any sexual act committed against the will of the other person, whether the victim does not give the consent or the perpetrator cannot get it. In the same sense sexual brutality is highest among Muslim with total 15.8 percent married women ever experienced it which is comparatively higher the state average of 11%, while it nearer to state average in case of Hindu, Jain & other caste. Sexual Violence may result sexually transmitted infections such as HIV/AIDS, unintended pregnancies, gynecological problems, induced abortions, and adverse pregnancy outcomes, including miscarriage, low birth weight and fetal death.

The social status of women appears to be quite well off among Jain communities with least percentage of violence against women. Less than 25% Jain women are confronted to physical violence & 26.8 percentages of women faced any form of physical or emotional violence against 57.4% Muslim women tolerated the same. And 11.2% Jain women comes across emotional violence.

Religion	Emotional Violence	Physical Violence	Sexual Violence	Emotional Physical or Sexual
Hindu	22.4	43.5	10.7	48.6
Muslim	26.7	57.2	15.8	60.8
Jain	11.2	24.2	11.3	27.7
Other	22.3	37.9	13.4	43.6

Emotional & psychological violence consists of various forms of mocking, criticism, threats, isolation, tormenting, public assaults etc. On an average 22 percent women in the state envisage emotional violence within the four walls of their home & outside. But Muslim women are more unfortunate as 26.7% of them were forced to bear emotional violence. Any form of violence and abuse increase risk of depression, post-traumatic stress disorder, sleep difficulties, eating disorders and emotional distress.

Physical & sexual violence may lead to physical injuries like deep wounds, broken bones, head injury, vision loss, and death. Among the married women age 15-49 who have faced any form of physical or sexual spousal violence in the last 12 months preceding the survey 11.6% of them had serious physical injuries. And among

women underwent both physical & sexual violence simultaneously in the past 12 months resulting into serious injuries to 20.8 percent women. Responsibility for VAW is diminished by simply blaming women for their predicaments. Such distorted attitudes create a serious obstacle to eradicate VAW.

6.2 Mirage of Women Empowerment

Empowerment of women & gender equity are the central issues of all our developmental programs. The Constitution of India also grants equality to women and empowers the State to adopt measures of positive discrimination in favour of women. But the recently released state specific report of NFHS -3 brings out a very bleak image of decision making power of the women in Madhya Pradesh & demonstrates that gender inequality still a persistent fact in the state.

The so called 'grah swamini' (home maker) are not even empowered to take decisions about herself & her daily household activities. She cannot even take decision on her own basic necessities regarding her education, marriage, health care and her likes & dislikes. Health care of women has been important component of National Policy for Empowerment of women framed in 2001. But merely 21.6 percent married women age 15-49 hold low level of feminine decision making power regarding her own health care in Madhya Pradesh; and out of them only 19.5 percent in rural areas having power to decide for her health care. Their important role is not recognized and therefore, still not accepted in decision-making. The share of women in family decision-making structure is still very low. Only 4.7 percentage of women accepted that they are key decision makers in the family for purchasing durable household items for their home. Even among the urban women who are generally considered to be bold & intelligent only 6.9 percentages of women mainly take decisions for major household purchase.

In our patriarchal society, it is male who have all major decision making powers, before marriage it can be father, brother & any other elder male members of the family & after marriage the husband possess all the power to decide for health care & other needs of his wife. Around 40 percent of married women accepted that mainly husband take decisions for their wife health needs. In urban areas also 51.7 percent of women takes decisions jointly with husband for own health care measures.

It is not only the women who asserts husband as decision maker of the family but on the other hand husband's of these wives also accepted the truth of women are not liable to give major decision making power. While 43% of husband admits that they play major role regarding the major household purchase. In a rural setting, just

50.7% men acknowledge the joint consultation with their wives before purchasing any major household items.

Women are the integral part of family and vital force in the socio-economic progress. But women generally possess low decision making power and are mainly dependent on masculine and/or familial decision making even for the purchase of daily household needs like purchase of vegetables, grocery etc. There are various family matters on which men generally take decisions. Women are quite often not even consulted. This is because of the feeling among men that women are incapable of expressing the right decisions. NFHS-3, state report depicts that 70% per cent married women hold low level of feminine decision making regarding daily household needs.

Women play a crucial role in the welfare of the family. And without the active participation of women and incorporation of women's perspectives at all levels of decision making, the goals of social welfare cannot be achieved. For the smooth running of a family, it is very important that equal status and equal power should be given to the basic constituents of family. Millennium Development goals (MDGs) to promote equality & empower women cannot be achieved in its essence until & unless role of women as decision makers are not being given universal recognition & acceptance.

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.**

Table 24. Percentage of de jure children under the age five years whose birth was registered with civil authorities, according to residence and state, India, 2005-06.			
	Urban	Rural	Total
India	59.3%	34.8%	41.1%
Madhya Pradesh	37.3%	27.5%	29.7%

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%].