

NATIONAL FAMILY HEALTH SURVEY (NFHS-2)

INDIA

1998–99

KARNATAKA

**International Institute for Population Sciences
Mumbai, India**

**MEASURE *DHS*+, ORC MACRO
Calverton, Maryland, USA**

November 2001

**Suggested citation: International Institute for
Population Sciences (IIPS) and ORC Macro. 2001.
*National Family Health Survey (NFHS-2), India,
1998–99: Karnataka. Mumbai: IIPS.***

For additional information about the National Family Health Survey (NFHS-2), please contact:

**International Institute for Population Sciences
Govandi Station Road, Deonar, Mumbai-400 088
Telephone: 5564883, 5563254, 5563255, 5563256
Fax: 5563257
E-mail: iipsnfhs@vsnl.com
Website: <http://www.nfhsindia.org>**

NFHS-2 data sets for this state can be obtained from the website listed above.

CONTRIBUTORS

Parveen Nangia
Fred Arnold
K.N.M. Raju
C.P. Prakasam
Ramesh Kanbargi
Damodar Sahu
Rajib Acharya

CONTENTS

	Page
Tables	v
Figures.....	ix
Preface.....	xi
Acknowledgements.....	xiii
Fact Sheet	xvi
Summary of Findings.....	xvii

CHAPTER 1 INTRODUCTION

1.1	Background of the Survey.....	1
1.2	Basic Socioeconomic and Demographic Features of Karnataka	1
1.3	Questionnaires.....	3
1.4	Survey Design and Sample Implementation.....	5
	Sample Size and Reporting Domains	5
	Sample Design	5
	Sample Selection in Rural Areas	5
	Sample Selection in Urban Areas	8
	Sample Weights	9
	Sample Implementation	9
1.5	Recruitment, Training, and Fieldwork.....	11
1.6	Data Processing.....	11

CHAPTER 2 BACKGROUND CHARACTERISTICS OF HOUSEHOLDS

2.1	Age-Sex Distribution of the Household Population	13
2.2	Marital Status.....	15
2.3	Household Composition	17
2.4	Educational Level	18
2.5	Housing Characteristics	24
2.6	Lifestyle Indicators	30
2.7	Availability of Facilities and Services to the Rural Population.....	32

CHAPTER 3 BACKGROUND CHARACTERISTICS OF RESPONDENTS

3.1	Background Characteristics	35
3.2	Educational Level	38
3.3	Age at First Marriage.....	38
3.4	Exposure to Mass Media.....	41
3.5	Women's Employment	41
3.6	Women's Autonomy.....	43
3.7	Women's Educational Aspirations for Children.....	48
3.8	Domestic Violence: Attitudes and Prevalence.....	48

CHAPTER 4 FERTILITY AND FERTILITY PREFERENCES

4.1	Age at First Cohabitation	57
4.2	Current Fertility Levels	59
4.3	Fertility Differentials and Trends.....	61
4.4	Children Ever Born and Living.....	64
4.5	Birth Order	67
4.6	Birth Intervals	67
4.7	Age at First and Last Birth.....	70
4.8	Postpartum Amenorrhoea, Abstinence, Insusceptibility, and Menopause	72
4.9	Desire for More Children.....	74
4.10	Ideal Number of Children	79
4.11	Sex Preference for Children.....	80
4.12	Fertility Planning	83

CHAPTER 5 FAMILY PLANNING

5.1	Knowledge of Family Planning Methods	87
5.2	Contraceptive Use.....	89
	Ever Use of Family Planning Methods.....	89
	Current Use of Family Planning Methods	90
	Socioeconomic Differentials in Current Use of Family Planning Methods.....	93
	Number of Living Children at First Use of Contraception	96
	Problems with Current Method.....	97
5.3	Timing of Sterilization.....	98
5.4	Sources of Contraceptive Methods	99
5.5	Reasons for Discontinuation/Non-Use of Contraception	102
5.6	Future Intentions Regarding Contraceptive Use.....	102
5.7	Exposure to Family Planning Messages	108
5.8	Discussion of Family Planning	110
5.9	Need for Family Planning.....	110

CHAPTER 6 MORTALITY, MORBIDITY, AND IMMUNIZATION

6.1	Crude Death Rates and Age-Specific Death Rates.....	116
6.2	Infant and Child Mortality	116
	Assessment of Data Quality.....	117
	Levels, Trends, and Differentials in Infant and Child Mortality	119
	Socioeconomic Differentials in Infant and Child Mortality	121
	Demographic Differentials in Infant and Child Mortality	121
6.3	Morbidity	125
	Asthma	125
	Tuberculosis.....	126
	Jaundice.....	127
	Malaria	127

	Page
6.4	Child Immunization127
6.5	Vitamin A Supplementation136
6.6	Child Morbidity and Treatment136
	Acute Respiratory Infection138
	Fever138
	Diarrhoea.....138
6.7	HIV/AIDS145
	Knowledge of AIDS145
	Source of Knowledge About AIDS145
	Knowledge of Ways to Avoid AIDS148

CHAPTER 7 NUTRITION AND THE PREVALENCE OF ANAEMIA

7.1	Women’s Food Consumption153
7.2	Nutritional Status of Women155
7.3	Anaemia Among Women155
7.4	Infant Feeding Practices.....160
7.5	Nutritional Status of Children.....166
7.6	Anaemia Among Children170
7.7	Iodization of Salt.....172

CHAPTER 8 MATERNAL AND REPRODUCTIVE HEALTH

8.1	Antenatal Problems and Care.....176
	Problems During Pregnancy177
	Antenatal Check-Ups178
	Reasons for Not Receiving Antenatal Check-Ups.....180
	Number and Timing of Antenatal Check-Ups180
	Components of Antenatal Check-Ups182
	Tetanus Toxoid Vaccination184
	Iron and Folic Acid Supplementation185
8.2	Delivery Care187
	Place of Delivery.....187
	Assistance During Delivery191
	Delivery Characteristics.....191
8.3	Postnatal Care192
	Postpartum Complications.....193
8.4	Reproductive Health Problems193

CHAPTER 9 QUALITY OF CARE

9.1	Source of Health Care for Households201
9.2	Contacts at Home with Health and Family Planning Workers203
9.3	Quality of Home Visits205
9.4	Matters Discussed During Home Visits or Visits to Health Facilities.....206

	Page
9.5	Quality of Services Received at the Most Recent Visit to a Health Facility207
9.6	Family Planning Information and Advice Received.....209
9.7	Availability of Pills and Condoms.....209
9.8	Person Motivating Users of a Modern Contraceptive Method209
9.9	Quality of Care of Family Planning Services211
REFERENCES213

APPENDICES

Appendix A	Estimates of Sampling Errors.....221
Appendix B	Data Quality Tables.....231
Appendix C	Karnataka NFHS-2 Staff239
Appendix D	Survey Instruments.....245

TABLES

	Page
Table 1.1	Sampling stratification.....6
Table 1.2	Sample results10
Table 2.1	Household population by age and sex14
Table 2.2	Population by age and sex from the SRS and NFHS-215
Table 2.3	Marital status of the household population.....16
Table 2.4	Singulate mean age at marriage18
Table 2.5	Household characteristics19
Table 2.6	Educational level of the household population.....20
Table 2.7	School attendance23
Table 2.8	Reasons for children not attending school.....25
Table 2.9	Housing characteristics26
Table 2.10	Household ownership of agricultural land, house, and livestock28
Table 2.11	Household ownership of durable goods and standard of living.....29
Table 2.12	Lifestyle indicators31
Table 2.13	Distance from the nearest health facility32
Table 2.14	Availability of facilities and services.....33
Table 3.1	Background characteristics of respondents.....36
Table 3.2	Respondent's level of education by background characteristics39
Table 3.3	Age at first marriage40
Table 3.4	Exposure to mass media42
Table 3.5	Employment.....44
Table 3.6	Household decisionmaking.....45
Table 3.7	Women's autonomy.....47
Table 3.8	Perceived educational needs of girls and boys49
Table 3.9	Reasons given for justifying a husband beating his wife.....51
Table 3.10	Women's experience with beatings or physical mistreatment.....53
Table 3.11	Frequency of beatings or physical mistreatment55
Table 4.1	Age at first cohabitation with husband58
Table 4.2	Current fertility60
Table 4.3	Fertility by background characteristics.....62
Table 4.4	Fertility trends.....64
Table 4.5	Fertility by marital duration.....65

	Page
Table 4.6	Children ever born and living66
Table 4.7	Birth order.....68
Table 4.8	Birth interval69
Table 4.9	Median age at first birth.....71
Table 4.10	Age at last birth.....72
Table 4.11	Postpartum amenorrhoea, abstinence, and insusceptibility73
Table 4.12	Menopause.....74
Table 4.13	Fertility preferences75
Table 4.14	Desire to have no more children by background characteristics78
Table 4.15	Ideal and actual number of children79
Table 4.16	Ideal number of children by background characteristics81
Table 4.17	Indicators of sex preference82
Table 4.18	Fertility planning.....84
Table 4.19	Wanted fertility rates85
Table 5.1	Knowledge of contraceptive methods.....88
Table 5.2	Ever use of contraception89
Table 5.3	Current use of contraception.....91
Table 5.4	Current use by background characteristics94
Table 5.5	Number of living children at first use96
Table 5.6	Problems with current method.....97
Table 5.7	Timing of sterilization98
Table 5.8	Source of modern contraceptive methods.....100
Table 5.9	Reasons for discontinuation/non-use.....103
Table 5.10	Future use of contraception.....104
Table 5.11	Reasons for not intending to use contraception.....106
Table 5.12	Preferred method.....107
Table 5.13	Exposure to family planning messages.....109
Table 5.14	Discussion of family planning111
Table 5.15	Need for family planning services.....112
Table 6.1	Age-specific death rates and crude death rates117
Table 6.2	Infant and child mortality.....120
Table 6.3	Infant and child mortality by background characteristics.....122

	Page
Table 6.4	Infant and child mortality by demographic characteristics.....123
Table 6.5	Morbidity126
Table 6.6	Childhood vaccinations by source of information.....129
Table 6.7	Childhood vaccinations by background characteristics.....132
Table 6.8	Childhood vaccinations received by 12 months of age134
Table 6.9	Source of childhood vaccinations135
Table 6.10	Vitamin A supplementation for children137
Table 6.11	Prevalence of acute respiratory infection, fever, and diarrhoea139
Table 6.12	Knowledge of diarrhoea care141
Table 6.13	Treatment of diarrhoea.....143
Table 6.14	Source of ORS packets144
Table 6.15	Source of knowledge about AIDS146
Table 6.16	Knowledge about avoidance of AIDS149
Table 7.1	Women’s food consumption.....154
Table 7.2	Women’s food consumption by background characteristics154
Table 7.3	Nutritional status of women.....156
Table 7.4	Anaemia among women158
Table 7.5	Initiation of breastfeeding.....162
Table 7.6	Breastfeeding status by child’s age.....163
Table 7.7	Type of food received by children.....164
Table 7.8	Median duration of breastfeeding.....166
Table 7.9	Nutritional status of children by demographic characteristics.....168
Table 7.10	Nutritional status of children by background characteristics.....170
Table 7.11	Anaemia among children.....171
Table 7.12	Iodization of salt174
Table 8.1	Health problems during pregnancy.....177
Table 8.2	Antenatal check-ups.....179
Table 8.3	Reason for not receiving an antenatal check-up181
Table 8.4	Number and timing of antenatal check-ups and stage of pregnancy182
Table 8.5	Components of antenatal check-ups184
Table 8.6	Tetanus toxoid vaccination and iron and folic acid tablets or syrup186
Table 8.7	Place of delivery188

	Page
Table 8.8	Assistance during delivery.....190
Table 8.9	Characteristics of births192
Table 8.10	Postpartum check-ups.....194
Table 8.11	Symptoms of postpartum complications.....195
Table 8.12	Symptoms of reproductive health problems197
Table 8.13	Treatment of reproductive health problems.....200
Table 9.1	Source of health care.....202
Table 9.2	Home visits by a health or family planning worker.....204
Table 9.3	Quality of home visits.....205
Table 9.4	Matters discussed during contacts with a health or family planning worker206
Table 9.5	Quality of care during the most recent visit to a health facility.....208
Table 9.6	Family planning discussions with a health or family planning worker ...209
Table 9.7	Motivation to use family planning.....210
Table 9.8	Discussions about alternative methods of family planning212
Table 9.9	Information on side effects and follow-up for current method.....212

Appendix A

Table A.1	List of selected variables for sampling errors, Karnataka, 1999.....223
Table A.2	Sampling errors, Karanataka, 1999.....224

Appendix B

Table B.1	Household age distribution232
Table B.2	Age distribution of eligible and interviewed women.....233
Table B.3	Completeness of reporting233
Table B.4	Births by calendar year.....234
Table B.5	Reporting of age at death in days.....236
Table B.6	Reporting of age at death in months237

FIGURES

	Page
Figure 2.1	Population Pyramid 14
Figure 2.2	School Attendance by Age, Sex, and Residence 24
Figure 3.1	Percentage of Women Participating in Different Household Decisions and Percentage with Access to Money 46
Figure 4.1	Age-Specific Fertility Rates by Residence 60
Figure 4.2	Age-Specific Fertility Rates, NFHS-1 and NFHS-2 61
Figure 4.3	Total Fertility Rate by Selected Background Characteristics 63
Figure 4.4	Fertility Preferences Among Currently Married Women 77
Figure 5.1	Current Use of Family Planning by Residence, NFHS-1 and NFHS-2 92
Figure 5.2	Sources of Family Planning Among Current Users of Modern Contraceptive Methods 99
Figure 6.1	Infant Mortality Rates for Five-Year Periods by Residence 120
Figure 6.2	Infant Mortality Rate by Selected Demographic Characteristics 124
Figure 6.3	Percentage of Children Age 12–23 Months Who Have Received Specific Vaccinations 130
Figure 6.4	Percentage of Children Age 12–23 Months Who Have Received All Vaccinations 133
Figure 6.5	Source of Childhood Vaccinations by Residence 136
Figure 7.1	Anaemia Among Women 159
Figure 7.2	Stunting Among Children Under Three Years by Mother’s Education and SLI 169
Figure 7.3	Anaemia Among Children 172
Figure 8.1	Problems During Pregnancy 178
Figure 8.2	Source of Antenatal Check-Ups During Pregnancy 180
Figure 8.3	Number and Timing of Antenatal Check-Ups 183
Figure 8.4	Place of Delivery and Assistance During Delivery 189
Figure 8.5	Reproductive Health Problems Among Currently Married Women 199
Figure 9.1	Home Visits by a Health or Family Planning Worker by Selected Background Characteristics 203
Figure 9.2	Motivator for Current Users of Modern Contraceptive Methods 211

PREFACE

The success of the first National Family Health Survey, conducted in 1992–93, in creating an important demographic and health database in India has paved the way for repeating the survey. The second National Family Health Survey (NFHS-2), undertaken in 1998–99, is designed to strengthen the database further and facilitate implementation and monitoring of population and health programmes in the country. As in the earlier survey, the principal objective of NFHS-2 is to provide state and national estimates of fertility, the practice of family planning, infant and child mortality, maternal and child health, and the utilization of health services provided to mothers and children. In addition, the survey provides indicators of the quality of health and family welfare services, women's reproductive health problems, and domestic violence, and includes information on the status of women, education, and the standard of living.

Another feature of NFHS-2 is measurement of the nutritional status of women. Height and weight measurements, which were available only for young children in the earlier survey, were extended to cover all eligible women in NFHS-2. In addition, ever-married women and their children below age three had their blood tested for the level of haemoglobin, using the HemoCue instrument. Through these blood tests, for the first time the survey provides information on the prevalence of anaemia throughout India. In two metropolitan cities, Delhi and Mumbai, a further test was done for children below age three to measure the lead content in their blood. The survey also measured the extent to which households in India use cooking salt that has been fortified with iodine.

The NFHS-2 survey was funded by the United States Agency for International Development (USAID) through ORC Macro, USA. UNICEF provided additional financial support for the nutritional components of the survey. The survey is the outcome of the collaborative efforts of many organizations. The International Institute for Population Sciences (IIPS) was designated as the nodal agency for this project by the Ministry of Health and Family Welfare, Government of India, New Delhi. Thirteen reputed field organizations (FOs) in India, including five Population Research Centres, were selected to carry out the houselisting operation and data collection for NFHS-2. The field organization for Karnataka was the Population Research Centre, Institute for Social and Economic Change, Bangalore. ORC Macro, Calverton, Maryland, USA, and the East-West Center, Honolulu, Hawaii, USA, provided technical assistance for all survey operations.

The NFHS-2 survey covered a representative sample of more than 90,000 eligible women age 15–49 from 26 states that comprise more than 99 percent of India's population. The data collection was carried out in two phases, starting in November 1998 and March 1999. The survey provides state-level estimates of demographic and health parameters as well as data on various socioeconomic and programmatic factors that are critical for bringing about desired changes in India's demographic and health situation. The survey provides urban and rural estimates for most states, regional estimates for five states (Bihar, Jammu and Kashmir, Madhya Pradesh, Rajasthan, and Uttar Pradesh), separate estimates for three metro cities (Chennai, Kolkata, and Mumbai), and estimates for slum areas in Mumbai.

The survey used uniform questionnaires, sample designs, and field procedures to facilitate comparability of the data and to achieve a high level of data quality. Preliminary reports

with selected results were prepared earlier for each state and presented to policymakers and programme administrators responsible for improving health and family welfare programmes in most states.

The final state reports are based on a standard tabulation plan developed at a workshop held in Kodaikanal on 15–17 January 1999. IIPS finalized the tabulation plan according to the recommendations of the NFHS-2 Technical Advisory Committee and produced the tables and figures for the final reports. In most states, the final state reports were written by representatives of the Population Research Centres, faculty members from IIPS, representatives from ORC Macro and the East-West Center, and reputed researchers from other organizations in the field of population and health in India. Each report has been reviewed by an Indian expert in the field of population sciences.

We are happy to present the final NFHS-2 state report for Karnataka, which was covered in the second phase of the survey. We hope that the report will provide helpful insights into the changes that are taking place in the state and will provide policymakers and programme managers with up-to-date estimates of indicators that can be used for effective management of health and family welfare programmes, with an emphasis on reproductive health dimensions. The report should also contribute to the knowledge of researchers and analysts in the fields of population, health, and nutrition.

T.K. Roy
Director
International Institute for
Population Sciences
Mumbai

ACKNOWLEDGEMENTS

The second National Family Health Survey was successfully completed due to the efforts and involvement of numerous organizations and individuals at different stages of the survey. We would like to thank everyone who was involved in the survey and made it a success.

First of all, we are grateful to the Ministry of Health and Family Welfare, Government of India, New Delhi, for its overall guidance and support during the project. Mr. Y.N. Chaturvedi and Mr. K.S. Sugathan, the then Secretary and Joint Secretary, respectively, at the Department of Family Welfare deserve special thanks. They initiated the project and designated the International Institute for Population Sciences (IIPS) as the nodal agency for the survey. They also formed the Steering Committee, the Administrative and Financial Management Committee, and the Technical Advisory Committee for the smooth and efficient functioning of the project. Special thanks are due to Mr. A.R. Nanda, the present Secretary of the Department of Family Welfare, who continued to take an active interest in the project and provided timely guidance and support. The contributions of Mr. Vijay Singh, Joint Secretary (FA), Ms. Meenakshi Dutta Ghosh, Joint Secretary (S), Mr. Gautam Basu, Joint Secretary (RCH), Mr. P.K. Saha, Chief Director (S), and Dr. K.V. Rao, Chief Director (S), are acknowledged with gratitude.

We gratefully acknowledge the immense help received from the Office of the Registrar General, India, New Delhi (particularly Dr. M. Vijayanunni, the then Registrar General of India, Mr. J.K. Banthia, the present Registrar General of India, Mr. S.P. Sharma, Consultant, and Mr. S.K. Sinha, Deputy Registrar General, Vital Statistics) in implementing the sample design and making the latest SRS results available to cite in the reports. We thank all the expert participants in the series of workshops to finalize the questionnaire design, the sample design and tabulations plans for the survey. Special mention and thanks are due to Dr. Vijay Verma for his expert advice on the sample design and the calculation of sample weights.

We are grateful to the Directorate of Census Operations, Director of Health Services, and Office of the Integrated Child Development Scheme, Maharashtra, for their support in conducting training of the trainers for the houselisting operation and health investigators.

We are thankful to the Department of Health and Family Welfare, Government of Karnataka, for helping the field organization by providing logistic assistance, whenever possible. Special thanks go to the local officials in all of the sample areas for facilitating the data collection.

The United States Agency for International Development (USAID) provided generous funding for NFHS-2. USAID's contribution to the project is sincerely acknowledged. Special thanks are due to Mr. William Goldman, the former Director of the Office of Population, Health and Nutrition (PHN), USAID, New Delhi, Ms. Sheena Chhabra, Team Leader, Policy, Research, Evaluation, and Marketing (PHN), and Dr. Victor K. Barbiero, current Director of PHN, for their initiative and involvement in the project. Many thanks are due to UNICEF for providing additional funding for the nutrition component of the project and the most modern medical equipment for carrying out the height-weight measurements and anaemia testing. Special thanks are due to Dr. Sanjiv Kumar, Project Officer (Health), UNICEF, New Delhi, for his earnest cooperation in this respect.

We gratefully acknowledge the help and cooperation given by Dr. Rameshwar Sharma, the then Director, and Dr. Shiv Chandra Mathur, Professor, State Institute of Health and Family Welfare (SIHFW), Jaipur, during the national pretest of the NFHS-2 questionnaires in Rajasthan.

Thanks are due to all the members of the Steering Committee, Administrative and Financial Management Committee, and Technical Advisory Committee for participating in various meetings and providing valuable guidance for the successful execution of the project.

Dr. K.B. Pathak was the Director of IIPS during the development of the project and throughout the first phase of data collection. His immense interest and great assistance to NFHS-2 are gratefully acknowledged. We also acknowledge the invaluable contribution and continuing interest of Dr. Arvind Pandey who helped coordinate the NFHS-2 project for most of the project period.

We appreciate and acknowledge the untiring efforts, interest, and initiative taken by Dr. Fred Arnold, Dr. Sunita Kishor, Mr. Sushil Kumar, Ms. Donna Espeut, and Mr. Zaheer Ahmad Khan from ORC Macro and Dr. Robert D. Retherford and Dr. Vinod K. Mishra from the East-West Center. It is only due to their hard work that NFHS-2 could be completed successfully. Thanks go to Dr. Umesh Kapil, Additional Professor, Department of Human Nutrition, All India Institute of Medical Sciences, New Delhi, for organizing, in collaboration with IIPS, the training programme for the health component of the survey, and to Dr. Almaz Sharman of ORC Macro for assisting with the training programme. We also thank the health coordinators, Dr. Vikash Chandra, Dr. P.V. Kaushik, and Dr. Sanjeev P. Walokar, for their involvement in the NFHS-2 nutrition training programme and their sincere supervision of the nutrition component of the survey. We gratefully acknowledge Mr. O.P. Sharma for his able assistance in ensuring the timely printing and distribution of the survey reports.

ORC Macro made available the ISSA (Integrated System for Survey Analysis) computer package for data entry and tabulation. Special thanks go to Mr. Martin Wulfe for his immense help in the data processing operation, data analysis, and preparation of the tables for NFHS-2 reports and to Dr. Rajib Acharya, ORC Macro, for his assistance at every stage of the data processing operation and report writing and his maintenance of the NFHS website. Special thanks go to Mr. Somnath W. Choughule, Data Entry Operator, for designing the NFHS website. We gratefully acknowledge the valuable contribution of IIPS Senior Research Officers Dr. Rajeshri Chitanand, Dr. Damodar Sahu, and Dr. Yonah Bhutia, and Research Officer Dr. M. Hemanta Meitei. Thanks are also due to the other supporting staff of the project, as well as the Administrative, Accounts, and Library staff of IIPS, for their continuous cooperation during the entire project period.

The difficult task of data collection and data processing in the state of Karnataka was successfully carried out by Population Research Centre, Institute for Social and Economic Change (ISEC), Bangalore. Our special thanks are due to Dr. M. Govinda Rao, Director, ISEC, Dr. K.N.M. Raju, Survey Administration Coordinator, Dr. Ramesh Kanbargi, Senior Demographer, Dr. C.S. Veermatha, Health Specialist, and other coordinators for successfully coordinating the fieldwork and data processing for the state. Special thanks go to Mr. M.N. Murthy, IIPS Research Officer, NFHS-2, for assisting during the training of the field staff and monitoring the data collection in Karnataka. This acknowledgement cannot be concluded without expressing appreciation for the hard work put in by the interviewers, health investigators, supervisors, and field editors in collecting data in Karnataka.

Thanks are due to Dr. K.N.M. Raju and Dr. Ramesh Kanbargi, Population Research Centre, Bangalore, and Dr. C.P. Prakasam, International Institute for Population Sciences, Mumbai, for their contribution in report writing. We extend our sincere thanks to Prof. P.M. Kulkarni for reviewing this report and giving his comments.

Last but not the least, credit goes to the 4,374 ever-married women of Karnataka and the household respondents who spent their time and responded to the rather lengthy questionnaires with tremendous patience and without any expectation from NFHS-2.

T.K. Roy
Sumati Kulkarni
Kamla Gupta
Parveen Nangia