DLHS-4

सत्यमेव जयते

Government of India

Ministry of Health and Family Welfare

MEGHALAYA

DISTRICT LEVEL HOUSEHOLD AND FACILITY SURVEY (2012-13)

(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण

Capacity Building for a Better Future

International Institute for Population Sciences

(*Deemed University*)

Mumbai

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New Delhi-110 011

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ACRONYMS

AFMC	Administrative and Financial Management Committee
AHS	Annual Health Survey
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BCG	Bacillus Calmette Guerin
BP	Blood Pressure
BPL	Below Poverty Line
CAB	Clinical Anthropometric Biochemical (Test)
CAPI	Computer Assisted Personnel Interviewing
CHC	Community Health Centre
CPR	Contraceptive Prevalence Rate
DBS	Dried Blood Spot
DH	District Hospital
DLHS	District Level Household and Facility Survey
DPT	Diphtheria, Pertussis and Tetanus
EAG	Empowered Action Group
ECG	Electrocardiogram
ECP	Emergency Contraceptive Pill
ELISA	Enzyme-linked Immunosorbent Assay
EPI	Expanded Programme on Immunization
FA	Field Agency
FBS	Fasting Blood Sugar
FHW	Female Health Worker
FRU	First Referral Unit
FOD	Field Operation Division
FP	Family Planning
FS	Female Sterilization
FSU	First Stage Unit
GPS	Global Positioning System
GoI	Government of India
HH	Household
HIV	Human Immuno Deficiency Virus
ICDS	Integrated Child Development Scheme
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IIPS	International Institute for Population Sciences
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUD	Intra-uterine Device
JSY	Janani Suraksha Yojana
LMO	Lady Medical Officer
LPG	Liquefied Petroleum Gas
MCEB	Mean Children Ever Born
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding

ACRONYMS

MoA	Memorandum of Agreement
MTP	Medical Termination of Pregnancy
NC	Natal Care
NIC	National Informatics Centre
NIHFW	National Institute of Health and Family Welfare
NGO	Non-Governmental Organisation
NPP	National Population Policy
NRHM	National Rural Health Mission
NSSO	National Sample Survey Organization
NSV	Non-scalpel Vasectomy
OBC	Other Backward Class
OPD	Out-Patient Department
ORS	Oral Re-hydration Salt
ORT	Oral Re-hydration Therapy
OT	Operation Theatre
PHC	Primary Health Centre
PI	Partner Institute
PNC	Post Natal Care
PRC	Population Research Centre
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RTI	Reproductive Tract Infection
SDH	Sub-Divisional Hospital
SDRD	Survey Design and Research Division
SC	Scheduled Caste
SHC	Sub-Health Centre
ST	Scheduled Tribe
STI	Sexually Transmitted Infection
TBA	Trained Birth Attendant
TAC	Technical Advisory Committee
TOT	Training of Trainers
TT	Tetanus Toxoid
TV	Television
UFS	Urban Frame Survey
UFWC	Urban Family Welfare Centre
UHP	Urban Health Post
UIP	Universal Immunization Programme
UNFPA	United Nations Population Fund
UNICEF	United Nation Children's Fund
USU	Ultimate Stage Sampling Unit
UT	Union Territory
VCTC	Voluntary Counseling and Testing Centre
VHSNC	Village Health Sanitation and Nutrition Committee
WHO	World Health Organisation

Preface and Acknowledgements

The District Level Household and Facility Survey-4 (DLHS-4) is a nationwide survey covering 640 districts from 36 States and Union Territories of India. This is the fourth round of the district level household survey which was conducted during 2012-13. The Survey was funded by the Ministry of Health and Family Welfare, Government of India.

At the outset we acknowledge our sincere gratitude to the Ministry of Health & Family Welfare, Government of India for designating the International Institute for Population Sciences (IIPS) as the nodal agency for conducting District Level Household and Facility Survey-4 (DLHS-4). We would also like to take this opportunity to acknowledge Shri Bhanu Pratap Sharma, Secretary-Ministry of Health and Family Welfare (MoHFW), Government of India for his advice, suggestions and support. Our special thanks are due to Shri Lov Verma and Shri Keshav Desiraju former Secretaries, Ministry of Health and Family Welfare (MoHFW), Government of India, for providing overall guidance and support extended to the project. We gratefully acknowledge the active involvement, assistance, help, co-operation and suggestions received time to time from Shri C.R.K. Nair, Additional Director General, Dr. Rattan Chand, Chief Director and Shri Biswajit Das, Director-Statistics Division, Ministry of Health and Family Welfare, Government of India. We also extend our thanks to Smt. Madhu Bala, former Additional Director General and Shri Rajesh Bhatia, former Director-Statistics Division, Ministry of Health and Family Welfare, Government of India for their support from time to time.

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Last but not the least, we are grateful and appreciate the efforts of all the respondents who participated and spared their valuable time with us by providing the required information.

DLHS-4 Coordinators
International Institute for Population Sciences

1. INTRODUCTION AND HOUSEHOLD CHARACTERISTICS

This state report for Meghalaya pertains to the fourth round of District Level Household and Facility Survey (DLHS-4) 2012-13 following the preceding three rounds undertaken by the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) in the past (Round-I in 1998-99, Round-II in 2002-04, and Round-III in 2007-08) with the main objective to provide reproductive and child health related database at district level in India. The data from these surveys have been useful in setting the benchmarks and examining the progress the country has made after the implementation of RCH programme. In addition, the evidences generated by these surveys have been useful for monitoring and evaluation of ongoing programmes and planning of suitable strategies by the central and state governments. In view of the completion of eight years of National Rural Health Mission (2005-12), there was a felt need to focus on the achievements and improvements so far. The Ministry of Health and Family Welfare, Government of India, therefore initiated the process of conducting DLHS-4 and designated the International Institute for Population Sciences (IIPS) as the nodal agency to carry out the survey. MoHFW, provided funds for implementation of DLHS-4, guided by a duly constituted Technical Advisory Committee (TAC).

The main objective of District Level Household and Facility Survey-4 (DLHS-4) is to provide maternal and child health care (MCH) indicators and prevalence of morbidity for a wide range of common, communicable, non-communicable and lifestyle diseases for the year 2012-13 covering the following aspects:

- Household basic amenities
- Prevalence of morbidity
- Coverage of ante-natal services and immunization services.
- Proportion of institutional/safe deliveries
- JSY Beneficiaries
- Economic burden of delivery
- Contraceptive prevalence rate
- ASHA's involvement
- Unmet need for family planning
- Awareness about RTI / STI and HIV / AIDS
- Infrastructure, manpower, equipments, drugs, services of public health facilities
- Linkage between health facility and MCH indicators

Bilingual questionnaires in Khasi and English pertaining to Household, Clinical, Anthropometric and Bio-Chemical tests (CAB) and Ever Married Women (age 15-49) were used and canvassed using Computer Assisted Personal Interviewing (CAPI). First time in the country for large scale demographic and health survey at the district level Computer Assisted Personal Interviewing (CAPI) has been used in DLHS-4. The CAPI software was developed by using MMIC (Multi-Mode Interviewing Capability) tool. Mini laptops were loaded with CAPI software and bilingual questionnaires and provided to the Field Agencies authorized to carry out the survey with the designated states. Each team was provided four CAPIs/Mini laptops, one for each investigator. Supervisors were responsible for directly uploading the

completed PSU's data to the IIPS, FTP server located in Mumbai on day-to-day basis. Use of CAPI optimized resources required for transferring the filled questionnaires from field to state office, data entry and receiving at IIPS. Secondly biomarkers were also used for the first time in DLHS-4. The village and health facility questionnaires were canvassed by using paper & pen method in DLHS-4. In the household questionnaire, information on all members of the household and socio-economic characteristics of the household, possessed assets, number of marriages, morbidities and deaths in the household since January 2008, and also drinking water, toilet, drainage and kitchen facilities were collected. The ever-married women questionnaire contained information on women's characteristics, maternal care, immunization and childcare, contraception and fertility preferences, reproductive health including knowledge about HIV/AIDS. The village questionnaire contained information on availability of health, education and other facilities in the village, and whether the facilities are accessible throughout the year. The health facility questionnaire contained information on human resources, infrastructure, equipments, drugs and services. For the first time, a population-linked facility survey has been conducted in DLHS-4. At the district level, all Community Health Centres, Sub Divisional Hospitals and District Hospitals were covered. Further, all Sub-Health Centres and Primary Health Centres which cater to the needs of the population of the selected PSUs were also covered. Fieldwork in Meghalaya for all the 7 districts was conducted during September 2013 to March 2014, gathering information from 6,829 households and 5,139 ever married women (15 to 49 years). Table 1.2 provides breakup of PSUs and households by district and rural urban residence.

2. SURVEY DESIGN

DLHS-4 is a district level survey and a multi-stage stratified designed is adopted for selection of representative sample of each district in Meghalaya. Rural and urban areas of a district are considered as natural strata. Wherever applicable, urban in a district is further stratified into million class cities and non-million class cities. For sampling of urban samples, two-stage sampling is used where the primary sampling unit (PSU) is the NSSO urban frame survey (UFS) blocks and second stage sampling unit (SSU) is the household. Urban PSUs are selected by equal probability without replacement and USU selected by circular systematic sampling. Allocation of PSUs to million and non-million class cities is proportional to relative sizes. Distribution of PSUs of a district is proportional to projected urban population of the district. For districts with less than projected 30 % urban population urban, PSUs are oversampled. The sampling frame used for urban sampling is the town and city wise list of NSSO UFS blocks for 2007-08 provided by the SRD Unit of National Sample Survey Organisation (NSSO), Kolkata.

In rural areas of each district, sampling design is two-stage sampling with census villages as PSU and household as the second stage sampling unit (SSU). The PSUs are selected by PPS with replacement and SSU are selected by circular systematic sampling. Large selected PSU with more than 300 households are divided into at least three segments in such a way that each segment has by and large the same number of households and two segments are then selected by SRS. List of villages in a district in Census 2001 are updated by removing

villages of 2001 which have been designated as urban in 2007-08 NSSO UFS block list and this serves as the sampling frame for sampling of rural PSUs from a district.

Selection of rural health facilities in DLHS-4 is linked with the sampled rural PSUs. Primary Health Centres (PHC) and Sub Health Centres (SHC) catered to the health care needs of the sampled rural PSUs were included in the Facility Survey (FS) of DLHS-4. All Community Health Centres (CHC), Sub-Divisional Hospitals and District Hospitals are covered under the Facility Survey of DLHS-4.

2.1. Sampling Weight

In generating district level demographic indicators, sample weight for household, women and children will be used. The weights for a particular district are based on three selection probabilities

f_1^i, f_2^i and f_3^i pertaining to i^{th} PSU of the district. These probabilities are defined as

f_1^i = Probability of selection of i^{th} PSU in a district

= $(n_r * Hi)/H$,

Where n_r is the number of rural PSU to be selected in a district, H_i refers to the number of household in the i^{th} PSU and $H = \Sigma H_i$, total number of household in a district.

f_2^i = Probability of selecting segment (s) from segmented PSU (in case the i^{th} selected PSU is segmented) = (Number of segments selected after segmentation of PSU)/(number of segment created a PSU)

The value of f_2^i is to be equal to one for un-segmented PSUs.

f_3^i = probability of selecting a household from the total listed households of a PSU or in segment(s) of a PSU

= $(25*HR_i)/ HL_i$

Where HR_i is the household response rate of the i^{th} sampled PSU and HL_i is the number of households listed in i^{th} PSU in a district.

For urban PSU, f_1^i is computed either as the ratio of number of UFS blocks included in the sample to the total number of UFS blocks of the district.

The probability of selecting a household from the district works out to be

$$f^i = f_1^i * f_2^i * f_3^i$$

The non-normalized weight for the i^{th} PSU of the district is, $w^i = 1/f^i$ while the normalized weight used in the generation of district indicators for the i^{th} district would be

$$= \frac{\sum_i n_i}{\sum_i n_i * w^i} * w^i$$

Where n_i is the number of households interviewed in the i^{th} PSU. The weight for women and children are computed in the similar manner considering corresponding response rate.

3. SURVEY INSTRUMENTS

The main instrument for collection of data in DLHS-4 was a set of structured questionnaires, namely, household, ever married woman, and village questionnaires as components of household survey. In the facility, separate questionnaires are used for Sub-Health Centre (SHC), Primary Health Centre (PHC), Community Health Centre (CHC), Sub-Divisional Hospital (SDH) and District Hospital (DH). Household and ever married women questionnaires are bilingual, with questions in both Khasi and English languages.

3.1 Household Questionnaire:- The household questionnaire starts with listing of all usual residents in each sample household including visitors who had stayed the night before the interview. The listing of usual resident members is used for identification of eligible respondents for ever married women and CAB (Clinical, Anthropometric and Biochemical) tests. For individual household member information on age, sex and marital status, relationship to the head of the household and education were collected. Marriages and deaths to members of household were also recorded. Efforts were made to get information about maternal deaths. Information were also collected on the main source of drinking water, type of toilet facility, source of lighting, type of cooking fuel, religion and caste of household head and ownership of durable goods in the household.

An added feature of household questionnaire of DLHS-4 is the collection of data on disability status, injury, acute and chronic illness for all members of the household.

Clinical, Anthropometric and Biochemical (CAB) tests: An important component of household questionnaire is the collection of biomarkers of eligible household members for the first time on a large scale demographic and health survey in the country at district level. This includes weight and height for all household members of age one month and above, Haemoglobin level for all household members aged 6 months and older, random blood sugar test and blood pressure measurements for all household members aged 18 years and above.

3.2 Ever Married Woman's Questionnaire:- The respondents for the ever married woman's questionnaire are ever married women in 15-49 years of age living in the sampled households. Details on age, age at marriage, place of birth, educational attainment, number of biological children ever born and surviving by sex were collected. Accounts of ante-natal checks, experience of pregnancy related complications, place of delivery, delivery attendant and post-partum care, together with history of contraceptive use, sex preference of children and fertility intentions were recorded. For the recent births, immunizations status of children was collected either from the immunization card or asking the mother about the status of immunization of the child. The other information collected includes knowledge and awareness about RTI/STI and HIV/AIDS by source and treatment seeking behavior of RTI/STI.

3.3 Village Questionnaire:- This questionnaire was designed to collect information on availability and accessibility of education, health, transport and communication facilities at

village level. Functioning of village committees and utilization of fund were additionally collected from the sampled villages. Information relating to implementation and beneficiaries of various government programmes on girl child, maternal care, sanitation, food security, employment generation, and women's empowerment are also gathered as part of village information.

3.4 Facility Questionnaire:- In the facility survey, the information collected at the SHC level were availability of human resources, physical infrastructure, equipments and essential drugs and MCH service provided in one month preceding the survey. From the PHC, status of availability for 24x7 facility and services for delivery and new born care were collected. Additional information collected at PHC level were availability of Lady Medical Officer, functional Labour Room, Operation Theater, number of beds, drug storage facilities, waiting room for OPD, availability of RCH related equipments, essential drugs and essential laboratory testing facilities. Information that were collected for Community Health Centre (CHC) includes availability of 24X7 services for delivery and new born care, status of in-position clinical, supporting and Para-medical staff, availability of specialists trained for NSV (Non-Scalpel Vasectomy), emergency obstetric, MTP, new born care, treatment of RTI / STI, IMNCI, ECG etc. Physical infrastructure of CHC such as water supply, electricity, communication, waste disposal facilities, OT, Labour Room and availability of residential quarters for medical doctors were also collected in the facility survey. From the Sub-Divisional and District Hospitals status of availability of essential laboratory and ambulance services, emergency obstetric care service, availability of specialists, nurses, paramedics and technicians either on regular or contractual basis were collected in addition to infrastructure, provision for bio-medical and waste disposal and availability of residential quarters for doctors, nurses and staff. The mode of collection of information for health facilities is directly asking to the concerned officials, physical inspection and recording from relevant registers.

3.5 Sample Implementation

The field implementation starts with the preparation of location and layout maps of sampled PSUs in rural areas and obtaining map of sampled NSSO UFS blocks in urban areas. This is followed by preparation of list of households which served as the sampling frame for selection of representative households and it involved mapping and listing of structures and households for each sampled primary sampling unit (PSU) following the preparation of location and layout maps. The mapping and listing was carried out for each PSU by a team comprising of a mapper, a lister and a supervisor. A PSU in rural area is a village or part of a village or a group of small villages and it is NSSO UFS block in an urban area.

From the sampling frame of households prepared by mapping and listing, a sample of 28 households were selected by circular systematic sampling. Household and ever married women's questionnaires were canvassed by a team of 3 female and one male investigators, one supervisor and two health investigators were assigned for collection of CAB information. For quality assurance, field teams were monitored constantly by Project Officers, Officials of PRC, MoHFW, and Partner Institutes who facilitates DBS testing. Time to time DLHS-4 Project Coordinators of IIPS also made field visits to check and provide support to field teams.

4. DEMOGRAPHIC BACKGROUND OF MEGHALAYA

Basic demographic indicators of Meghalaya and its districts based on Census 2011 are shown in Table 1.1. The population of the state in Census 2011 is enumerated as 2,967 (in thousands) and population of the state is concentrated mainly in the districts of East Khasi Hills, West Garo Hills,Jaintia Hills and West Khasi Hills. The decadal growth rate of the state during 2001-2011 Census is 27.9 percent. The highest decadal growth rate during this period is recorded 34.2 and 32.1 percent in Ri Bhoi and Jaintia Hill districts. The sex ratio of the state is high at 970 females per 1000 males, it is lowest (944) in South Garo Hills and highest (1008) in East Khasi hills and Jaintia Hills. The overall literacy rate is 74.4 percent and literacy rate is 76.0 percent for males and 73percent for females.

4.1 Sample Coverage

DLHS-4 surveyed a total of 260 primary sampling units (PSUs) covering 6,829 households with 87.1 percent response rate and 5,139 ever married women in reproductive age 15-49 years with 92.9 percent response rate. Table 1.2 shows the number of PSUs, households and ever married women interviewed and corresponding response rates by districts. Household response rate in the district varies from 75.2 in South Garo Hills to 94.6 percents in West Khashi Hills while that for the ever married women varied from 85 percent in South Garo Hills to 97.4 percent in Jaintia Hills district.

4.2 Village Facilities

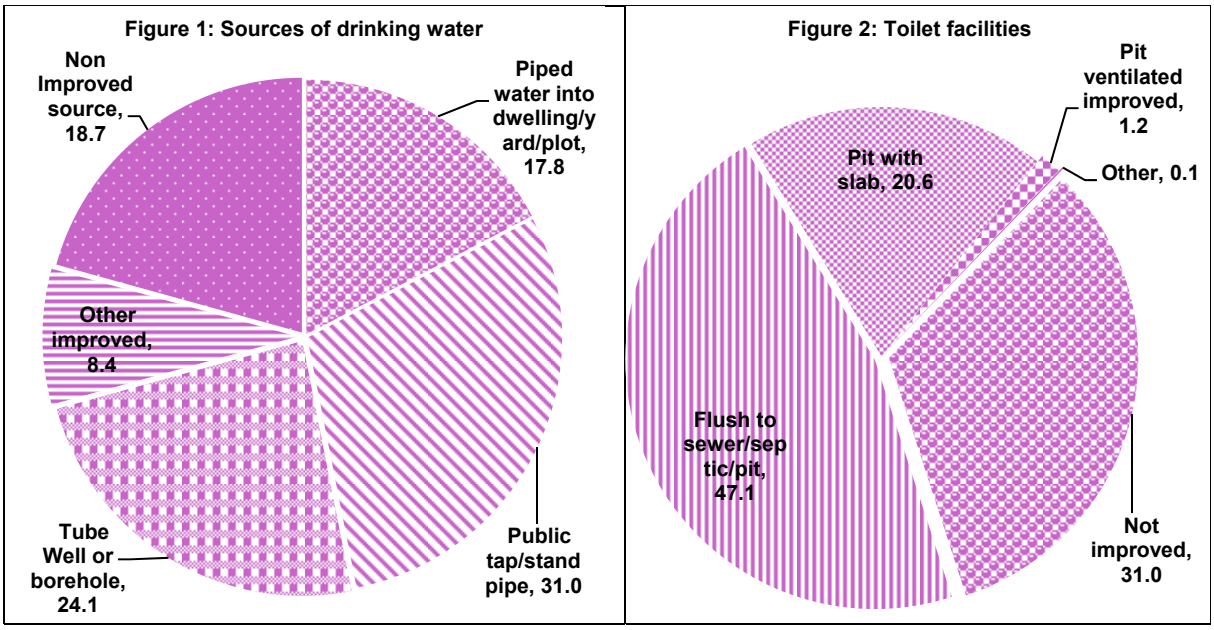
Total number of PSUs surveyed in Meghalaya is 260 out of this 215 are rural PSUs. Most villages (93%) have a primary school in the village (Table 1.3). In 46 percent of the villages, there is Sub-Health Centre (SHC) (Table 1.4a). Out of total 215 villages 87.9 percent have beneficiaries of ICDS, while 84.2 percent have JSY beneficiaries and 40.5 percent have beneficiaries of JSSK (Table 1.4b). As can be seen from Table 1.15 all most all sampled villages (99.5 %) have Anganwadi centre, 52.6 percent have access to any government health facility and 9.8 percent of the sampled villages have Primary Health Centre (PHC) in the villages. About 49.8 percent of the villages have Village Health Nutrition and Sanitation Committee (VHNSC).

4.3 Household Amenities and Characteristics

As regards housing condition, as can be noted from Table 1.6 (a), 19.4 percent of the surveyed households live in pucca houses, 39.3 percent in kachha houses and 39.8 percent in semi-pucca houses. As many as 88.5 percent of households have electricity connection, 80.7 percent of households use woods for cooking while 10.7 percent use LPG, 77.8 percent of households have mobile phone, 54.9 percent owned television, 15.8 percent owned bicycle while 8.2 percent owned motor cycle/ scooter and 9.9 percent owned car/jeep/van.

The sources of drinking water are shown in figure 1 and it is noted that 18 percent of households are using piped water for drinking in to dwelling/yard or plot and 24 percent of households are using tube well or borehole water. As can be seen from figure 2, households which do not have access to improved clean toilet constitute 31 percent of the total surveyed households and 47 percent of the households have access to improved flush/septic/pit toilets.

Table 1.6 (b) provides household access to electricity, drinking water, toilet and cooking gas and type of house by districts. The mean household size of the state is 4.8 while it is 4.9 in rural and 4.7 in urban areas (Table 1.7). One member households constitute 3.4 percent of all surveyed households, 66.3 percent of household heads are males, median age of the head of the households is 45 years. Christians are majority among households (84.2%) and significant shares (91.7%) of the household heads are scheduled tribes (ST) and 0.7 and 0.8% of household heads are from the other backward classes and other caste respectively.



The age-sex composition of the population of Meghalaya is depicted in the population pyramid shown in figure 3. The pyramid is characterized by a shrinking base indicating declining trend in fertility, more males than females in 15-49 years and at older ages.

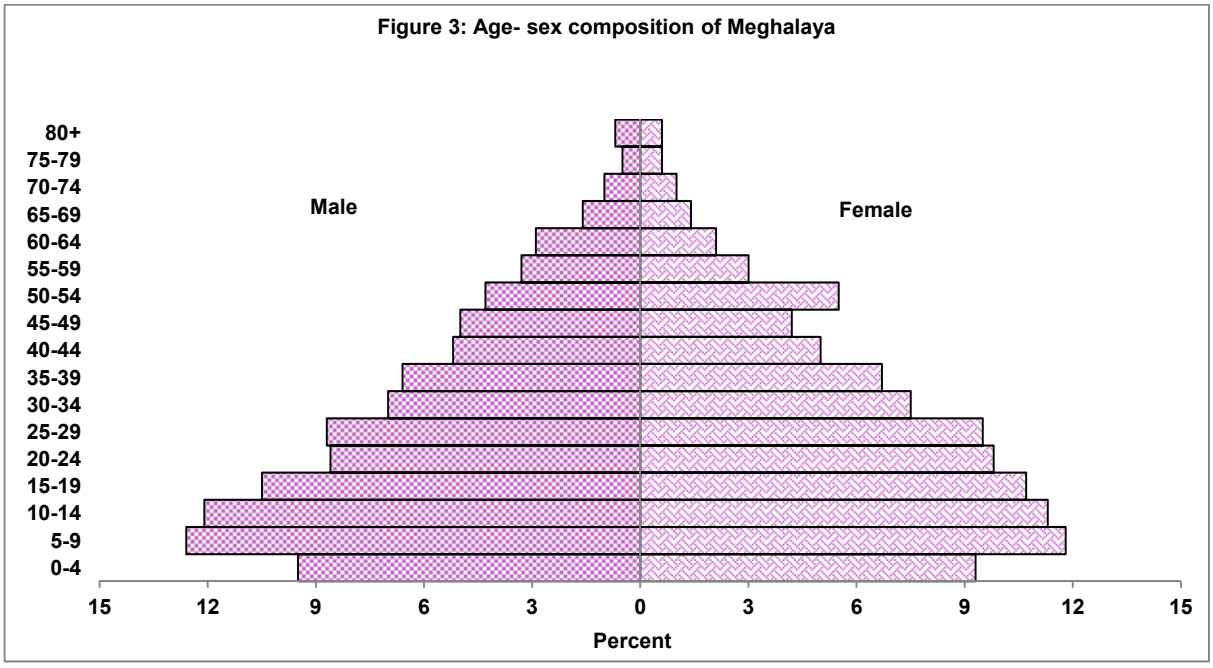
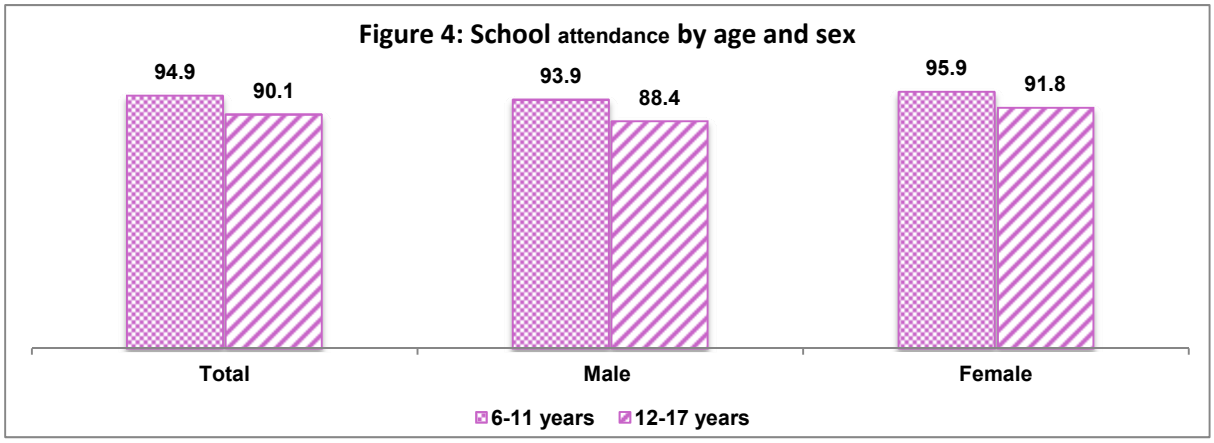


Table 1.8 provides differential in age-sex structures of rural and urban population of the state. As evident from Table 1.9 there is sizeable proportion of unmarried males and females in 20-

29 years and another distinct feature is that there are more widowed/divorced/separated among females than males. The mean age at marriage for girls is 23.4 years while it is 27.2 years among boys. Mean age marriage for girls and boys by districts are shown in Table 1.10. Only 5.7 % of the girls is below the legal age of 18 years and 12.2 % of the boys got married below the legal age of 21 years. Tables 1.11 through 1.13 provide details about years of schooling of sampled household members by age, sex, caste and religion by rural-urban residence. Among females 7 years and older 2.3 % are non-literate and corresponding figure among males is 2.0 %. More among females, 32.0 % have 11 or more years of schooling as compared to 31.7 % among males. Regardless of sex individuals about 30 % of the literate population has less than five years of schooling. The non-literate persons are less in urban than in rural and more persons have 11 or more years of schooling than among rural residents. Table 1.14 provides rate of current school attendance by age, residence, religion and castes.

Figure 4 shows the school attendance by age, 6-11 years and 12-17 years, the stage of primary and secondary education respectively and sex. The state achieved 94.9 percent school attendance among 6-11 years children and 90.1 percent among 12-17 years suggesting the existence of dropout at the secondary level.



5. CHARACTERISTICS OF WOMEN AND FERTILITY

The distribution by age of women surveyed remains almost constant above age 25 years and above in both rural and urban settings. Age at consummation of marriage is below 18 years is found to be low only 18 percent of ever-married sampled women between 15-49 years irrespective of residence background. In rural, 19. percent of surveyed women reported their age at consummation of marriage below 18 years. In urban area, 15 percent of surveyed women reported that they had started living with husband before reaching at age 18 years (Table 2.1). There are more non-literate women in rural (41%) than in urban areas (15%). Non-literate husbands are more by 11.7 percent points compared to non-literate wives/women in rural areas. Around 35 percent of women are non-literate whereas 21 percent of women are educated at least for 10 years. The proportion of husbands with 10 years or more schooling is 14.6 percent in rural, 50.3 percent in urban and 23.1 percent as combined. Around 38 percent of the ever-married women were married for 15 years or more with a marginal difference between rural and urban settings. In case of less than 15 years of marital duration, the

distribution of ever-married women in the categories of less than 5 years, 5-9 years and 10-14 years marital duration are almost uniform, with around 20 percent in each category. The proportion of women belonging to Christian has been highest and found to be 85 percent followed by 9 percent Hindu. The proportion of Hindu women is higher in urban area (21%) as compared to rural (5%). The percent distribution of women by caste/tribes is skewed towards 'Scheduled tribes' (89%) followed by women belonging to scheduled caste (6%) and Other (4 %). It is to be noted that 5.1 percent of surveyed women in rural area and 9.9 percent in urban area belong to scheduled caste.

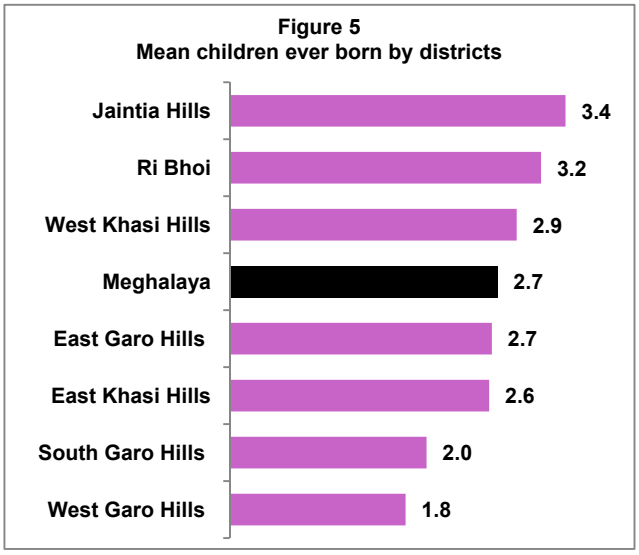
Table 2.2 shows the distribution of years of schooling among surveyed women by background characteristics. The percentage of non-literate women (25.8%) is found to be lowest in the age group 15-19. Around 41 percent rural women and 15 percent urban women reported as non-literate in the survey. Relatively higher proportion of Muslim (60.7%) and scheduled caste women (45.1%) are found to be non-literate than other religion or caste/tribes groups respectively. Around 10 percent of surveyed women had 11 or more years of schooling in Meghalaya comprising 4.7 percent in rural and 26.3 percent in urban. In contrast, only 5.6 percent of Muslim and 5.8 percent of scheduled caste women have 11 or more years of schooling. It is to be noted that at least 28.2 percent of women with 0-5 years of schooling and 15.5 percent of 6 to 8 years of schooling reported that their husband is non-literate. Other than scheduled caste and Muslim women, the distribution is skewed towards 9 and above years of schooling in Meghalaya. The percentage is as high as 33.6 percent of women from 'other' caste had 11 or more years of schooling.

5.1 Birth Order

Out of the total births since January 1, 2008 to ever-married women, around 82 percent births comes from rural areas and the rest 18 percent from urban area. Almost 31 percent of them belong in the age group 25-29 followed by 24.5 percent from women in the age group 20-24 (Table 2.3). The distribution of these births by religion shows that 89 percent births belong to Christian and 5.5 percent to Hindu and rest belong to other religions. The distribution of births by castes/tribes indicates that births from the scheduled tribes contribute maximum 95.5 % followed by 'Others' (2.5%) and Other Backward Classes (0.7 %). Out of the total births since January 1, 2008 to ever-married women, 71.2 percent were of second or higher order births and the corresponding figures are 83.2 and 82.5 percent respectively for non-literate and women with less than 5 years of schooling (Table 2.3).

The births of second and higher order are more in proportion among ever-married women aged 15-49 who are from rural area (73%), belonging to Muslim (77%), belonging to scheduled tribes (72%), and it is 100 percent among women 40-45 years compared to ever-married women educated at least up to 10 years (52.2%), and 58.3 percent those belonging to other caste (Table 2.3). Table 2.4 shows that the proportion of second and higher order births is the highest in Jaintia Hills (76.1%) and the lowest in South Garo Hills (45.1%). The proportion of first order birth has crossed the mark of 50 percent in above mentioned district. Each of Jaintia Hills and Rio Bhoi contributes almost 50 percent of the all births.

5.2 Mean Children Ever Born



Mean children ever born (CEB) to ever-married women aged 15-49 years is 2.7 with marginal differential by residence, while it is 2.8 for non-literate and 2.1 to women with at least 10 years of education. The completed fertility measured in terms of average children ever born to ever-married women aged 40-49 years is nearly 3.9 %. The differentials by castes/tribes are marginal and ranges between 1.8 children for other backward classes cast and 2.8 children for scheduled tribes. Similarly, differential by religion are not wide and ranges between 1.8 children for Hindu to 4 for others. The state level estimates for mean children ever born by sex of children are also shown. It indicates that on an average an excess of 0.11 male children to per female children ever born to ever-married women aged 15-49 years in the state as a whole. The sex differentials in mean children ever born to ever-married women aged 15-49 years is found to be higher than state average in the above age 35 years, urban, less than 10 years educated, other backward classes and other castes' women. In case of women 40-49 years, the sex differential in mean children ever born is found to be in the range of state level for almost across all socioeconomic background characteristics (Table 2.5).

The mean children ever born to ever-married women by district of Meghalaya is shown in Figure.5 it varies from 3.4 children in Jaintia Hills district to 1.8 children in West Garo Hills district, while the state average is 2.7 children.

In Meghalaya, most of the outcomes (97.7 %) of pregnancies which occurred since January 1, 2008 to currently married women aged 15-49 years turned to be live birth. Only 1.8 percent of the pregnancies outcomes are reported as spontaneous abortion. Percentage of pregnancies that resulted in induced abortion is 0.1 percent for the state as a whole. Interestingly, age, education and religion of women depict a large variations of pregnancies resulted as spontaneous abortion. For example, women in the age group above 40 years show large percentage of spontaneous abortion (5.5%). The highest rate of spontaneous abortion is estimated for women educated less than 5 years across all educational background of women. Women belong to Hindu (1.2%), Christians (1.8%) tend to have higher rate of spontaneous abortion than the state average. Similarly, percentage of induce abortions among the outcomes of pregnancies in the survey reference period is found to be high in the age groups 20-24 years (0.3%), sex composition of children for three sons only, less than 5 years of schooling, and in the 'other' castes is nil (Table 2.6). Percentage of pregnancies resulted into spontaneous abortions is nil West Garo Hills, South Garo Hills and East Khasi in districts Hills to 4 percent in Jaintia Hills district. The induced abortion rate (0.6 %) in West Khasi Hills district and still birth rate (1.2%)in Ri Bhoi district are found to be the highest in

Meghalaya state. District Jaintia Hills tends to have the lowest level of outcomes (96.0%) as live birth from pregnancies since January 1, 2008 which should draw attention of reproductive and child health programme managers (Table 2.7).

5.3 Fertility Intention and Sex Preferences for Additional Child

Fertility preferences of currently married women in terms of desire for an additional child, timing to have and preferred sex of desired additional child by number of living children are given in Table 2.8. Among those with no living children, 28 percent of women want a child soon (within the next two years) and 1.8 percent want a child two or more years later. Among the currently married women aged 15-49 with one living child, 17.7 percent of wanted an additional child soon i.e. within two years. Most of the currently married women with two living children are either sterilized (6.4 %) or want no more children (22.5%). In addition, not more than 40.5 percent of women desired another child once they attain two or more surviving children.

Figure 6: Desire for the additional child/next child

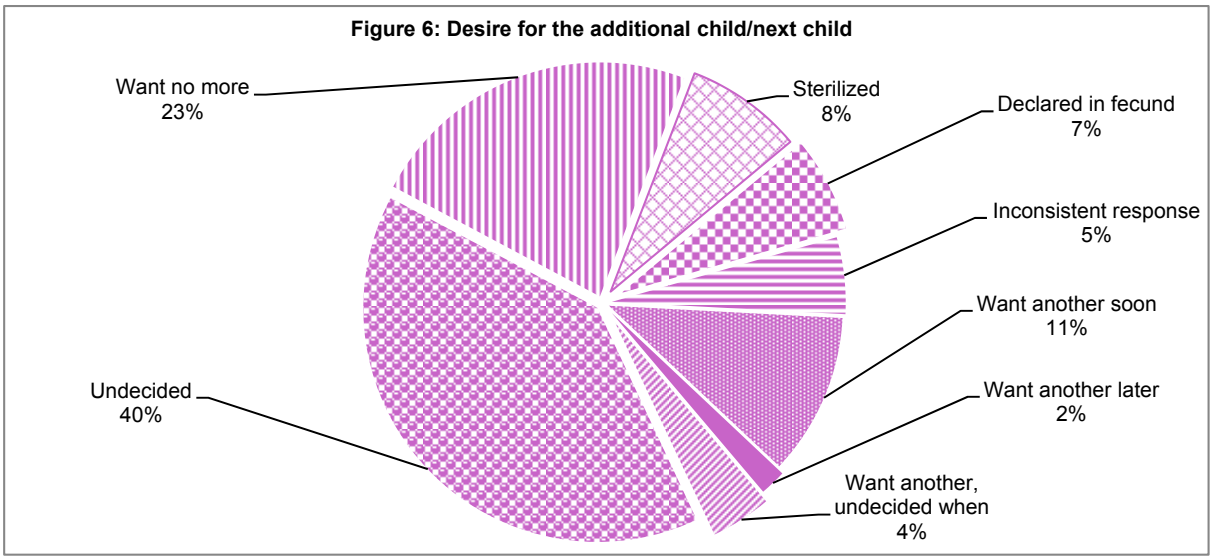


Figure 6 depicts the fertility preference of all currently married women regardless of number of living children. 23 percent of currently married women want no more children,11 percent want additional child soon, 40 % are undecided about having and additional child and 8 percent have undergone sterilization. Among the currently married women with no living children but want an additional child, 36.0 percent reported that sex of the child does not matter, 46.4 percent say it is up to God while 5 and 12.6 percent want to have an additional child as a boy and a girl respectively. Among those who had at least one living child and wanted to have another child, the percentage of women who were able to tell about preferred sex of additional child is quite high 16.5 percent wanting boy and 26.5 percent wanting girl child. With increasing number of living children, longing for an additional female child becomes more and more magnified from 26.5 % among currently married women with one child to 32.6 percent among currently married women with three living children (Table 2.8).

6. MATERNAL HEALTH CARE

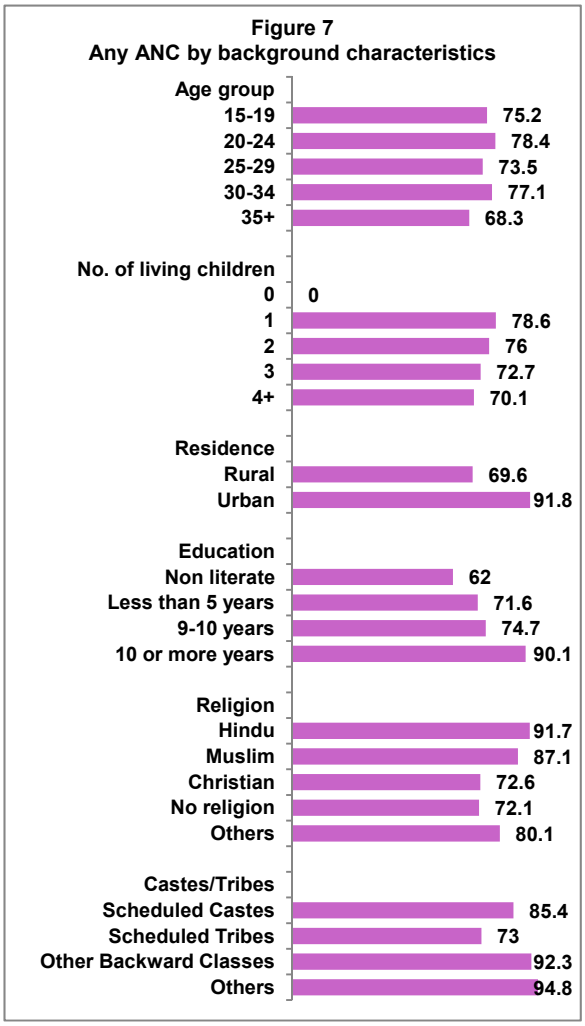
Maternal Health Care package of RCH components focused on ANC is the main programme under NRHM/NHM. The Maternal health care activities are implemented to strengthen and fulfill the RCH goals. ANC services provided by medical and paramedical professionals are comprises of regular physical checks with weight, height and blood pressure measure, Haemoglobin level test, consumption of IFA, Tetanus (TT) injection and growth status and position of fetus. These primary services are made compulsory to be provided during the ANC check up from health facility. At least four checkups are made compulsory to complete the full ANC course in order to prevent and protect women from pregnancy related complication faced during the pregnancy and till the delivery. Janani Suraksha Yojna (JSY) scheme is implemented in health facilities under NRHM/NHM to promote the Institutional Delivery and post natal care to prevent from maternal deaths.

6.1 ANC by Selected Background Characteristics

In Meghalaya 74.1 percent of the women had received at least one antenatal care (ANC) service during the pregnancy of their last birth in the three years period preceding the survey. Utilization of government health facility for ANC care is more than 81.6 percent compare to 22.2 percent of private health facility (Table 3.1).

Any ANC coverage by selected background characteristics are illustrated in Figure 7. Any ANC received among the non-literate are 62 percent as against 90 percent among the women educated for 10 or more years. There is significant rural and urban gap of 22.2 percent (69.6% rural & 91.8% urban) in availing any ANC. Women who had received ANC with one living children is 78.6 percent whereas women with 4 and above living children is 70.1 percent.

Figure 7
Any ANC by background characteristics



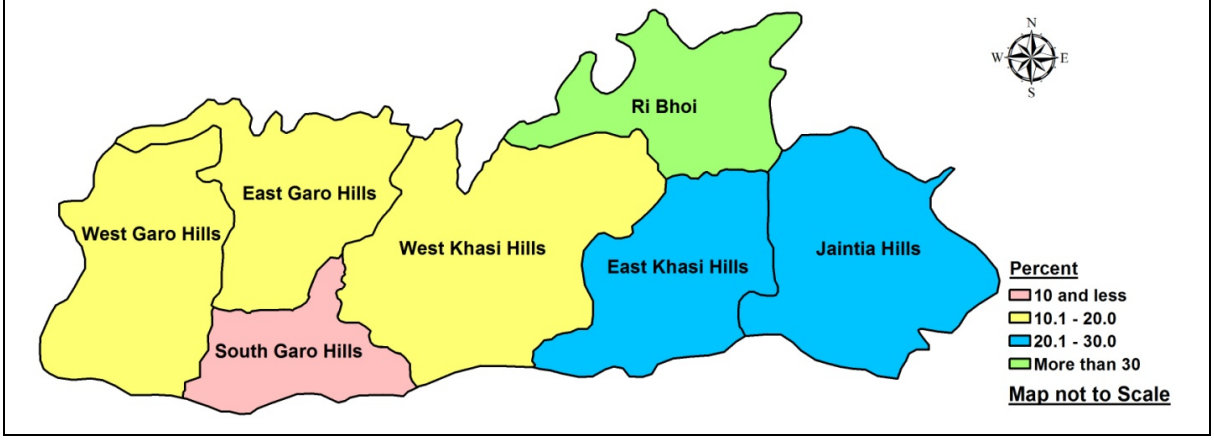
The coverage of any ANC is highest in East Khasi Hills district (88.5%) and lowest in East Garo Hills district (48.7%). Majority of women from West Garo Hills, South Garo Hills and East Garo Hills district are availed ANC care from government health facilities (93.0 to 96.0 %) which is the highest in the state. The lowest ANC coverage in government health facilities was in East Khasi Hills District (70.0%). The DLHS-4 data reveals that more

women availed from government health facilities for ANC as compare to private health facilities.

The specific components of ANC checkup which are supposed to be received by the women during the pregnancy were asked to response. The proportion of women who received weight, height and blood pressure measurement, blood and urine tested, abdomen examined and sonography/ ultrasound test done are 66.4, 15.8, 63, 30.9, 57.8, 44.7 & 15.7 percent respectively, (Table no. 3.3). One important features of ANC check up in Meghalaya in case of ultrasound test done is high among women who are having one children than four or more living children (26.8% and 8.7% respectively), having ten years of education (33.7%), rural-urban residence (9.8% and 39.2% respectively), and Hindu religion (36.3%). The women from other caste are the highest (51.8%) as compare to all others castes. The detail is shown in Table.3.3.

The proportion of women who had received at least three ANC (45.6 %) and the women who had received first ANC in the first trimester of the pregnancy (38.3%) (Table 3.5 A). The proportion of women who had three ANC is highest among women who have one living children (52.3%), having 10 years and above education (63.6%), urban residence (57.6%), Other religion (76.6%), other caste (61.3%). There is no much difference by age group between 15 - 35 years. The women who had full ANC (i.e. at least 3 ANC visits with 100+ IFA tablets/ Syrups consumed at least 1 TT) in Meghalaya is 21.4 percent. But 41 percent of women had 2+ TT injections against 32 percent who had consumed 100+ IFA tablets/Syrups. The proportion of women who had received full ANC is highest in Ri Bhoi district (31.6%) and lowest is 4.3 percent in South Garo Hills district (Table 3.6). District wise variation in coverage of full ANC is shown in the Map 1. The proportions of women who consumed 100 IFA tablets/syrup and received at least one TT injections are 32.4 percent and 69.1 percent respectively in Meghalaya during DLHS-4 (Table 3.6).

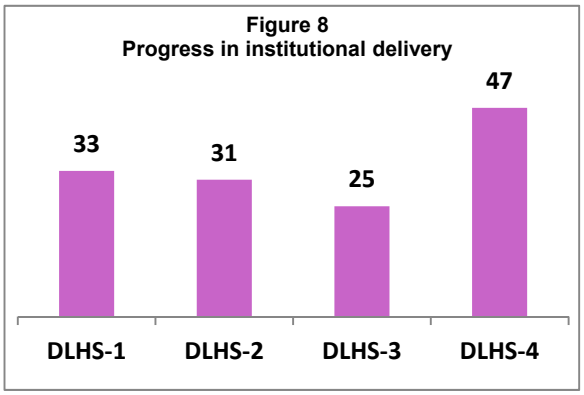
MAP 1
FULL ANTE-NATAL CHECK UP BY DISTRICTS



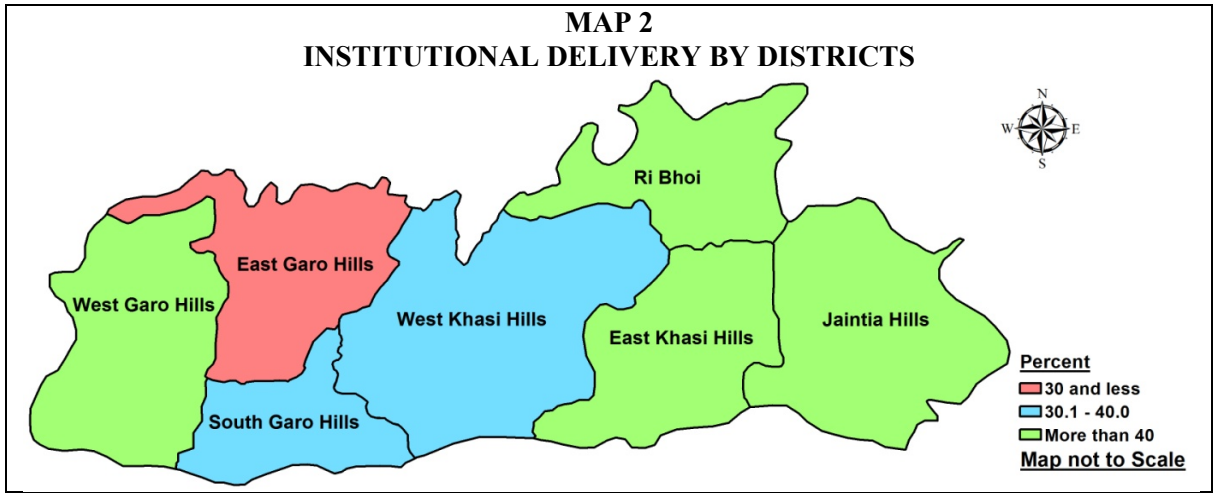
6.2 Institutional Delivery

In Meghalaya, the institutional delivery decreased from 33 percent in DLHS-1 (1998-99) to 31 percent in DLHS-2 (2002-04) to 25 percent in DLHS-3 (2007-08) and further substantially

increased to 47 percent in DLHS-4 (2012-13). The institutional delivery in Meghalaya is presented in the Figure 8.



Around 47 percent of deliveries in the three years period preceding the survey which results either in still or live births were in both government and private health facilities, (Table 3.7). The proportion of women having background of ten years or more education (70.8%) and having one living child (61.1%) are going for institutional delivery. The percentage of institutional delivery ranges from 76.8 percent in East Khasi Hills and 28.0 percent in East Garo Hills districts (Table 3.9). Around 69.5 percent of Skilled Birth Attendant (SBA) delivery shows that safe delivery is practiced in Meghalaya. The home delivery cases (52.2 %) who are assisted by skilled persons is only 22.2 percent. The mean delivery cost in Meghalaya ranges with a maximum of Rs.11,080 in West Khasi Hills district and minimum is Rs.5,500 in West Garo Hills district. In Meghalaya, out of the 7 districts, only 1 district is having the institutional delivery 75 percent and above and in remaining 6 districts the percentage is varies from 28-49 percent of Institutional delivery.



The two districts having the lowest institutional delivery are East Garo Hills (28.6%) and South Garo Hills (33.1%).

In Meghalaya, 5.3 percent of institutional delivery used ambulance and 37.1 percent jeep or car/van for transportation of delivery with an average cost of Rs.1,310. The used of ambulance for transportation for institutional delivery was low among women with background of having 4 children (3.3%), 10 or more years of education (6.3%), Hindu (12.3%). The mean delivery cost is Rs.4,921 in government health facilities and Rs.17,838 in private health facilities. There is a large variation of Institutional Delivery cost compare to government and private health facilities. There is a large variation of institutional delivery cost compare to government and private health facilities.

The JSY financial assistance for institutional delivery had benefitted to 20.5 percent and Home delivery 1.6 percent (Table 3.8). The highest benefitted women for institutional

delivery are those in the age group of 20-24 years (33.1%), urban residence (21.3%), having 4 and above living children (10.9%), Christians (21.5%) and scheduled castes (22.4%).

6.3 Complications during Pregnancy, Delivery and Post-delivery Period

Women who either do not take ANC or take an incomplete course of ANC are exposed to the risk of maternal death. In Meghalaya as much as 18.2 percent women who had still/live births in the three years preceding the survey had some complications during pregnancy (Table 3.6). Out of 7 districts, in 02 districts women faced pregnancy complications ranges from 26 percent in Jaintia Hills to 23 percent in East Garo Hills. The remaining 5 districts' women faced pregnancy complication ranges from 5 percent in West Khasi Hills to 26 percent in Jaintia Hills. Around 69 percent of women sought treatment for pregnancy complication in Meghalaya (Table 3.15).

Around 7 percent of women in Meghalaya had faced at least one delivery complication. The main type of delivery complications experienced by women who had still or live births in the three years period preceding the survey are mainly obstructed labour (11.1%), premature labour (23.2 %), prolong labour (32.1%), excessive bleeding (17.4 %) and convulsion or high Blood pressure (49.5%). Delivery complication is higher among who undergone by caesarean (22.3%) compared to normal delivery (5.7%) (Table 3.11). In all the districts of Meghalaya, Jaintia Hills district is highest proportion of women had a delivery complication (10.3%) and is lowest in West Khasi Hills (3.9%) (Table 3.15).

Women in Meghalaya have low post-delivery complications (7.0%). The major problem during post delivery period is high fever (37.9%), lower abdominal pain (30 %) and followed by excessive bleeding 21.7 percent (Table 3.12). Among the women who had post-delivery complications 74.4 percent had sought treatment (Table 3.15). In all the districts, women sought treatment for post delivery complication with highest in South Garo Hills and East Khasi Hill (100%) and lowest in East Garo Hills district (49.4 %).

7. CHILD HEALTH AND IMMUNIZATION

To promote child survival and prevent infant mortality, NHM/NRHM envisages new born care, breastfeeding initiation, infant food supplementation at the right time and a complete package of routine immunization for children. 31percent of newborns were examined within 24 hours of birth (Table 4.1). In Meghalaya, women who availed newborn care from private health facility constitute 29 percent as compared to 71 percent from government health facilities. There is variation in urban areas in utilization of private health facilities (39%) and government health facilities (61%). Majority of women from Scheduled tribes communities check-up in government health facilities (72%) than in the private health facilities (29%).

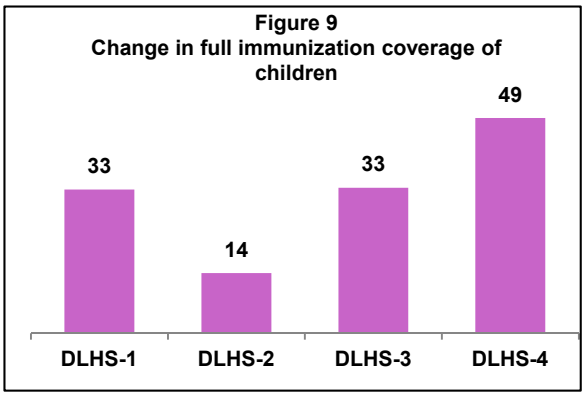
Majority (84.2%) of children under 3 years of age,(born after January 1, 2008) were fed with colostrums and there is not much variation across selected background characteristics of women (Table 4.2). Highest proportion of children being fed with colostrums (94.2%) in Ri Bhoi district and the lowest in South Garo Hills district (19.2 %) (Table 4.5).

In Meghalaya, only 58.9 percent of women had initiated breastfeeding within one hour of the birth of the child. However, 95.5 percent of women in Meghalaya initiated breastfeeding

within 24 hours of birth of their children, ranging from 92.6 percent in West Khasi Hills district to 100.0 percent in South Garo Hills (Table 4.5). The proportion of women who initiated breastfeeding within one hour, within 24 hours and after 24 hours of birth are 58.9, 95.5 and 1.7 percent respectively.

Duration of exclusive breast feeding practiced is high (among infant under 2 to 5 months old) and is ranged from 54 to 63 percent. The introduction of food supplementation with semi-solid and solid food started between the age 2 to 3 months along with breastfeeding. As the age increases the percentage of the breast feeding declines and 48percent of children under 24 to 35 months were breast fed along with other fluids, semi solid and solid foods (Table 4.3).

7.1 Immunization Coverage of Children (aged 12-23 Months)



The immunization coverage of children (aged 12-23 months) has been recorded either from vaccination card or by asking the mother in case the card was not available. 23 percent of children's immunization details was recorded from the cards (Table 4.7). The full immunization coverage was 49 percent among children (aged 12-23 months). The full immunization comprises of BCG, three doses of DPT & Polio and measles vaccines (Table 4.6). In Meghalaya, the coverage of BCG and measles are 75.1 percent and 62 percent respectively. About 15 percent of children have not received any immunization.

In the districts of Meghalaya, the highest coverage of full immunization was in Jaintia Hills with 57.2 percent and lowest in East Garo Hills with 30.5 percent. Out of 7 districts of Meghalaya, 3 districts recorded full immunization coverage more than 50 percent whereas the remaining 4 districts had less than 50 percent coverage (Table 4.7). While the coverage of BCG is high in all the districts similarly for DPT-3 and Polio-3, except in East Garo Hills (68.1 & 68.4%). In case of measles the coverage fluctuates from 36 to 72 percent in the districts. The key to improvement in full immunization coverage is to monitor drop out at any stage of vaccination before completion of full course of immunization. Higher proportion of children (62.7%) of women educated up to 10 years and above received full immunization. Non-literate women's children received full immunization 47 percent (Table 4.6). In Meghalaya full immunization coverage of children (aged 12-23 months) in urban areas (61%) is higher than in rural areas (46.8%).

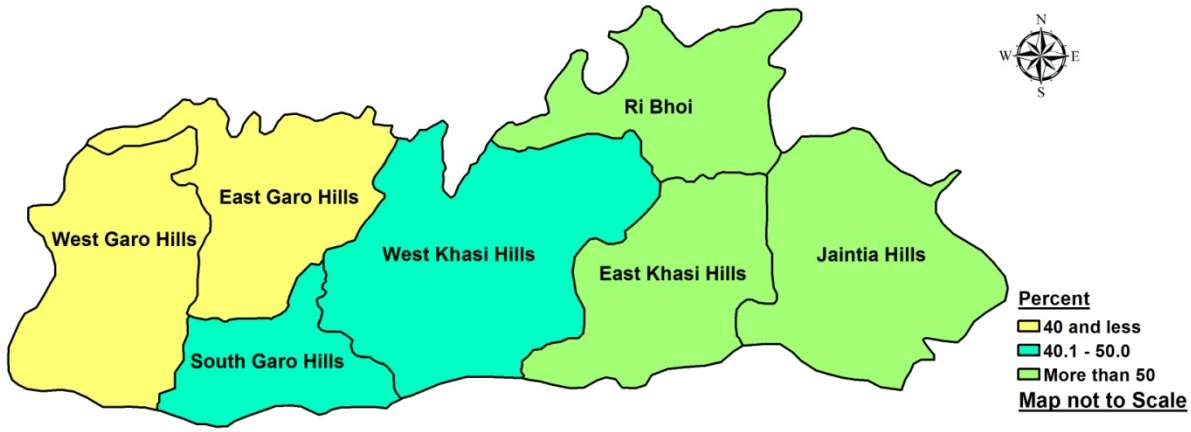
The coverage of full immunization declined from 33 percent in from DLHS-1 to 14 percent in DLHS-2, increased in DLHS-3 (33 %) and increased in DLHS-4 (49%) (Figure 9). The coverage of full immunization of children is below 50 percent in West Garo Hills,East Garo Hills and West Khasi Hills, while it is more than 55 percent in Jaintia Hills district (Table 4.7). With regard to the place of vaccinat ion of children, it was reported that Sub-Health Centre (21.5 %) and other government health

facility (44.0%) (Table 4.8). District-wise variation in the coverage of full Immunization is depicted spatially in Map 3.

Children aged 9-35 months who received at least one dose of Vitamin-A is 42.5 percent in the State (Table no. 4.9). In Jaintia Hills district 59 percent of children received at least one dose of Vitamin-A, while in East Garo Hills district only 28 percent children had received Vitamin-A (Table 4.7). Coverage of Vitamin-A in East Khasi Hills district is 58 percent respectively. Remaining districts where coverage of Vitamin-A is below 50 percent.

Majority (51.5%) of children in Meghalaya had received Hepatitis-B vaccination. Higher percentageage of children living in urban (73.4%) received Hepatitas B injection than children from rural areas (46.2%).

MAP 3
FULL IMMUNIZATION COVERAGE OF CHILDREN (AGED 12-23 MONTHS) BY DISTRICTS



7.2 Management of Diarrhoea and Acute Respiratory Infection (ARI)

The information on knowledge of diarrhoea and ARI management was collected from women respondents as part of assessment of child care knowledge. Majority (62.1%) of women has knowledge of diarrhoea management (Table 4.10) and only 22 percent of the women are aware of danger signs of ARI (Table 4.12).

The common practice followed by women for treatment of children who had diarrhoea was to give ORS (45.1%), salt and sugar solution (26.7%), plenty of fluids (22.8%), continue normal food (10.9%) and continue breastfeeding (10.2%) (Table 4.10). In Meghalaya, 62 percent children who suffered from diarrhoea were treated by ORS, while 60 percent of them were given some treatment or the other (Table 4.11). Around (40.8%) of children who had suffered from diarrhoea are treated in a private health facility and 71.5 percent in a government health facility (Table 4.11).

In Meghalaya, 22.0 percent of women are aware of danger signs of ARI. Among them, 14.9 percent of women knew that difficulty in breathing, 8.3 percent knew pain in chest and productive cough, 5.6 percent knew wheezing/whistling, 7.0 percent consider rapid breathing and 11.2 percent having knowledge of others signs of ARI (Table 4.12).

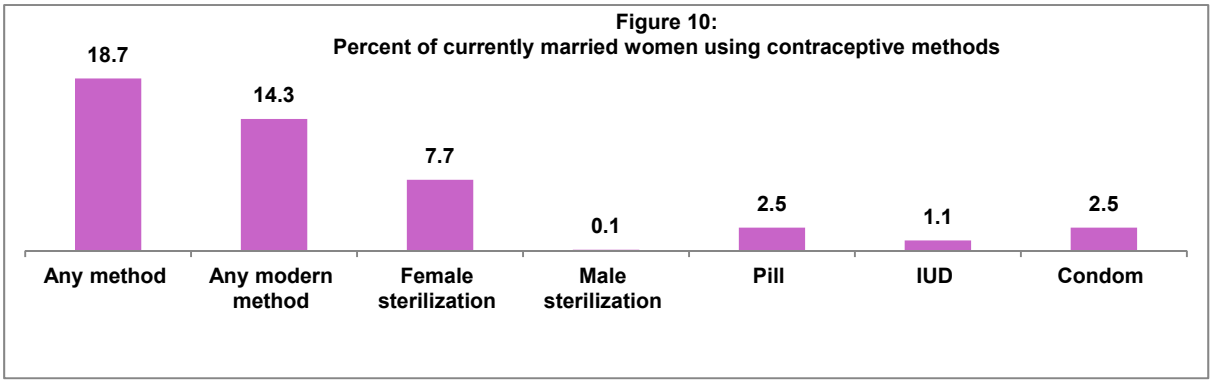
3 percent children had suffered from ARI in the last two weeks prior to the survey. Out of total children suffered from ARI, 65.0 percent had sought advice/treatment. Majority (69.0%) of children had treatment at government health facility and only 26.0 percent (Table 4.12) private health facility.

The prevalence of ARI among children varies from 1.2 percent in East Khasi Hills and West Khasi Hills district to 4.6 percent in East Garo Hills district. The treatment seeking for ARI or fever is 67percent and more in the districts of West Khasi Hills, RiBhoi, East Khasi Hills and Jaintia Hills (Table 4.13).

8. FAMILY PLANNING AND CONTRACEPTIVE USE

Family planning program in India has undergone many changes in terms of strategies, focus and objectives. Post ICPD 1996 program oriented itself in human right framework and planned to reduce unmet need for family planning. Strategies under NRHM were to create demand for family planning through enhancing child survival and improving maternal health.

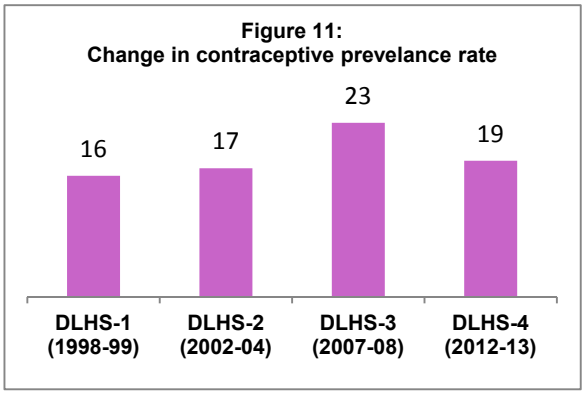
There is an awareness to the extent of 87 percent about any family planning method, but male sterilization is known to half of the currently married women aged 15-49 years and Condom, is known to around 68 percent of women in Meghalaya. Nearly 59 percent of the women is aware about IUD but more than two third of the women have the knowledge of Pills. However new methods on menu of Indian program/or in market like female condom is known to very large proportion of women in Meghalaya which is nearly 48 percent. The Female sterilization method is the predominant limiting method but it is being used by 8 percent of currently married women in 15-49 years and popular male oriented spacing or temporary method is Condom ever been used by 16 percent of husbands of currently married women. The use of Oral pills and IUD ever been used by 8 percent and 3 percent of women respectively. Among the currently married women the proportion ever using any modern method is 30 percent, while 36 percent of women ever used either modern or traditional methods. There is no substantial rural-urban difference in the ever use of any modern contraceptive use which is respectively 28 percent and 35 percent. However, female sterilization among rural women is 7 percent which among urban women with corresponding figures is 10 percent.



The status of current contraceptive use among currently married women or their husband shows that 19 percent of them were using any family planning method mostly female sterilization (8%) at the time of the survey. Use of Condom was only 2.5 percent by the

currently married women's husbands. The female sterilizations was less among rural women (7%) and non-literate (5%) women compared to that among urban women (10%) and women educated for at least 10 years (10%).

Female sterilization regardless of the family size was more among currently married women who have one or more living sons compared to those with no living son. Nearly 0.4 percent of women in 20-24 years, nearly 2.5 percent of women in 25-29 years and about 7.2 percent of women in 30-34 years have been found to have undergone female sterilization at the time of survey. The mean age at the time sterilization is 33 years. Among the currently married women, proportion continuing IUD use for less than 2, 2-3 and more than 3 years was respectively around 17 percent, 9 percent and 39 percent respectively. The Oral pill users continuing for more than 6 months constituted 46 percent of the total pill users and 54 percent of condom users were continuing for longer periods than 6 months.



Contraceptive prevalence rate (CPR) for any modern method was 14.3 percent in the state In the following districts of Meghalaya the use of modern method are below state average,West Garo Hills (5%), East Garo Hills (12%), South Garo Hills (10%) and Jaintia Hills (14%).The prevalence of female sterilization in 5 out of total 7 districts is more than the state average of 7.4 percent except for the district of West Garo Hills (0.6%), East Garo Hills (2.2%). The use of condom is the least (3%) in South Garo Hills (0.6 %) and highest in East Garo Hills (4.3%). The prevalence of female sterilization in half of the total number of districts is above the state average of 72.2 percent. The contrast in the source of terminal and temporary methods of contraceptive is that 42.8 percent of sterilization has been done in government health facility and 40.3 percent have availed private health facility service for spacing methods. The high and low utilization rate of government health facility for limiting and spacing methods is true for all the districts of Meghalaya. Nearly 14.2 percent of sterilized women and wives of sterilized men got monetary compensation for sterilization, with variation of 8.6 percent in East Khasi Hills and 25.6 percent in South Garo Hills district. As many as in 62.3percent of sterilization cases monetary compensation is given at the time of discharge.

Nearly 11 percent of sterilized women, 34 and 14 percent, users of IUD and Pills were informed about the side effects before the adoption and 3percent, 8percent and 4 percents of women using the aforesaid methods have experienced side effect or health problem. Among the currently married women who have discontinued contraception the main reason cited is related to other method (53.5%) while 38.2 percent mentioned fertility related problems and 8.3 percent mentioned side effects. For the younger women in 15-29 years reasons for discontinuation of contraception are mostly fertility related and it is also true for women with no or one living children.

About 0.7 percent of currently married women aged 15-49 years, not using any contraception intend to adopt limiting method and 5 percent spacing method in future. Those who intend to adopt either limiting or spacing methods in future within 12 months, after 12 months and still undecided about the timing constitute 15.7percent, 55.0percent and 29.2 percent respectively.

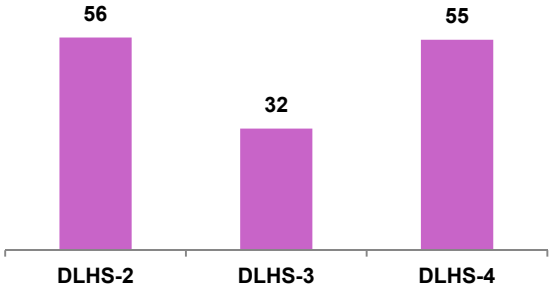
Unmet need for spacing includes the proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing. In Meghalaya 39.7 percent of currently married women have unmet need for spacing. Unmet need for spacing is 47.6 percent for women with one living child and 54.4, 52.6, 45.1 percents for women aged 15-19, 20-24 and 25-29. On the other hand, currently married women who are still have physiologically potential for conceiving and want no more children are categorized as having unmet need for limiting. The unmet need of contraceptive for limiting is about 15.8 percent in the state.

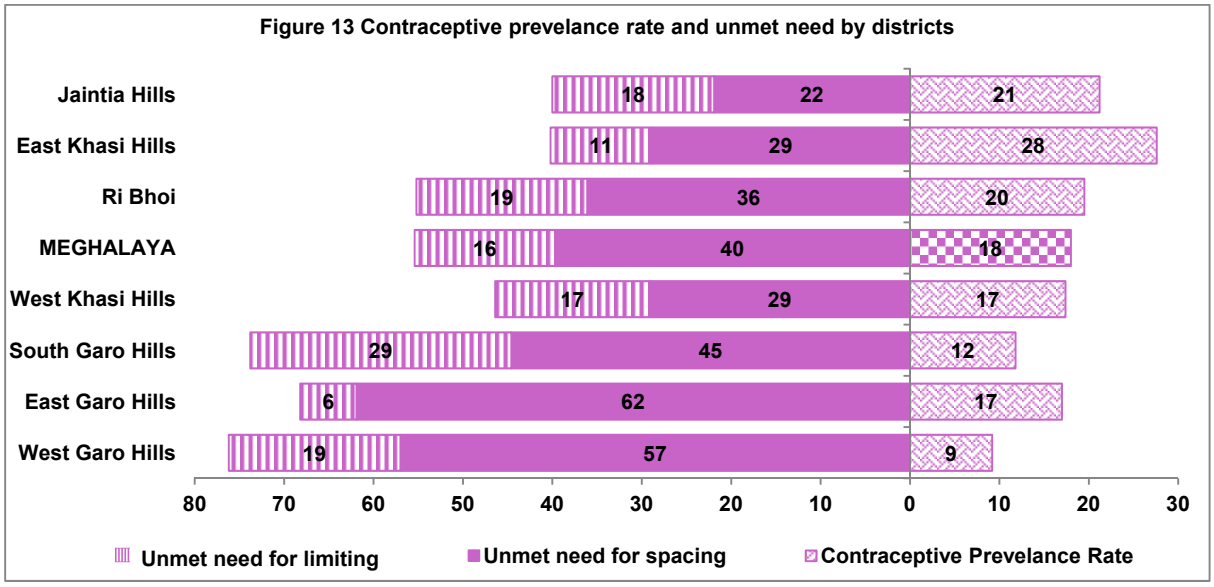
MAP 4
CONTRACEPTIVE PREVALENCE RATE FOR ANY METHOD BY DISTRICTS

Currently married women with unmet need for spacing is highest in East Garo Hills district (62%) and lowest is in Jaintia Hills (22%). On the other hand unmet need for limiting is highest in South Garo Hills (29.2%) and lowest is in East Garo Hills(6%).

The total unmet need of contraceptive has declines from DLHS-2 to DLHS-3. It was 56 percent in 2002-04, 32 percent in 2007-08. In 2012-13 it has increased substantially to 55 percent. This is basically due to higher unmet need for spacing among the younger cohort, a sign of decline in the desire for large family size. District wise contraceptive prevalence rate and unmet need are presented in figure 13.

Figure 12:
Change in unmet need for contraception





9. REPRODUCTIVE HEALTH

Reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, is the ability for the people to have a responsible, satisfying and safe sex life and have the capability to reproduce and the freedom to decide if, when and how often to do so. This means that the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. The burden of diseases among women is due to reproductive function and system. The five main causes of the disease burden among women in developing countries are maternal, Sexually transmitted disease, tuberculosis, HIV infection, Depressive disorders. DLHS-4 has obtained information on awareness and prevalence of RTI/STI, HIV/AIDS, information and ways to avoid AIDS.

9.1 Menstruation Related Problems

The women reported to have menstruation related problems and have specific symptoms during three months preceding the survey by background characteristics is given in Table 6.1. Menstrual problems are experienced by 4 percent of women in Meghalaya. The problems of painful periods (55%) and irregular period (23%) are the main menstrual problems experienced by women. The other problems reported are frequent or short periods (6%), prolonged and scanty bleeding (3%), absences of periods and blood clots/excessive bleeding (16%) and (6%). The differentials in menstruation related problems are found by age, place of residences and education of both husband and the women. Women who had consummated their marriage below 18 years of age have had more menstruation related problems (4%). The menstrual related problems also increased with duration of marriage. More than 5.2 percent of women had reported to have menstrual problems whose marital duration was 10-14 years and was more than 15 years. The menstrual related problems did not differ by caste and religion except Other and Christian.

9.2 Awareness of RTI/STI

The awareness of RTI/STI was obtained from ever married women. The women who are aware about RTI/STI were further asked on the modes of transmission and symptoms of the disease. Table 6.2 shows the percentage of women who have heard of RTI/STI by background characteristics. Less than one-tenth of women in Meghalaya had heard of RTI/STI. The proportion of women who were aware of RTI/STI was comparatively higher in urban areas (12%) than in rural areas (6%). Awareness of RTI/STI was lower among young women, women with low age at consummation of marriage, non-literate and women from Scheduled Tribes and Christians. Awareness of RTI/STI increases with education of women. 17 percent of women who had completed ten or more years of schooling were aware about RTI/STI.

Television is an important source of knowledge about RTI/STI, 63 percent women reported they had heard about RTI/STI from TV. Another major important sources of information about RTI/STI are from community leaders meeting (59%),health personnel (57%) print media & cinema (43%). The sources of knowledge about RTI/STI differ by education of women and husband.

9.3 Knowledge Regarding Mode of Transmission of RTI/STI

The knowledge regarding mode of transmission of RTI/STI was asked to women who had heard of RTI/STI (Table 6.3). Almost half of women reported unsafe delivery, unsafe abortion (37%), unsafe sex with persons who have many partners (57%), unsafe sex with sex workers (47%) as a mode of transmission of RTI/STI. Around 31 percent of women reported unsafe IUD insertion and unsafe sex with homosexuals were also reported by women as mode of the transmission of RTI/STI. The knowledge varies by residence, age at consummation, education of women and education of the husband.

Table 6.4 shows the common symptoms of reproductive tract infections/sexually transmitted infections among women. About 10 percent of ever married women have reported having symptoms related RTIs/STIs and 3 percent experienced abnormal vaginal discharge. The women reported itching or irritation over vulva (4%), pain in lower abdomen not related to menses (5%). More than half of the women discussed RTI/STI related problems with their husband or partner (Table 6.5). The women mostly sought treatment for RTI/STI (53%) from government health facility as compared to 37 percent in private health facility.

The women who have heard about RTI/STI varies from 3 percent in West Khasi Hills district to 13 percent in South Garo Hills district. Women reporting any abnormal vaginal discharge varied from 0.6 percent in West Khasi Hills district to 5.8 percent in Ri Bhoi district. More than one-fifth of the women in five districts (West Garo Hills, East Garo Hills, West Khasi Hills, Ri Bhoi and East Khasi Hills) had Sought treatment for any RTI/STI including abnormal discharge.

9.4 Awareness of HIV/AIDS

The awareness on HIV/AIDS was asked to ever-married women age 15-49 years. Around 30 percent of the women had heard about HIV/AIDS. Leaders/community meetings are one of the major sources of knowledge on HIV/AIDS. 65 percent of women reported that Leaders/community meetings is the main source of knowledge on HIV/AIDS, TV (51%), followed by Cinema (47%), health personal (36%), print media (30%), school adult education programs (25%), radio (17%) and husband (6.1%) (Table 6.7). More than two-fifth of the women reported unsafe sex with person having many partners, transfusion of infected blood and sharing of injection/needle as mode of transmission of HIV/AIDS (Table 6.8). The reported modes of transmission of HIV/AIDS differ by residence, education of women and husband.

Table 6.9 shows knowledge of methods of preventing HIV. 53 percent of women were of the view that HIV/AIDS can be prevented by avoiding risks of getting infected through blood. About one-third of women were of the opinion that by using condom correctly during each sexual intercourse and having sex with one infected partner can prevent HIV/AIDS. The differences in the preventing HIV/AIDs were found by residence, age at consummation of marriage, education of women and husband. The misconception about transmission of HIV/AIDS from mosquito, flea or bedbug was reported by 14 percent of women. The other misconception was sharing food (6%), stepping on someone's urine/stool, sharing clothes (4%), hugging and shaking hand (3.4) & (4.4%) respectively.

The women who had heard about HIV/AIDS were asked the place to test the HIV/AIDS (Table 6.11). More than one-third of the women know the place where the HIV/AIDS could be tested. The differences in the place of test were found by residence, age at consummation of marriage, education of women and husband. 42 percent of women reported private hospital/clinic and 29 percent reported government hospital/dispensary as a place where people can go to test HIV/AIDS. The women who have heard about HIV/AIDS were asked if they had gone for the test. 8 percent of women had undergone for HIV/AIDS test. The women who had undergone a test 33 percent had undergone test before a year (Table 6.12). Comparison with district figures East Garo Hills highest (15.8%) and Jaintia Hills (2.3%) has lowest number of women has been tested for HIV/AIDS.

10. PERSONAL HABITS

Personal habits of adults (age 15 and above) such as consumption or abuse of tobacco and alcohol, and eating unhealthy foods are usually viewed from the lens of risk-taking behaviour due to their adverse health outcomes. The emerging morbidity pattern from the personal habits is a crucial predictor of current as well as future health status of a population. It has become increasingly important to understand and examine the impact, these habits have on overall health status in India in the context of the epidemiologic and demographic transitions. Besides, the treatment seeking behaviours for these illnesses reflects the availability, accessibility, as well as quality of health care services. Studies have shown evidences of correlation between the shift towards non-communicable diseases (NCD) and increasing risk-taking behaviours among adult individuals. For instance, excessive drinking is linked to acute

and chronic physical health problems, particularly those related to the heart, blood circulation, respiratory, diabetes, mental health, cancer, crime and disorder, domestic violence, unprotected sex, unintended pregnancy, etc., (Room, Baboor, and Rehm, (2005). Alcohol consumption contributes too many diseases and is now the fifth leading risk-factor for the global disease (Lim, Vos, Flaxman, et al, 2012). Also, the economic burden of these NCD is equally serious - i.e., a 10 percent rise in NCDs is found associated with 1 percent lower rates of annual economic growth. However, programmes to combat NCDs were tremendously underfunded, and a low priority policy, as it is not part of the millennium development goals (MDG).

The WHO has recently stated that NCD such as cancer, diabetes, and hypertension are largest causes of death, and by 2020 cardiovascular diseases will be the largest cause of death and disability, including developing countries like India (WHO 2010). In 2012, the UN conference on sustainable development (Rio+20), referred to non-communicable diseases as "one of the major challenges for sustainable development in the 21st century", emphasising the fundamental link between health and development. In the same year, the World Health Assembly endorsed an important new health goal: to reduce avoidable mortality from non-communicable diseases (NCDs) by 25percent by 2025 (the 25 by 25 goal). The future threat to health is from NCDs, as the world also urbanizes faster than before.

Since 1990s India's overall health status has shown tremendous improvement, which signals a change and shift in pattern of morbidity and causes of death to non-communicable diseases (NCD), despite still substantial contribution of communicable diseases. The NCD accounted for 42 percent of all deaths in India (56% in urban areas and 40% in rural areas), as compared to communicable diseases with 38 percent (RGI, 2003). Estimated prevalence of diabetes, hypertension, ischemic heart diseases (IHD) and stroke is 62.5, 159.5, 37.0 and 1.54 per 1000 respectively. In the National Health Policy (NHP), the Government of India (GOI) has committed to eradicating infectious illnesses and reducing the mortality associated with such illness (MOHFW, 2002). One of the goals of the NHP 2002 is a 50 percent reduction of deaths from TB, malaria, and other vector and water borne diseases by the year 2010.

This chapter presents findings on the personal risk-taking habits, acute and chronic (infectious and non-communicable) diseases, and their treatment-seeking behaviours.

10.1 Tobacco and Alcohol Use in India

Tobacco and alcohol use have been associated with a wide range of major diseases, including several types of cancers and heart and lung diseases. Studies have shown that in addition to sharing the same health risks as men, women who use tobacco or alcohol also experience difficulty in becoming pregnant, are at an increased risk of infertility, pregnancy complications, premature births, low-birth-weight infants, stillbirths, and infant deaths (USDHHS, 2004).

In India, information about tobacco and alcohol use among adults has been collected by various household surveys such as the National Sample Survey (NSSO) (50th round, 1998), NFHS (1992-93, 1998-99, and 2005-06), DLHS (2007-08), the Global Adult Tobacco Survey-India (GATS-India, 2009-10), etc., each survey with specific objectives and

methodology. According to GATS India, 35 percent of adults in India age 15 and over use tobacco in some form or the other, with higher use among adults in most North eastern region (39-67%), east (36-50%), and central (40-53%) (IIPS & MoH&FW, 2010).

In India, there are varieties of tobacco products and its use is also very diverse. The most common ways of tobacco use are the smoking and oral (smokeless) variety. Dominant among the smoking form include cigarettes and bidis, while in case of the oral use of smokeless tobacco, chewing or applying to the teeth or gums (scented/unscented, with paan) are the popular forms, which has also become very popular in most parts of the country. The DLHS-4 also collects information related to tobacco and alcohol usage directly from among the eligible adults (women age 15-49 and men age 15-54).

In case of alcohol consumption, household surveys in India show that alcohol use among adults, both men and women, is not uncommon, but the use is found much lesser than tobacco use. Alcohol consumption is higher among men than females. Study in India indicated the prevalence of current use of alcohol ranged from about 7 percent in Gujarat (state officially under prohibition) to a very high 75 percent in Arunachal Pradesh, and its consumption among women exceeded 5 percent only in the Northeastern region. DLHS-4 information on alcohol use by adult men and women comes from a substantial number of respondents (5,532 men and 8,529 women).

10.2 Tobacco Use in Meghalaya

As shown in Table 7.1, overall 88 percent of adults in Meghalaya use any kind of tobacco in one way or the other. However, tobacco use varies across the state by age, residence, education, region, etc. The survey clearly indicates that tobacco use is highest and more likely among men (89.3%), people with less than 5 years of education (92.5%), rural residents (88.6%), and among schedule caste (62.4%), etc.

In Meghalaya, among adults, smoking is more prevalent (87%) as compared to the oral form (smokeless variety) of tobacco (24%). Use of smoke tobacco is higher among men (52%) as compared with females (5%) and also more likely to be higher among the older adults age 35 and above (91.4%), and those with lesser education, and also among the schedule tribes (88.8%).

In general, it is observed that in Meghalaya use of tobacco among adults increases with age, but in contrast, declines with increase in educational status. The pattern of using tobacco among adults also shows an interesting scenario across the districts in Meghalaya. Of the 7 districts in the state, one district, namely West Garo Hills stands out as lower use of tobacco in the state (Table 7.4). Reporting of use of oral or smokeless form is highest in West Khasi Hills and Jaintia Hills (about 92% each), followed by Ri Bhoi (89%). In most of the districts, the proportion of adults using oral form of tobacco is around 70.0percent to 92.0percent. In case of smoking form of tobacco the use among adults ranges from 17 percent in West Garo Hills to 27 percent in West Khasi Hills. Other districts in which at least one-fifth of adults are likely to smoke are East Garo Hills, Ri Bhoi, East Khasi Hills and Jaintia Hills. The use of tobacco (all forms) among men is substantially high in Meghalaya – 87percent for oral or smokeless and 52percent for smoking. It is interesting to note smoking form of tobacco use is

the lowest among teenagers (less than 18%), but increases from age 20 onwards (among the youth) to older ages. Smokeless tobacco use is slightly higher among men in urban areas (88.0%) than rural males (86.3%). Interestingly, smoking in men shows an entirely different scenario in Meghalaya. Smoking is found to be higher among men in rural areas (53%) than in urban areas (51%). Among men also, age and education emerge as important factors. The older males say age 40 and above (61-56%) are much more likely to use tobacco products than those aged less than 20 (30-51%). Similarly, as education level increases use of tobacco in any form is more likely to diminish among men. The more educated males are more likely to use tobacco than their counterparts who are illiterate (Table 7.2).

In Meghalaya, strictly speaking, both forms of tobacco are not widely used by men (87-52%). About 30 percent of adult men use tobacco with paan, and below 1 percent with guthka/paan masala. Use of paan with tobaaco among men is slightly higher in rural areas, while use of guthka/paan masala with tobacco is higher in urban areas (Table 7.5). In the case of smokers, more of rural men use this form (53%), higher by about 2 percent, than those in urban areas (51%). About 31 percent of men are usual smokers (smoke at least once a day) in Meghalaya. The proportion of usual smokers is 30 percent in rural areas as compared with 34 percent in urban areas (Table 7.6).

Generally, use of tobacco is found to be very less among women, more so when compared with men. In Meghalaya (Table 7.1), a small proportion of adult women reported using any kind of tobacco (less than 1%). Among the women tobacco users, while only about 5 percent smoke, a substantial proportion of them (87%) use the oral form or chew tobacco (Table 7.3).

The pattern of tobacco use observed among women is found to be very interesting. For instance, it shows a contrasting pattern 87.2 and 5.0 percent over different ages for both type of tobacco for women in Meghalaya. Only about 2.0 percent of women in urban areas smoke, compared with about 6.0 percent in urban areas. Among those women who use non-smoke form/chew tobacco, about 39 percent used it with betel nut or paan (Table 7.5). Among women who smoke, just about 2 percent are usual smokers (smoke at least once a day) (Table 7.6).

10.3 Use of Alcohol in Meghalaya

Household surveys in India show that alcohol use among adults, both men and women, is not uncommon, but the use is found much lesser than tobacco use. Alcohol consumption is higher among men than women. Study in India indicated the prevalence of current use of alcohol ranged from about 7 percent in Gujarat (state officially under prohibition) to a very high 75 percent in Arunachal Pradesh, and its consumption among women exceeded 5 percent only in the Northeastern region. DLHS-4 information on alcohol use by adult men and women comes from a substantial number of respondents (5,532 men and 8,529 women).

As presented in Table 7.1, in Meghalaya 15 percent of adults consume alcohol. In the state, the level of consumption is found much higher among adults age above 25 (over 16%) and highest among other caste (22%). Like use of tobacco, age and education do not make much impact as an important factor on alcohol consumption. Undoubtedly, use of alcohol is higher among illiterate, as compared to the more educated persons but the proportions do not differ

drastically. The level of alcohol consumption by religious affiliation shows that the least consumption is among Muslims (8%) and highest among people with 'No religion' (21%).

In Meghalaya, alcohol consumption across the districts shows that of the 7 districts, only in 3 districts the level is less than 15 percent (Table 7.4). The prevalence of alcohol use across the state ranges from 12 percent in West Garo Hills to about 17 percent in East Garo Hills. Consumption of alcohol is found high in districts such as East Garo Hills (17%), followed by Ri Bhoi (16.7%) and East Khasi Hills (15.6%) and Jaintia Hills (15%).

In Meghalaya, consumption of alcohol is found more concentrated among males (34%), about ten times higher than among females (Table 7.2). Men who are more likely to consume alcohol are those in their 30's and 40's (around 40%), non-literates (40%), who follow 'No religion' (52%) and 'Other' castes (44%). The reporting of consumption of alcohol is seen among the teenagers (12%). It is interesting to note that equal proportion of men in both rural and urban areas consume alcohol (34%). Around 16 percent of men are usual drinkers, which is higher in urban areas (19%) than rural areas (14%).

Only about 3 percent of adult females reported consuming alcohol in Meghalaya (Table 7.3). The consumption of alcohol increases by age, with higher intake among older females age 35 and above (3%). Women who reported higher consumption of alcohol are those from rural areas (3%), non-literate (4%), and belonging to other backward classes (5%). Around 1 percent of women are usual drinkers in Meghalaya.

11. MORBIDITY STATUS

In DLHS-4, for the first time, information on morbidity status of the household members was collected from the household respondent. The main objective is to get a somewhat fair idea about the prevalence of both acute illnesses (suffered for a week) and chronic illnesses (for a month or more), including disability (current) and injury (in last one year), suffered by any household member prior to the survey. Respondents were asked about occurrences of such illnesses among the household members, and to name the illness, including those diagnosed. Further, in case of occurrence of any disability, injury or illness, respondents were also asked about the nature of care sought, the type and place of health facility where treatment was done.

Depending on the nature and duration, all the illnesses or diseases are classified as (a) acute, and (b) chronic. Acute illness refers to those that occur suddenly with severe symptoms for short period during the last 15 days prior to the survey. Example includes diarrhoea, dysentery, acute respiratory tract infection (ARI), jaundice with fever, fever with chill/rigors/malaria, fever with rash, reproductive tract infections (RTI), etc. In case of chronic illness, those symptoms that persist for longer than one month in the past one year prior to the survey. The list provided includes both symptoms and associated diseases categories.

11.1 Disability and Injury

From each of the selected household, DLHS-4 collected information from the head of the household or adult respondent on any injury and on five specific disabilities that household members may have suffered from such as mental, visual, hearing, speech, and locomotor. As it is difficult to capture the type of injury and its severity from lay reporting, assessment is made indirectly from the type and duration of hospitalization required for the injury.

As presented in Table 7.8, in Meghalaya about 2 percent of the sample population reported suffering from any injury. The prevalence of any injury is a little higher in the rural areas (2%) compared to urban areas (1.7%). The prevalence of any injury (about 2% each) shows no variation between males and females in the state.

About 26 percent of the injuries reported were treated in intensive care. However, 16 percent of injuries were treated as in-patient with stay for less than a week, and 5 percent reported they were treated as in-patient with stay for more than 2 weeks. Interestingly, in Meghalaya, about 48 percent of injuries were treated using other form of treatments, i.e. other than intensive care or staying/in-patient, such as out-patient, traditional healers, or home remedies. More of females go for other treatments (49%) as compared with males, while men are more likely to be treated in intensive care or as in-patient with stay more than 2 weeks. There is not much variation in terms of treatment of any injury by residence in Meghalaya, except in some cases. For instance, a higher percent (33%) of injuries in urban areas than rural areas were treated as in-patient with stay less than a week, while reporting of other treatments is high in rural areas than urban areas (53% against 23% in urban areas).

In Meghalaya, among the five disabilities, the prevalence of visual disability is a little higher (0.4%) as compared to other disabilities. Reporting of visual disability is also found higher in males (0.4%) than females (0.3%). Mental, speech and hearing disabilities are the other disabilities reported in Meghalaya (0.2%, 0.1% & 0.2% respectively). (Table7.9)

11.2 Reported Illnesses: Acute and Chronic

In order to assess the prevalence of illnesses from the selected household level in DLHS-4, the household respondents were first asked if any member of their households had suffered from any illness in the past one month or year. If reported that someone had suffered, more detail of the illness recorded, including main source of treatment. As mentioned earlier, all the illnesses are classified into (a) acute and (b) chronic, based on the nature and duration, and the information is collected from head or any adult member of the household. **Acute Illnesses**

The prevalence of acute illness at the household level in Meghalaya is 5 percent. The differential in the prevalence of acute illness by residence show wide variation, with a much higher rate in the rural areas (5.1 against 3.3 in urban areas).

About 5 percent of household members reported suffering from any acute illness in Meghalaya, and more or less equal proportion of men and women (around 5%) reported to have suffered from any acute illness. Among the prevailing acute illnesses, fever (other than those with rash or jaundice) is reported by nearly 34 percent, followed by diarrhea/dysentery

(17%) and malaria (5%). Prevalence of acute illnesses is also found higher in rural areas, barring diarrhea/dysentery and jaundice with fever. Nearly 34 percent have reported as being suffered from acute illnesses other than the seven identified (Table 7.11).Interestingly, for most of the acute illnesses reported, more men suffered from most acute illnesses than women. Prevalence of acute illnesses is also found higher in rural areas, barring ARI and fever (other type of fever).

Nearly everyone who had suffered from any acute illness sought treatment. Around 63 percent preferred treatment at government facility, mainly in a Primary Health Centre (PHC) (30%), followed by government hospital (15%). About 30 percent of those who had acute illnesses got treated in a private facility, mainly in a dispensary/clinic (16%), followed by private hospital (7%). Around 9 percent with any acute illnesses were treated at DOTS centre or at home. In Meghalaya, use of government health facility for treatment of acute illness is quite common even in rural areas (64%). More of males preferred the treatment in government facilities (66%) as compared with females (61%), while women preferred private facilities for treatment of acute illnesses (25% against 28% among men).

Chronic Illnesses

Survey results of chronic illnesses described pertain to prevalence, type, and source of treatment by sex and residence. In Meghalaya about 3 percent of the households reported a member suffering from chronic illnesses that lasted for over a month in the past one year prior to the survey (Table 7.8). Prevalence of chronic illnesses is found higher among women (3.3 against 2.6 among men). As shown in Table 7.13, reporting by symptoms of chronic illnesses suffered by household members is highest for diseases of the gastrointestinal system (12%), followed by skin disease (7%) and diseases of musculoskeletal system and ENT problem (around 6% each). Interestingly, reporting of symptoms of chronic diseases other than the twelve identified diseases account for 46 percent.

In Meghalaya, not much differences observed in the reporting of symptoms of chronic diseases between males and females, except in case of some diseases. For instance, more males reported symptoms related to respiratory system 6 percent as compared with 3percent among females, musculoskeletal system (8% compared to 5 % among females) and skin diseases (10% against 6% among females). In contrast, females reported more of symptoms related to disease of central nervous system (6% compared to 3% among males) and genitourinary system (4% against about 1% among males).

Most of these chronic illnesses show higher prevalence in urban areas. For instance, diseases of cardiovascular system (3%), central nervous system (7%), musculoskeletal system (9%), genitourinary system (5%) and goitre (2%) show higher prevalence in urban areas as compared with rural areas. In case of rural areas, much higher reporting related to diseases of respiratory system (6%), eye problem (5%), ENT problem (6%), and ‘Other’ diseases (46%) is observed.

Household respondents were also asked about the nature and source of treatment for chronic illnesses suffered by any of their household member. In Meghalaya, around 67 percent of those who suffered from chronic illnesses have details of diagnosis or treatment. About 15

percent have no details of diagnosis or treatment, and about 19 percent do not sought treatment at all. The proportion not seeking treatment (21%) or with no details of treatment (17%) is more in the rural areas as compared to urban areas (10% and 4% respectively). Overall, 62 percent of rural residents and 86 percent of urban residents have details of diagnosis or treatment for the chronic illnesses. It is also observed that more of females (72%) have details of diagnosis or treatment for the chronic illnesses than males (59%) and a higher proportion of males (23% against 16% in females) do not seek treatment at all (Table 7.13).

Interestingly, in Meghalaya most people who suffered from chronic illnesses sought treatment at government facility (53%). About 42 percent were treated at private facility, while 3 percent reported being treated at home, and 2 percent sought other forms of treatment. More of rural residents (57%) preferred treatment at government facility than the urban residents (43%), whereas in urban areas (56%) private health facilities are preferred by people for the treatment of chronic illnesses.

Persons who sought treatment for chronic illnesses were also asked about the details of the diagnosis at the facility. In Meghalaya, hypertension and diabetes (6% each) are the most commonly diagnosed chronic illnesses, followed by tuberculosis (5%), diseases related to heart (4%) and asthma/chronic respiratory failure (3%). Goitre accounts for about 2 percent of the diagnosed chronic illnesses. As expected, the proportion diagnosed with these chronic illnesses is much higher in urban areas, particularly hypertension, diabetes, diseases related to heart and goiter, while reporting of tuberculosis is higher in rural areas. The results show that more women suffered from hypertension (8% against 4% among males) and goitre (3% against below 1%), whereas more men are suffered from diabetes, asthma/chronic respiratory failure and tuberculosis (Table 7.14).

Contrast to situation in the general population, among the older persons age 60 and above the prevalence of most chronic illnesses is much higher. For instance, about 17 percent of older persons were diagnosed with hypertension, 6 percent with diseases related to heart, about 7 percent with diabetes and 4 percent with tuberculosis (Table 7.15). The prevalence of some of these chronic illnesses indicates that higher proportion of older persons in urban areas suffered from hypertension (23% as compared with 15 percent in rural areas) and diseases related to heart (12percent against 5%). Among the older persons it is found that more females are diagnosed with hypertension (21% as compared with 13% among males) and diabetes (9% as compared with 6% among males), whereas more males suffered from diseases related to heart, asthma/chronic respiratory failure and tuberculosis.

11.3 Tuberculosis (TB)

Tuberculosis has re-emerged as a major public health problem in many parts of the world, often as a concomitant illness to HIV/AIDS. Tuberculosis, once known as the 'White Plague', is contagious and spreads through droplets that can travel through the air when a person with the infection coughs, talks, or sneezes. Today, TB is a leading cause of death among people who are HIV-positive. Worldwide, an estimated one-third of the nearly 40 million people living with HIV/AIDS are co-infected with TB. In most developing countries,

TB would continue to be a serious health threat even in the absence of HIV/AIDS due to the public health challenges posed by poverty, high illiteracy, and poor sanitation. The GOI has stated that 'In 2005, a total of 97 percent population was covered under the Revised National Tuberculosis Programme.' The government allocated Rs. 680 crores for the National Tuberculosis Control Programme (NTCP) in the 10th Plan (DGHS and WHO, 2005).

In Meghalaya, about 5 percent of the household population diagnosed with TB, which is found higher among males and in rural areas.

12. NUTRITION AND HEALTH

The DLHS-4 collected data on the nutritional status of children by measuring the height and weight of all children under age five in the selected households. The nutritional status assessment helps to identify sub groups of child population that face increase risk of faltered growth and potential health risks and vulnerabilities. The nutritional status of children in the survey population is compared with WHO child growth standards , which are based on an international sample of ethnically, culturally and genetically diverse healthy children living under optimum condition that are conducive to achieving a Child's full genetic growth potential (WHO, 2006)[1]. These standards can therefore be used to assess nutritional status of children all over the world, regardless of ethnicity, social and economic influence and child feeding practices. Accordingly, three standard indices of physical growth that describes the nutritional status of children are height-for-age (stunting), weight-for-height (wasting) and weight-for-age (underweight). Each of these indices provides different information about growth and body composition that can be used to assess nutritional status.

In DLHS-4, all children listed in the household, who were born in year 2008 or later were eligible for measurement of their height and weight. Thus, height and weight measurements were collected even from those children whose mothers may not have been interviewed in the survey. For this purpose, all the survey team carried with them two scales and two height boards, which were standardized in all aspects and calibrated for accuracy. Recumbent length was recorded for children under age two years. Standing height was measured for all other children. Table 8.1 represents of children below age five classified as malnourished according to three anthropometric indices of nutritional status (height-for-age, weight-for-height and weight for age) by some selected background characteristics. The analysis is based on information collected from 3399 children from Meghalaya for whom complete and erodible anthropometric and age data are available.

12.1 Height-for-Age (Stunting)

Height-for-age measures linear growth. A child who is more than two standard deviations below the median (-2SD) of the WHO reference population in terms of height-for-age is considered short for his or her age are stunted. This condition reflects the cumulative effect of chronic malnutrition. If a child is below three standard deviations (-3SD) from the reference

[1] World Health Organization (WHO) Multicentre Growth Reference Study Group. 2006. *WHO Child Growth Standards: Length/Height-for-Age, Weight-for-Length, Weight-for-Height and Body Mass Indexfor-Age: Methods and Development*. Geneva, Switzerland: WHO.

median, he or she is considered to be severely stunted. In Meghalaya 42 percent children under age five are stunted and 23 percent are severely stunted. Variation in the prevalence of stunting by age group shows that stunting is highest (52%) in children age 25-35 months, followed by those in age 36 months and above (46%) and the lowest (15%) in children below age 6 months. Prevalence of severe stunting shows a similar pattern, with the highest proportion of severe stunting in children age 19-24 months (41.5%), followed by among those age 25-35 months (51.7%). Sex differential in the prevalence of stunting is not much pronounced as male children are relatively more likely to be stunted (43%) than female children (41%). The sex differential remains by and large the same even in case of severe stunting. There is no much different in children under age five living in rural and urban areas and coming from schedule tribe, castes and other backward classes families.

The prevalence of stunting is not uniform across different districts in Meghalaya. Stunting is the lowest in West Garo Hills district (30%) followed by South Garo Hills (33%). While, the prevalence of stunting is the highest in Jaintia Hills (48%) followed by West Khasi Hills(47%) and Ri Bhoi (44%). Severe stunting is the lowest in West Garo Hills(14%) and South Garo Hills (15%). On the other hand, Jaintia Hills portrays the highest prevalence of severe stunting.

12.2 Weight-for-Height (Wasting)

Weight-for-height describes the current nutritional status. A child who is more than two standard deviations below (-2SD) the reference median for weight-for-height is considered to be too thin for his or her height, or wasted. This condition reflects acute or recent nutritional deficit. As with stunting, wasting is considered sever if the child is more than three standard deviations below the reference median. Overall 17 percent children in Meghalaya are wasted and 8 percent are severely wasted. Analysis by age group shows that wasting rages from a minimum 11 percent in children age 36 months to the maximum 28 percent in children in age 0-6 months. Children residing in rural areas are more likely to be wasted (17%) than children living in urban areas (13%). There is no much different of weight-for-height/wasted in children from scheduled castes (11%), tribes (17%), others (16%) and other backward classes (17%). Variations by district portray that wasting in children ranges from 12 percent in South Garo Hills to 20 percent in Jaintia Hills.

12.3 Weight-for-Age (Underweight)

Weight-for-age is a composite index of weight-for-height and height-for-age. Thus, it is does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). A child can be underweight for his age because he or she is stunted, because he or she is wasted, or both.

Table 8.1 reveals that 31 percent of children under age 5 are underweight and 12 percent are severely underweight. The proportion of underweight children is the highest (36%) among children age 25-35 months and the lowest (21%) among children age 0-12 months. The sex differential in the proportion of underweight children is not pronounced. Rural children are more likely to be underweight (32%) and urban (22%) children. Even children from scheduled tribes, scheduled castes, other backward classes and other are relatively more or

less similar in underweight. By districts, underweight in children ranges from 36 percent in West Khasi Hills to 18 percent in West Garo Hills.

12.4 Body Mass Index of Women

In many countries, chronic energy deficiency characterized by BMI of less than 18.5 among adults remains the predominant problem, leading to low productivity and reduced resistance to illness. Prevalence of overweight among women is also growing problem in developing countries. Overweight individuals are predisposed to a wide range of health problem including diabetes and heart diseases and also poor birth outcomes for pregnant women. The BMI is used to measure thinness or obesity. It is defined as weight in kilograms divided by height in meters squared (Kg/m2). A BMI of less than 18.5 is used to define thinness or acute under nutrition. A BMI of 25 or above usually indicates overweight and a BMI of 30 or above indicates obesity.

In DLHS-4, height and weight measurements in Meghalaya were obtained for 5,283 women age 15-49 years who were present in the sample households at the time of survey. Table 8.3 represents of women aged 15-49 by their BMI. The mean BMI is 23.6, which falls in the normal BMI classification. Seventy three percent of the women age 15-49 have a normal BMI , 16 percent are undernourished or thin (BMI less than 18.5) and 11 percent are overweight or obese (BMI 25 or higher). It is evident from the table that there is profound variation in BMI by some selected background characteristics of women. Women age 15-19 are more likely to be thin or undernourished (22%) than women in other age cohorts There is no profound variation has been found to be undernourished by place of residence (16 %), where as urban women are almost 1.8 times more likely to be overweight or obese as compared to rural women (16 and 9 % respectively). Educational attainment doesn't show any consistent relationship with the proportion of thin or undernourished women. Among women who are non literate, nearly one tenth of them (18%) are thin or underweight and 10 percent are overweight or obese. But the proportion of such women increased to 13 percent among those completed 10 or more years of schooling. The pattern gets reversed in case of proportion of women who are thin or undernourished. Women from scheduled caste and schedule tribe households, having larger potential to have food insecurity, are comparatively more likely to be thin in comparison to those households from other caste-groups. Proportion of women who are thin or underweight is not uniform across districts of Meghalaya. It ranges from the minimum of 10 percent in Jaintia Hills to 22 percent in West Garo Hills. On the other hand, proportion of women who are overweight or obese is the highest in West Garo Hills and East Garo Hills (14 percent each) and lowest in West Khasi Hills (7 percent).

12.5 Prevalence of Anemia

Anemia, characterized by a low level of hemoglobin in the blood, is major health problem in developing countries, especially among young children and pregnant women. Anemia among pregnant women may be an underlying cause of maternal mortality, spontaneous abortion, premature births, and low birth weight. The most common cause of anemia is inadequate dietary intake of nutrients necessary for synthesis of hemoglobin, such as iron, folic acid, and vitamin B12. Anemia also results from sickle cell disease, malaria, and parasitic infections

(Benoist et al. 2008)[2]. It is against this background, a number of interventions have been put in place to address anemia in children in developing countries. These include expanded distribution of iron supplements and deworming medication to children age 1-5 every six months.

In DLHS-4, all the usual residents of the selected households including children age 6-59 months were included in the anemia testing, where blood drops were collected using dried blood spot (DBS) method and tested in designated laboratories. The process of blood collection consists of obtaining blood droplets by pricking in the middle or ring finger with a retractable and non-reusable lancet. Before pricking, the finger was cleaned with a swab containing 70 percent isopropyl alcohol and allowed to dry. In case of those children where blood droplets were not possible from middle or ring finger, heel pricking was practiced and DBS were prepared.

Table 8.5 shows the anemia status of children age 6-59 months by some selected background characteristics. Over seven-tenth (71%) of children age 6-59 months suffer from some level of anemia (Hb <11.0g/dl), 20 percent of children have mild anemia and 44 percent have moderate anemia (Hb 7.0-9.9g/dl). Over 7 percent of children age 6-59 months have severe anemia (Hb <7.0 g/dl). The prevalence of anemia among children age 6-59 months is relatively higher among rural children (72%) than their urban (66%) counterparts. The prevalence of any anemia does not vary significantly by sex of the child and religion of the head of household to which children belong to. Of course, Muslim children are comparatively more likely to suffer from any anemia than those from other caste-groups.

The prevalence of any anemia declines sharply among school going population age 6-19 years (49%). The proportions of school going population age 6-19 years who suffer from mild and moderate anemia are 20 percent and 26 percent respectively. The pattern is declining in any anemia with increasing age is linear in nature with the maximum (56%) among those in the age-group 6 to 10 years and minimum (43%) in those age 17-19 years. Female children and those living in rural areas are more likely to be anemic (Table 8.6). The prevalence in anemia also decline linearly with increasing years of schooling, from 60 percent among non literate to 40 percent among those having 10 or more years of schooling. Other backward castes groups are also more likely to be anemic even in the school going population age 6-19 years.

Prevalence of anemia declines further in case of adult population age 20 years and above. It is evident from Table 8.7 that over four-tenth (46%) of adult age 20 years and above are anemic in Meghalaya. Adult women are approximate 1.5 times more likely to be anemic than their male counterparts. Likewise to the school age population (age 6-19), years adults population portrays a uniform prevalence of anemia with increasing age groups. However, there is a same pattern by sex of the adults. The pattern shows an increasing prevalence of anemia by age among adult men, while there is a declining trend in the prevalence of anemia with

[2] Benoist, B. D., E. McLean, I. Egli, I., and M. Cogswell (eds.). 2008. *Worldwide Prevalence of Anaemia 1993–2005: WHO Global Database on Anaemia*. Geneva, Switzerland: World Health Organization

increasing age among women in Meghalaya. Rural adult age (age 20 years and above) are more likely to be anemic than their urban counterparts. Increasing years of schooling shows linear decline in the prevalence of anemia in case of women as well as among men age 20 years and above. Scheduled caste and scheduled tribes portrays a distinct pattern with relatively higher prevalence of anemia even among adult age 20 years and above, which may have definite implication for the food security scheme in the state.

Prevalence of anemia among pregnant women poses much sever health consequences and may be an underlying course of maternal mortality, spontaneous abortion, premature births and low birth weight. Table 8.9 presents the pregnant of women age 15-49 classified as having iron-deficiency (anemia) by degree of anemia and some selected background characteristics.

It is evident from the table that around three-fifths (64%) of pregnant women in Meghalaya are anemic. About one-fifth of them have mild anemia (10.0-10.9 g/dl), 38 percent have moderate anemia and 5 percent have severe anemia. Pregnant women in Meghalaya who are younger in age (specifically age 15-19), those living in rural areas, non-literate and coming from scheduled caste/scheduled tribe households are more likely to be anemic.

12.6 Prevalence of Diabetes

Diabetes has serious consequences for individuals and poses a large burden on health services, especially in developing countries. According to the International Diabetes Federation (IDF), diabetes poses a daunting challenge to the sustainable development of the nation, as almost every tenth adult in India is estimated to be affected by either diabetes or pre-diabetes (IDF 2011). The latest global figures on diabetes, released by the International Diabetes Federation (IDF), has raised a serious alarm for India by saying that nearly 52percent of Indians aren't aware that they are suffering from high blood sugar (IDF, 2011)[3]. In DLHS-4, women and men age 18 and older in the selected households were eligible to have their blood glucose level tested. The blood glucose was measured using portable glucometer namely SD code free, where blood droplets were obtained by pricking in the middle or ring finger with a retractable and non-reusable lancet. Before pricking, the finger was cleaned with a swab containing 70 percent isopropyl alcohol and allowed to dry. In the process, the first two drops of blood were wiped away and third drop was drawn into the glucose strips.

Table 8.10 and 8.12 present data on random blood glucose values for men and women age 18 and above from the sample households included in DLHS-4. Data shows that 6 percent of men age 18 and above and 5 percent of women age 18 and above in Meghalaya suffer from diabetics as the level of blood glucose among those have been 160mg/dL or higher. Another 10 percent of men and 8 percent of women age 18 and above in Meghalaya are pre-diabetic. However, over four-fifth of men as well as women have normal level or even lower level of blood glucose.

[3] International Diabetes Federation (IDF). 2011. *Diabetes Atlas, 5th edition*. Brussels, Belgium: IDF

Prevalence of diabetes increases linearly with increasing age among men as well as among women age 18 years and above. Men age 60 & above are over 12 times more likely to suffer with diabetes as compared to those in the age-group 18-29 years. The pattern remains by and large same even among women age 18 years and above,1.5 percent in the age group 18-29 years and 13.2 percent in age 60 years & above (Table 8.12). Men and women age 18 and above who reside in urban areas are more likely to suffer from diabetes than their rural counterparts (1.2 times and 1.5 times). Non-literate men and women are more likely to suffer from diabetes than those who have ever attended schools. Level of diabetes prevalence cuts across religion group, which may have implication for the differences in life style and food habits. Caste differentials in prevalence of diabetes is profound as men and women who are scheduled castes and other backward castes are more likely to suffer from diabetes than others, which may be primarily due to changes in their life styles and dietary practices.

Tables 8.11 and 8.13 present variation in the prevalence of diabetes among adult men and women age 18 and above across different districts of Meghalaya. Among districts, men in West Garo Hills and East Garo Hills have the highest prevalence of diabetes (9% and 8% respectively) followed by Ri Bhoi (7%). On the other hand, men in Jaintia Hills (2 %) have relatively lower prevalence of diabetes among different districts of Meghalaya. The pattern remains by and large the same even if we analyze the prevalence of diabetes among adult women in different districts of Meghalaya. The prevalence is the highest among adult women in West Garo Hills and East Garo Hills (7 %) and lowest in West Khasi Hills (2%).

12.7 Prevalence of Hypertension

Blood pressure rises and falls throughout the day. When blood pressure stays elevated over time. It is called high blood pressure. The medical term for high blood pressure is hypertension. Raised or high blood pressure acts as one of the contributing and intermediate risk factors for developing coronary heart disease, stroke, and kidney disease. The measurements taken for blood pressure in DLHS-4 were not intended to provide a medical diagnosis of the disease but rather to provide a cross-sectional assessment of the prevalence of high blood pressure in the population at the time of the survey. Although the results of the blood pressure measurements are regarded only as a statistical description of the survey population, they provide insight into the size and characteristics of the population at risk for hypertension. The DLHS-4 is used Ross Max AW150 blood pressure monitor model; the automatic devise included separate cuffs for measuring blood pressure in respondents with small, medium and large arm circumferences. Interviewers were adequately trained to use this device according to the recommended protocol. Two health investigators were included in each team for data collection.

Two measurements of both systolic and diastolic blood pressure were taken during the survey at approximately ten minutes interval and the average measurement was used to report respondent's blood pressure values. Tables 8.14 and 8.16 present the information on blood pressure values for men and women age 18 years and above by some selected background characteristics. In the table the blood pressure level has been defined into six categories depending upon various combinations of systolic blood pressure (SBP) and diastolic blood pressure (DBP). The value of SBP greater than 140 mmHg or DBP greater than 90 mmHg is

defined as hypertensive with elevated blood pressure, which may have implications for need for medication on a priority basis (AHA, 2003)[4]. In DLHS-4 we have taken SBP 130-139 or DBP 85-89 as the pre-hypertension. It is evident from Tables 8.14 and 8.16 that 14 percent of men and 10 percent of women age 18 years and above in Meghalaya are in the stage of pre-hypertension, while 22 percent men and 18 percent of women age 18 years and above are in the stage of hypertension and require medical attention on a priority basis. There is no profound difference in the prevalence of pre-hypertension or hypertension across men and women living in urban (26% and 21%) and rural areas (21% and 17%) of Meghalaya. The pattern in prevalence of pre-hypertension and hypertension across different districts of Meghalaya are not uniform. Among men age 18 years and above, prevalence of pre-hypertension ranges from a minimum in East Garo Hills (7 %) to the maximum in South Garo Hills (18 %). In case of hypertension, the prevalence ranges from a minimum in East Garo Hills (11 %) to the maximum in Ri Bhoi (28 %).

In case of women age 18 years and above, the prevalence of pre-hypertension is the lowest in lowest in East Garo Hills (5 %) among the 7 districts of Meghalaya. On the other hand, South Garo Hills (17 %) and Jaintia Hills (12 %) are some of the leading districts having higher prevalence of pre-hypertension among women age 18 years and above District wise variation in the proportion of women age 18 years and above suffering with hypertension (SBP>= 140 or DBP>=90) also portrays the same pattern with the lowest proportion of women in East Garo Hills and (11%) the highest proportion in Ri Bhoi (23 %) and East Khasi Hills (21 %).

12.8 Use of Iodized Salt

Salt used in the household is the most common vehicle for iodine fortification to prevent the public health concerns of iodine deficiency disorders. The compound used for fortification of salt is potassium iodide (KIO3).According to the World Health Organization, a country's salt iodization program is considered to be on a good track to eliminate iodine deficiency when 90 percent of households use iodized salt. The DLHS-4 made an effort to assess household iodized salt consumption by testing iodine contents in the salt being used by the household. Table 8.18 shows the proportion of households using iodized salt according to some selected background characteristics.

In Meghalaya and 83 percent households were found to use salt with adequate iodine contain. Another 3 percent households were found to use salt with iodine but the proportion of iodine contain was not adequate. There is little difference in use of iodine salt by place of residence. Analyzing the variation in proportion of household using iodized salt by districts, it is evident from Table 8.19 that it ranges from a maximum in East Khasi Hills (95 %) to the minimum in West Garo Hills 74 perecent.

[4] American Heart Association. http://www.heart.org/HEARTORG/.

13. HEALTH FACILITIES

The basic objective of the population linked facility survey conducted for the first time in DLHS-3 is to collect data on health personnel, availability of drugs/medicines, equipments, basic RCH care amenities, communication means and infrastructure at the level of, PHC and CHC, in order to assess the adequacy of RCH services in rural areas.

In DLHS-4 facility survey also, at the district level, all Community Health Centres (CHCs) and the District Hospitals (DH) were covered. All Sub-Health Centres and Primary Health Centres (PHCs) which were expected to serve the sampled population of selected PSU were also covered.

In Meghalaya, the average sampled rural population served per Sub-Centre, PHC and CHC are 6,838, 28,103 and 38,229 respectively (Table 9.1). In total,216 villages were surveyed in DLHS-4 and the RCH services of these sampled villages were catered by 195 Sub-Health Centres, 75 PHCs and 14 CHCs.

Out of the 195 Sub-Health Centres functioning in government building, 54 percent have regular electricity In 24 percent of these Sub-Health Centres there are labor rooms and out of this, 70.3 percent of the labor rooms are currently in use. Toilet facility is available in 98.2 percent of the sampled Sub-Centre located in government buildings. And, 93.9 percent of these Sub- Health Centres running in government buildings have provision for water (Table 9.2).

Citizen's charter is displayed in 6.2 percent of Sub-Health Centres The proportion of sampled Sub-Centre facilitated by Village Health Nutrition & Sanitation Committee (VHNSC) and those that received untied funds is 49 percent and 73 percent respectively(Table 9.3).

Almost all Sub-Centers of all the districts in Meghalaya have (99.5%) of Auxiliary Nurse Mid Wife (ANM). Additional ANM available at Meghalaya state is 88.6 percent. Less than 8 percent of SHCs where Male Health Worker (MHW) available in the districts of West Garo Hills, West Garo Hills, West Khasi Hills, Ri Bhoi and East Khasi Hills. Maximum 26 percent of the SHCs in East Garo Hills have the MHW.

At the PHC level, all the districts, except East Garo Hills and East Khasi Hills in Meghalaya have more than 70 percent of PHCs are having Medical Officers (MOs). The following three districts namely West Garo Hills, South Garo Hills and West Khasi Hills where all the surveyed PHCs are having Medical Officer. In Meghalaya, out of 75 sampled PHCs, 93.3 percent of the PHCs have MOs.As regards to other human resources like LMOs, AYUSH Doctors, and Pharmacists in position at PHCs 57.1 percent, 71.4 percent and 97.3 percent of PHCs respectively.

Ninety seven percent of PHCs have residential quarters for MO (Table 9.6). 98.6 percent of PHCs are functioning on a 24 hour basis. All surveyed PHCs catering to the sample villages have at least four beds. About 75 percent of the PHCs have regular power supply and more than 90 percent of the PHCs are having functional vehicles.

Newborn care services are available in 96 percent of the sampled PHCs, 36.5 percent provide referral services for delivery case, and 9.3 percent have conducted at least 10 deliveries during last one month (Table 9.7).

All the surveyed PHCs have received and utilized untied fund.9.8). Rogi Kalyan Samiti (RKS) has been constituted in 97 percent of the sampled PHCs and 97.3 percent of PHCs displayed the Citizen's Charter.

Out of 14 surveyed CHCs only 3 CHCs are having an Obstetric Gynecologist, 11 CHCs are having Pediatrician and only 2 CHCs are having Public Health Manager (Table 9.9).

Blood storage facility are available only in 2 CHCs out of 14 CHCs, 9 CHCS are designated as First Referral Units (FRUs), functional Operation Theatres (OTs) are available in 3 CHCs and all 14 CHCs are having new born care services (Table 9.10).

All 14 CHCs have utilized untied funds which they received for previous financial year and all the CHCs have Citizen's charter displayed as well as RKS constituted and out of this 8 CHCs are regularly monitoring the RKS activities (Table 9.11).

Five District Hospitals have been surveyed in Meghalaya. All 5 DHs are having Pediatricians, 3 DHs are having Radiographers. 2D Echo facility and critical care area is available in only 1 DH. Ultra Sound facility is available in 4 DHs out of 5 DHs. Suggestion and Complaint boxes are available in all 5 DHs.

BACKGROUND CHARACTERISTICS

TABLE 1.1 BASIC DEMOGRAPHIC INDICATORS

Basic demographic indicators of Meghalaya and its districts, Census 2011.

State/Districts	Population (in thousands)	Percentage urban	Percentage decadal growth rate[1]	Sex ratio[2]	Percentage literate 7+		
					Male	Female	Total
West Garo Hills	643.3	11.7	26.80	979	72.4	62.7	67.6
East Garo Hills	317.9	13.9	25.96	968	77.7	70.1	73.9
South Garo Hills	142.3	9.1	29.11	944	76.2	66.9	71.7
West Khasi Hills	383.5	11.1	+29.53	981	78.5	77.2	77.9
Ri Bhoi	258.8	9.7	+34.26	951	76.8	74.5	75.7
East Khasi Hills	825.9	44.4	+24.96	1,008	84.5	83.8	84.2
Jaintia Hills	395.1	7.3	+32.10	1,008	58.1	65.1	61.6
Meghalaya	2966.9	20.1	+27.95	970	76.0	72.9	74.4

Source: Primary Census Abstract, Series 20, Census of India, 2011.[1] 2001-2011. [2] Female per 1,000 males.

TABLE 1.2 NUMBER OF HOUSEHOLDS, EVER-MARRIED WOMEN

Number of households and ever-married women interviewed by district, Meghalaya, 2012-13.

State/Districts	No of PSUs		Number of households interviewed				Number of ever-married women interviewed			
	Rural	Urban	Total	Rural	Urban	HH response rate	Total	Rural	Urban	EW response rate
West Garo Hills	34	05	929	812	117	82.9	679	579	100	89.0
East Garo Hills	30	06	936	785	151	83.6	802	664	138	92.8
South Garo Hills	28	04	842	737	105	75.2	509	428	81	85.0
West Khasi Hills	34	04	1,040	944	96	92.9	727	682	45	94.7
Ri Bhoi	34	04	997	890	107	89.0	762	707	55	93.2
East Khasi Hills	20	18	1,025	535	490	91.5	789	433	356	95.6
Jaintia Hills	36	03	1,060	981	79	94.6	884	832	52	97.4
Meghalaya	216	44	6,829	5,684	1,145	87.1	5,139	4,313	826	92.9

Note: Table based on unweighted cases.

TABLE 1.3 DISTANCE FROM THE NEAREST EDUCATIONAL FACILITY

Percent distribution of sampled villages by distance from the nearest educational facility, Meghalaya, 2012-13.

Educational facility	Within village	Distance from the village			Total
		< 5 km	5-9 km	10+ km	
Primary school	93.0	5.1	1.4	0.5	100.0
Middle school	65.9	15.2	9.0	10.0	100.0
Secondary school	27.6	11.6	13.8	46.8	100.0
Higher secondary school	8.0	10.0	13.4	68.7	100.0
College	0.0	2.0	11.8	86.3	100.0
Madarsa	0.6	1.3	0.0	98.1	100.0

Note: Distance from the village is calculated for only those villages which do not have the facility within the village. Table is based on unweighted cases.

TABLE 1.4(a) DISTANCE FROM THE NEAREST HEALTH FACILITY

Percent distribution of sampled villages by distance from the nearest health facility, Meghalaya, 2012-13

Health facility	Within village	Distance from the village[1]			More than 10km
		Within 3km	Within 5km	Within 10km	
Sub Health Centre	46.0	72.6	83.7	88.4	5.1
Primary Health Centre	9.8	21.4	27.9	47.0	53.0
Community Health Centre	3.3	13.5	17.2	27.9	72.6
District/Govt. Hospital	0.0	7.9	8.4	14.0	86.0
Government Dispensary	0.9	12.6	14.4	21.4	79.1
Private Clinic	3.7	19.1	22.8	35.3	64.7
Private Hospital	0.9	14.0	15.3	20.5	79.5
AYUSH Health Facility[2]	0.0	17.7	18.6	22.3	77.7

Including facilities within village.[2] AYUSH-Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy

TABLE 1.4(b) PROGRAMMES BENEFICIARIES

Percentage villages having any beneficiaries from selected programs , Meghalaya, 2012-13.

Programmes	Percentage of villages	Number of villages
Janani Suraksha Yojana (JSY)	84.2	181
Janani Shishu Suraksha Karyakram (JSSK)	40.5	87
Integrated Child Development Scheme (ICDS)	87.9	189
Total number of villages		215

TABLE 1.5 REASONS FOR DROPPING OUT OF SCHOOL

Percentage of household population aged 6 to 17 years who dropped out of school by main reasons, Meghalaya, 2012-13.

	Total			Rural			Urban		
Reason	Male	Female	Total	Male	Female	Total	Male	Female	Total
School too far	11.4	10.9	11.2	11.8	11.6	11.7	--	--	--
Further education not necessary	4.8	4.9	4.8	4.9	5.2	5.0	--	--	--
Required for work in household activities/farm family/business	6.4	7.9	7.0	6.5	7.1	6.7	0.0	20.8	13.1
Required for outside work	1.5	2.7	2.0	1.2	2.8	1.9	9.3	0.0	3.5
Not interested in studies	43.9	39.8	42.3	43.6	40.2	42.3	57.8	32.4	41.9
Cost too much	9.1	7.5	8.4	9.0	8.0	8.6	11.1	0.0	4.1
Repeated failures	4.3	4.6	4.4	4.1	5.0	4.4	10.0	0.0	3.7
Got married	0.0	2.8	1.2	0.0	2.5	1.0	0.0	6.6	4.1
Others	18.6	19.0	18.7	18.8	17.6	18.3	11.7	40.2	29.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of persons**	428	296	725	418	281	700	10	15	25

**Unweighted cases. -- No cases

TABLE 1.6(a) HOUSING CHARACTERISTICS AND HOUSEHOLD ASSETS

Percent of households by housing characteristics and household assets goods, by residence, Meghalaya, 2012-13.

		Residence	
Housing characteristics	Total	Rural	Urban
Electricity			
Having electricity	88.5	85.7	98.5
Source of drinking water			
Improved source[1]	81.3	77.8	94.2
Sanitation facility			
Improved sanitation[2]	69.0	64.1	87.0
Fuel used for cooking			
Liquefied Petroleum Gas (LPG)	10.7	2.0	43.0
Electricity	3.3	2.0	8.2
Kerosene	2.6	0.6	9.8
Wood	80.7	93.1	34.7
Others	0.0	0.0	0.0
Type of house			
Kachha	39.3	44.5	20.0
Semi-pucca	39.8	40.2	38.6
Pucca	19.4	13.9	39.7
Number of rooms			
1	1.3	1.1	2.0
2	10.0	10.4	8.4
3+	88.8	88.5	89.6
Household assets			
Radio/transistor	11.6	12.3	8.8
Television	54.9	46.5	86.0
Computer/ laptops without internet	4.3	1.7	13.8
Computer/ laptops with internet	2.9	0.9	10.1
Telephone only	1.6	1.1	3.5
Mobile only	77.8	74.5	90.0
Washing Machine	2.3	0.7	7.8
Refrigerator	10.3	3.9	34.2
Sewing machine	5.7	3.5	14.0
Watch/ clock	58.4	53.2	77.4
Bicycle	15.8	15.9	15.6
Motor cycle/ scooter	8.2	4.9	20.4
Car / Jeep/van	9.9	7.1	20.3
Tractor	0.2	0.2	0.3
Water pump/tube well	1.8	1.2	3.9
Cart driven by animal	0.1	0.1	0.3
Cart driven by Machine	0.1	0.0	0.2
Other cart	0.1	0.1	0.2
Cooler/AC	0.2	0.1	0.7
Number of households**	6,829	5,684	1,145

[1] Includes piped into dwelling piped to yard/plot, public tap/stand pipe/hand pump/tube well/ bore well/well covered/spring tanker, cart with small tank and bottled water. [2]Includes flush to sewer/septic/twin pit, pit with slab, pit ventilated improved, Other. ** Unweighted cases

TABLE 1.6(b) HOUSING CHARACTERISTICS BY DISTRICT

Percentage of households with selected characteristics by district, Meghalaya, 2012-13.

District	With electricity	Improved source of drinking water[1]	Improved access to Sanitation[2]	Using Liquefied Petroleum Gas	Living in *pucca* house	Having BPL card
West Garo Hills	68.6	78.3	42.8	6.5	12.9	22.3
East Garo Hills	72.2	55.9	41.3	6.2	11.1	12.4
South Garo Hills	96.2	92.1	78.4	8.9	26.2	18.4
West Khasi Hills	97.7	84.1	84.3	2.1	9.5	25.7
Ri Bhoi	89.2	79.9	73.2	3.9	15.7	7.9
East Khasi Hills	99.2	93.2	82.0	27.6	30.7	16.9
Jaintia Hills	90.9	73.4	66.4	7.1	23.2	27.0
DLHS-4	88.5	81.3	69.0	10.7	19.4	17.9
DLHS-3	62.3	50.1	66.2	6.7	7.4	9.3

Note: [1] Includes piped into dwelling piped to yard/plot, public tap/stand pipe/hand pump,/tube well/ bore well/well covered/spring tanker, cart with small tank and bottled water. [2] Household having access to toilet facility = improved source of sanitation + flush not to sewer/septic/pit/twin pit + pit without slab + dry toilet.

TABLE 1.7 HOUSEHOLD CHARACTERISTICS

Percentage of the households by selected characteristics of the household head, household size and residence, Meghalaya, 2012-13.

Characteristics	Total	Residence	
		Rural	Urban
Sex			
Male	66.3	67.1	63.1
Female	33.7	32.8	36.9
Age			
< 30	12.8	12.7	13.3
30-44	35.6	35.8	34.9
45-59	32.7	33.2	30.8
60+	18.9	18.3	21.0
Median age	45	45	45
Religion			
Hindu	7.9	4.8	19.1
Muslim	3.7	4.1	2.0
Christian	84.2	86.5	75.6
No religion	2.2	2.3	2.0
Others	2.0	2.2	1.3
Castes/Tribes			
Scheduled Castes	6.8	5.9	10.3
Scheduled Tribes	91.7	93.1	86.2
Other Backward Classes	0.7	0.6	1.1
Others	0.8	0.4	2.4
Number of usual members			
1	3.4	3.0	5.0
2	8.9	8.9	8.8
3	17.0	17.1	16.7
4	19.8	19.4	21.3
5	17.8	18.0	17.0
6	12.6	12.6	12.5
7	8.7	9.1	7.1
8	5.3	5.5	4.9
9+	6.5	6.4	6.7
Total (%)	100.0	100.0	100.0
Mean household size	4.8	4.9	4.7
Number of households**	6,829	5,684	1,145

Note: Total figure may not add to 100 % due to 'do not know' or 'missing cases. ** Unweighted cases.

TABLE 1.8 HOUSEHOLD POPULATION BY AGE AND SEX

Percent distribution of the household population by age, residence and sex, Meghalaya, 2012-13.

	Total			Rural			Urban		
Age group	Total	Male	Female	Total	Male	Female	Total	Male	Female
<1	1.8	1.9	1.8	2.0	2.0	2.0	1.1	1.1	1.0
1-4	7.6	7.6	7.5	8.2	8.0	8.3	5.4	5.8	5.0
5-9	12.2	12.6	11.8	12.7	13.0	12.4	10.4	11.0	9.8
10-14	11.7	12.1	11.3	11.6	12.1	11.1	12.0	11.9	12.0
15-19	10.6	10.5	10.7	10.0	10.0	10.0	12.8	12.3	13.3
20-24	9.2	8.6	9.8	8.9	8.4	9.4	10.4	9.4	11.2
25-29	9.1	8.7	9.5	9.0	8.5	9.6	9.3	9.2	9.4
30-34	7.3	7.0	7.5	7.3	7.1	7.5	7.4	7.0	7.7
35-39	6.6	6.6	6.7	6.5	6.4	6.6	7.1	7.1	7.0
40-44	5.1	5.2	5.0	4.9	4.9	4.9	5.8	6.4	5.2
45-49	4.6	5.0	4.2	4.7	5.1	4.3	4.2	4.7	3.8
50-54	4.9	4.3	5.5	4.9	4.3	5.5	5.1	4.5	5.6
55-59	3.1	3.3	3.0	3.2	3.5	3.0	2.6	2.4	2.8
60-64	2.5	2.9	2.1	2.4	2.8	2.1	2.6	3.0	2.2
65-69	1.5	1.6	1.4	1.5	1.6	1.4	1.5	1.6	1.4
70-74	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.1	1.2
75-79	0.5	0.5	0.6	0.5	0.5	0.6	0.4	0.4	0.5
80+	0.6	0.7	0.6	0.6	0.6	0.5	0.9	1.0	0.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Persons**	33,571	16,264	17,260	28,027	13,649	14,337	33,571	17,260	16,264
Sex ratio at birth[1]	93.4	na	na	93.5	na	na	92.4	na	na
Sex ratio 0-4[1]	102.4	na	na	101.4	na	na	111.8	na	na

Note: Table is based on the *de facto* population, i.e. persons who stayed in the household the night before the interview (including both usual residents and visitors). [1] Females per 1000 males. – Percentage not shown due to lee than 10 cases. na: Not applicable ** Unweighted cases.

TABLE 1.9 MARITAL STATUS OF THE HOUSEHOLD POPULATION

Percent distribution of the household population (age10 years and above) by marital status, age and sex, Meghalaya, 2012-13.

	Marital status					
Age group	Never married	Married, *gauna* not performed	Currently Married	Widowed/divorced/ separated	Total%	Number of persons**
			Total			
10-14	98.7	0.0	0.8	0.4	100.0	3,906
15-19	94.4	0.2	4.4	0.7	100.0	3,512
20-24	69.8	0.8	27.4	1.8	100.0	3,067
25-29	40.0	1.7	54.6	3.4	100.0	3,032
30-44	13.9	2.5	76.8	6.2	100.0	6,348
45-49	4.9	3.0	81.1	10.6	100.0	1,531
50-54	4.2	2.4	77.3	15.9	100.0	1,656
55-59	3.7	3.0	74.4	17.9	100.0	1,048
60+	2.4	1.9	60.2	34.9	100.0	2,041
Total	44.6	1.5	46.2	7.3	100.0	26,141
			Male			
10-14	98.5	0.1	0.8	0.6	100.0	1,950
15-19	97.7	0.1	1.7	0.5	100.0	1,819
20-24	81.7	0.5	17.2	0.4	100.0	1,668
25-29	52.0	1.4	45.6	0.9	100.0	1,637
30-44	16.8	2.5	77.4	2.7	100.0	3,299
45-49	4.4	2.9	87.5	4.6	100.0	713
50-54	4.5	2.5	85.3	7.7	100.0	956
55-59	5.0	3.4	81.9	8.6	100.0	508
60+	2.5	2.3	77.1	17.6	100.0	972
Total	48.3	1.5	46.4	3.6	100.0	13,522
			Female			
10-14	98.8	0.0	0.9	0.2	0.1	1,954
15-19	91.4	0.3	7.0	1.0	0.4	1,691
20-24	59.8	1.0	35.9	3.0	0.3	1,393
25-29	29.8	1.9	62.3	5.5	0.4	1,395
30-44	11.2	2.4	76.2	9.4	0.8	3,044
45-49	5.5	3.0	74.0	17.4	0.1	818
50-54	4.0	2.4	71.5	21.8	0.4	700
55-59	2.4	2.7	66.8	27.6	0.6	539
60+	2.3	1.5	41.7	54.0	0.6	1,067
Total	41.2	1.5	46.0	10.8	0.4	12,601

** Unweighted cases.

TABLE 1.10 AGE AT MARRIAGE

Mean age at marriage and percentage of marriages below legally prescribed minimum age at marriage by sex, residence and districts Meghalaya, 2012-13.

Place of residence/ district	Mean age at marriage		Percentage of marriages below legal age at marriage		Currently married women aged 20-24 who were married before age 18 years
	Boys	Girls	Boys (<21 years)	Girls (<18 years)	
West Garo Hills	23.4	22.9	40.0	0.0	15.2
East Garo Hills	23.8	22.6	28.6	12.8	27.9
South Garo Hills	0.0	23.0	0.0	0.0	22.0
West Khasi Hills	28.7	23.4	0.0	0.0	23.3
Ri Bhoi	23.7	23.1	12.5	6.3	33.0
East Khasi Hills	30.8	25.8	0.0	0.0	27.1
Jaintia Hills	31.1	24.5	16.7	0.0	27.3
Rural	26.2	23.5	14.8	8.2	25.6
Urban	28.9	23.2	7.1	0.0	24.5
DLHS-4	27.2	23.4	12.2	5.7	25.4
DLHS-3	24.1	21.1	27.7	15.0	34.3

Note: Reference period: January 1st, 2008 to survey date.

TABLE 1.11 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION

Percent distribution of household population age 7 years and above by literacy levels, years of schooling and background characteristics Meghalaya, 2012-13.

Background characteristics	Non-literate	Years of schooling among those who are literate				Missing	Total %	Number of persons**
		Less than 5	6-8	9-10	11 or more			
Total								
Age group								
7-9	3.5	86.4	1.9	0.1	2.9	5.1	100.0	2,490
10-14	0.5	64.4	25.9	3.5	1.7	4.0	100.0	3,906
15-19	0.3	14.5	39.0	27.2	15.6	3.4	100.0	3,512
20-29	1.0	20.1	19.0	17.8	41.2	0.9	100.0	6,099
30-39	2.1	25.0	17.5	13.8	40.8	0.8	100.0	4,655
40-49	3.6	26.2	16.4	10.3	43.0	0.6	100.0	3,224
50+	4.6	20.6	9.5	8.6	55.7	0.9	100.0	4,745
Sex								
Male	2.0	32.5	18.8	12.9	31.7	2.2	100.0	13,863
Female	2.3	32.9	18.9	12.1	32.0	1.7	100.0	14,768
Religion								
Hindu	0.8	25.6	20.1	17.8	33.0	2.7	100.0	2,072
Muslim	1.0	23.9	14.9	11.3	35.5	13.3	100.0	989
Christian	2.3	33.7	19.1	12.2	31.4	1.4	100.0	24,471
No religion	2.8	32.3	18.2	7.9	36.4	2.5	100.0	579
Others	1.1	34.7	13.1	10.4	37.9	2.9	100.0	520
Castes/Tribes								
Scheduled Castes	1.0	26.0	16.8	13.9	33.4	8.9	100.0	1,712
Scheduled Tribes	2.3	33.7	18.9	12.1	31.7	1.3	100.0	25,719
Other Backward Classes	0.0	22.4	15.3	18.5	42.5	1.4	100.0	207
Others	1.2	22.9	21.1	17.6	32.2	5.0	100.0	993
Total	2.2	32.7	18.9	12.5	31.9	1.9	100.0	28,631

** Unweighted cases.

TABLE 1.12 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION

Percent distribution of household population age 7 years and above by literacy levels, years of schooling and background characteristics Meghalaya, 2012-13.

Background characteristics	Non-literate	Years of schooling among those who are literate				Missing	Total %	Number of persons**
		Less than 5	6 - 8	9 - 10	11 or more			
Rural								
Age								
7-9	4.3	84.7	1.7	0.1	3.4	5.9	100.0	2,147
10-14	0.7	69.0	21.6	2.0	2.1	4.6	100.0	3,250
15-19	0.3	19.0	40.1	23.3	13.0	4.2	100.0	2,795
20-29	1.3	24.5	19.8	16.5	36.8	1.0	100.0	5,018
30-39	2.5	28.8	17.4	11.1	39.6	0.6	100.0	3,859
40-49	4.3	28.9	14.6	7.7	44.2	0.3	100.0	2,671
50+	5.1	20.4	7.8	4.9	61.2	0.6	100.0	3,959
Sex								
Male	2.4	35.8	18.0	10.5	30.8	2.5	100.0	11,557
Female	2.7	36.0	17.7	9.6	32.3	1.7	100.0	12,142
Religion								
Hindu	0.8	25.6	20.1	17.8	33.0	2.7	100.0	1,196
Muslim	1.0	23.9	14.9	11.3	35.5	13.3	100.0	902
Christian	2.3	33.7	19.1	12.2	31.4	1.4	100.0	20,652
No religion	2.8	32.3	18.2	7.9	36.4	2.5	100.0	484
Others	1.1	34.7	13.1	10.4	37.9	2.9	100.0	465
Castes/Tribes								
Scheduled Castes	1.1	24.1	15.2	11.7	36.6	11.4	100.0	1,303
Scheduled Tribes	2.7	36.8	17.9	9.8	31.2	1.5	100.0	21,749
Other Backward Classes	0.0	25.7	12.8	13.3	47.0	1.2	100.0	157
Others	2.1	32.3	22.5	13.0	27.8	2.3	100.0	490
Total	2.5	35.9	17.8	10.0	31.6	2.1	100.0	23,699

** Unweighted cases.

TABLE 1.13 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION

Percent distribution of household population age 7 years and above by literacy levels, years of schooling and background characteristics, Meghalaya, 2012-13.

Background characteristics	Non-literate	Years of schooling among those who are literate				Missing	Total %	Number of persons**
		Less than 5	6 - 8	9 - 10	11 or more			
Urban								
Age group								
7-9	0.6	93.2	2.8	0.0	1.2	2.1	100.0	343
10-14	0.2	50.8	38.5	7.8	0.8	1.9	100.0	656
15-19	0.4	3.8	36.2	36.4	21.8	1.4	100.0	717
20-29	0.2	7.8	16.6	21.2	53.5	0.6	100.0	1,081
30-39	1.1	13.6	17.7	21.6	44.4	1.6	100.0	796
40-49	1.6	18.2	21.5	17.9	39.3	1.5	100.0	553
50+	3.2	21.4	15.0	20.1	38.5	1.7	100.0	786
Sex								
Male	0.8	22.2	21.3	20.1	34.5	1.1	100.0	2,306
Female	1.2	24.0	22.4	19.3	31.3	1.8	100.0	2,626
Religion								
Hindu	0.4	23.1	19.9	20.9	31.6	4.0	100.0	876
Muslim	2.2	35.5	23.5	11.3	27.6	0.0	100.0	87
Christian	1.0	23.0	22.0	19.6	33.4	1.0	100.0	3,819
No religion	4.2	22.3	37.1	13.1	23.3	0.0	100.0	95
Others	1.8	20.4	15.9	27.5	34.3	0.0	100.0	55
Castes/Tribes								
Scheduled Castes	0.9	30.3	20.4	18.8	26.3	3.4	100.0	409
Scheduled Tribes	1.1	23.3	22.3	19.5	33.1	0.7	100.0	3,970
Other Backward Classes	0.0	15.5	20.3	29.3	33.1	1.8	100.0	50
Others	0.7	16.9	20.2	20.5	35.0	6.7	100.0	503
Total	1.0	23.2	21.9	19.7	32.8	1.5	100.0	4,932

Note: Total number will not match because of missing cases. ** Unweighted cases.

TABLE 1.14 CURRENTLY ATTENDING SCHOOL

Percentage of household population (aged 6 to 17 years) attending school/college , Meghalaya, 2012-13.

Background characteristics	Total			Male			Female		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Age group									
6-10	93.9	99.6	95.0	93.1	99.6	94.3	94.8	99.6	95.7
11-13	93.3	98.8	94.4	91.2	99.2	92.8	95.4	98.4	96.0
14-17	84.4	97.4	87.6	82.0	97.7	85.7	86.9	97.2	89.6
Total	90.7	98.5	92.3	89.0	98.8	91.0	92.4	98.3	93.7
Religion									
Hindu	94.4	98.3	96.1	94.8	98.3	96.4	94.1	98.2	95.8
Muslim	85.9	100.0	87.3	86.1	100.0	87.3	85.5	100.0	87.0
Christian	91.3	98.5	92.8	89.6	98.8	91.4	93.1	98.2	94.2
No religion	81.8	96.4	85.1	82.5	93.6	84.8	80.9	100.0	85.4
Others	83.5	100.0	85.7	82.1	100.0	84.1	84.9	100.0	87.2
Total	90.9	98.5	92.5	89.3	98.7	91.2	92.5	98.3	93.8
Castes/Tribes									
Scheduled Castes	86.0	100.0	89.4	86.4	100.0	89.3	85.4	100.0	89.4
Scheduled Tribes	91.0	98.6	92.5	89.3	98.9	91.1	92.8	98.3	93.9
Other Backward Classes	91.1	93.3	91.8	91.5	100.0	93.6	90.7	88.2	89.9
Others	97.4	96.0	96.7	98.8	93.9	96.6	95.6	98.2	96.9
Total	90.9	98.5	92.5	89.3	98.7	91.2	92.5	98.3	93.8

TABLE 1.15 AVAILABILITY OF FACILITY AND HEALTH PERSONNEL BY DISTRICT

Percentage of villages with facility and health personnel by district, Meghalaya, 2012-13

	Number of villages having facility**						
District	Primary or middle school	Sub-Health Centre	PHCs	Any government health facility[1]	Anganwadi Centre	VHNSC	Number of villages
West Garo Hills	100.0	12.1	0.0	12.1	100.0	66.7	33
East Garo Hills	100.0	56.7	3.3	63.3	96.7	63.3	30
South Garo Hills	100.0	35.7	14.3	39.3	100.0	14.3	28
West Khasi Hills	97.1	67.6	5.9	70.6	100.0	47.1	34
Ri Bhoi	97.1	38.2	8.8	44.1	100.0	55.9	34
East Khasi Hills	100.0	40.0	20.0	55.0	100.0	55.0	20
Jaintia Hills	100.0	66.7	19.4	80.6	100.0	44.4	36
Meghalaya	99.1	46.0	9.8	52.6	99.5	49.8	215

Note: Table is based on unweighted cases.

** Facilities as reported by village pradhan/up pradhan/any other panchayat member/teacher/gram sevak/aganwari centre. [1] Includes Sub-Centre, Primary Health Centre (including Block PHC), Community Health Centre or referral hospital, government hospital, and government dispensary within the village. VHNSC = Village Health Nutrition and Sanitation Committee.

TABLE 1.16 BIRTH REGISTRATION

Proportion of children below age 5 years who have registered the birth with civil authority and received birth certificate, by background characteristics, Meghalaya, 2012-13.

Background characteristics	Birth Registered	Having birth certificate[1]	Number of children below 5 years**
Age of the children			
Below 1 year	47.7	37.9	527
1 to 2 years	44.0	50.8	568
3-4 years	54.0	69.4	1,113
Sex of the children			
Male	50.9	63.6	1303
Female	52.3	59.9	1365
Place of residence			
Rural	48.4	61.4	2,358
Urban	69.0	62.9	315
Religion			
Hindu	65.7	79.9	129
Muslim	35.6	71.6	63
Christian	51.6	61.2	2,365
No religion	47.2	41.6	65
Others	36.8	36.4	51
Castes/Tribes			
Scheduled castes	43.3	74.2	88
Scheduled tribes	51.6	61.4	2,509
Other backward classes	44.9	67.9	19
Others	62.6	60.3	57
Total	51.6	61.7	2,673

Note: Total number will not match because of missing cases. [1]Out of those registered. ** Unweighted cases.

TABLE 1.17 BIRTH REGISTRATION

Proportion of children below age 5 years whose birth have been registered with civil authority and received birth certificate by districts, Meghalaya, 2012-13.

Districts	Birth Registered			Received birth certificate[1]			Number of children below 5 years**
	Rural	Urban	Total	Rural	Urban	Total	
West Garo Hills	31.7	73.1	33.4	81.9	100.0	83.6	256
East Garo Hills	33.5	57.4	37.0	57.2	66.1	59.2	554
South Garo Hills	4.9	48.2	11.4	33.3	100.0	75.4	78
West Khasi Hills	41.7	58.4	44.2	53.5	90.8	60.9	326
Ri Bhoi	61.6	60.5	61.5	78.5	26.2	75.7	576
East Khasi Hills	58.3	85.3	67.7	63.1	57.2	60.5	330
Jaintia Hills	59.8	70.6	60.1	43.6	49.8	43.8	553
Meghalaya	69.1	48.4	51.6	61.4	63.0	61.7	2,673

[1] Out of those registered. ** Unweighted Cases.

CHARACTERISTICS OF WOMEN AND FERTILITY

TABLE 2.1 BACKGROUND CHARACTERISTICS OF EVERMARRIED WOMEN

Percentage of ever married women age 15-49 years according to selected background characteristics, and place of residence, Meghalaya, 2012-13.

Background characteristics	Place of residence		
	Total	Rural	Urban
Age Group			
15-19	2.5	2.8	1.8
20-24	11.6	12.4	9.1
25-29	20.5	20.4	20.8
30-34	19.6	19.6	19.5
35-39	18.7	18.4	19.7
40-44	15.0	14.2	17.4
45-49	12.2	12.3	11.7
Consummation of marriage			
Below 18 years	18.3	19.2	15.4
18 years & above	81.7	80.8	84.6
Marital Duration			
Less than 5 years	21.8	21.7	22.1
5-9 years	20.5	19.9	22.6
10-14 years	20.0	19.9	20.6
15 or more years	37.6	38.5	34.7
Woman's education			
Non-literate[a]	35.0	41.1	15.3
Less than 5 years	11.0	12.6	5.9
5-9 years	32.9	33.0	32.6
10 or more years	21.1	13.3	46.1
Husband's education			
Non-literate[a]	45.6	52.8	22.4
Less than 5 years	8.4	9.5	5.1
5-9 years	22.9	23.2	22.2
10 or more years	23.1	14.6	50.3
Religion			
Hindu	8.7	4.8	21.3
Muslim	2.7	2.9	2.0
Christian	84.9	88.2	74.1
No religion	2.5	2.6	2.0
Others	1.3	1.5	0.7
Castes/Tribes	6.2	5.1	9.9
Scheduled Castes	88.8	92.3	77.5
Scheduled Tribes	0.8	0.7	1.1
Other Backward Classes	4.2	1.9	11.5
Others			
(DLHS-4)**	5,139	4,313	826
(DLHS-3)**	6,943	6,052	891

[a] Literate but did not attend school, are also included. **Unweighted cases.

TABLE 2.2 LEVEL OF EDUCATION OF EVER MARRIED WOMEN

Percent distribution of ever married women age 15-49 years according to selected background characteristics and years of schooling, Meghalaya, 2012-13

Background characteristics	Non-literate	Literate but no schooling	Years of schooling: 0 -5 years	6-8 years	9-10 years	11 or more years	Total	Number of women**
Age group								
15-19	25.8	0.0	24.4	34.2	7.6	5.9	100.0	128
20-24	30.1	0.0	27.2	18.4	14.5	8.8	100.0	602
25-29	29.7	0.0	26.6	17.1	13.0	13.2	100.0	1,049
30-34	32.0	0.6	26.6	15.9	11.4	13.0	100.0	1,012
35-39	38.7	0.4	29.1	13.0	10.3	8.2	100.0	959
40-44	38.4	0.7	28.6	14.1	10.2	7.0	100.0	757
45-49	41.8	1.0	33.0	11.0	6.8	6.4	100.0	632
Place of residence								
Rural	40.6	0.5	31.5	13.7	8.4	4.7	100.0	4,313
Urban	15.3	0.1	17.2	21.2	19.8	26.3	100.0	826
Husband's education								
Non-literate[a]	65.5	0.6	20.9	7.8	3.0	2.3	100.0	2,434
Less than 5 years	14.8	0.5	63.4	13.8	5.7	1.8	100.0	454
5-9 years	10.2	0.4	48.1	28.6	8.6	4.2	100.0	1,197
10 or more years	4.9	0.2	10.5	18.9	31.9	33.6	100.0	1,054
Religion								
Hindu	33.7	0.2	20.1	15.8	17.2	13.1	100.0	397
Muslim	60.7	0.0	9.8	12.9	11.1	5.6	100.0	135
Christian	33.4	0.4	29.7	16.0	10.8	9.7	100.0	4,420
No religion	37.0	1.6	29.2	13.5	7.1	11.6	100.0	115
Others	56.5	0.0	31.7	4.3	3.6	3.8	100.0	69
Castes/Tribes								
Scheduled Castes	45.1	0.6	19.3	11.7	11.6	5.8	100.0	260
Scheduled Tribes	34.3	0.4	29.3	15.6	10.6	9.7	100.0	4,655
Other Backward Classes	58.5	0.0	18.3	10.9	3.7	8.7	100.0	40
Others	22.2	0.7	19.2	18.7	20.3	18.3	100.0	184
Meghalaya	34.6	0.4	28.2	15.5	11.0	9.8	100.0	5,139

[a] Literate but did not attend school, are also included. **Unweighted cases.

TABLE 2.3 BIRTH ORDER

Percent distribution of births[#] among ever married women age 15-49 years according to selected background characteristics and birth order, Meghalaya, 2012-13.

Background characteristics	Distribution of births	Birth order					Total	Number of births**
		1	2	3	4+	2 & above		
Age group								
15-19	4.1	90.8	7.9	1.3	0.0	9.2	100.0	65
20-24	24.1	50.3	32.3	13.7	3.8	49.7	100.0	354
25-29	30.7	27.9	28.9	22.5	20.8	72.1	100.0	433
30-34	22.3	16.6	15.5	24.8	43.1	83.4	100.0	324
35-39	12.4	5.5	9.3	11.1	74.1	94.5	100.0	182
40-45	4.8	0.0	6.4	5.8	87.7	100.0	100.0	70
45-49	1.6	0.0	0.0	6.0	94.0	100.0	100.0	25
Place of residence								
Rural	81.7	27.1	21.3	17.7	33.9	72.8	100.0	1,279
Urban	18.3	35.8	24.3	16.5	23.5	64.0	100.0	174
Education								
Non-literate[a]	32.9	16.7	17.0	20.9	45.4	83.2	100.0	501
Less than 5 years	13.8	17.5	19.4	13.4	49.7	82.5	100.0	205
5-9 years	31.0	32.7	26.6	17.6	23.1	67.1	100.0	456
10 or more years	22.3	47.8	23.7	15.0	13.6	52.2	100.0	291
Religion								
Hindu	5.5	42.5	29.9	12.2	15.5	57.5	100.0	73
Muslim	0.8	(23.0)	(30.2)	(33.0)	(13.7)	(77.0)	(100.0)	16
Christian	89.0	28.4	21.7	17.7	32.1	71.5	100.0	1,297
No religion	2.7	29.5	13.5	16.7	40.2	70.5	100.0	36
Others	2.0	5.9	13.1	15.9	65.0	94.1	100.0	31
Castes/Tribes								
Scheduled Castes	1.3	32.9	32.7	20.8	13.6	67.1	100.0	23
Scheduled Tribes	95.5	28.1	21.7	17.7	32.6	71.9	100.0	1,391
Other Backward Classes	0.7	--	--	--	--	--	--	9
Others	2.5	41.7	24.5	11.0	22.8	58.3	100.0	30
Meghalaya	100.0	28.7	21.8	17.5	32.0	71.2	100.0	1,453

[#] Last live/still birth since 01-01-2008. [a] Literate, but did not attend school are also included.() Based on 10-20 unweighted cases. -- Percentage not shown; because of less than 10 unweighted cases. Unweighted cases.

TABLE 2.4 BIRTH ORDER BY DISTRICTS

Percent distribution of births[#] among ever married women age 15-49 years by birth order and districts, Meghalaya, 2012-1.3

Districts	Distribution of births	Birth order					Total	Number of births**
		1	2	3	4+	2 & above		
West Garo Hills	7.1	37.7	26.4	21.7	14.2	62.3	100.0	113
East Garo Hills	17.6	28.6	21.3	20.6	29.5	71.4	100.0	257
South Garo Hills	1.7	54.9	18.5	21.8	4.7	45.1	100.0	24
West Khasi Hills	11.2	26.6	19.6	11.0	42.8	73.2	100.0	162
Ri Bhoi	22.5	24.4	20.1	19.8	35.8	75.6	100.0	325
East Khasi Hills	15.6	34.0	25.5	16.1	24.4	65.9	100.0	221
Jaintia Hills	24.3	23.9	20.5	15.8	39.8	76.1	100.0	351
Meghalaya	100.0	28.7	21.8	17.5	32.0	71.2	100.0	1,453

[#] Last live/still birth since 01-01-2008. ** Unweighted cases.

TABLE 2.5 CHILDREN EVER BORN

Mean children ever born (MCEB) according to selected background characteristics of ever married women age 15-49 years and 40-49 years, Meghalaya, 2012-13.

Background characteristics	Mean children ever born to women age 15-49 years				Mean children ever born to women age 40-49 years			
	Total	Males	Females	Number of Women**	Total	Males	Females	Number of Women**
Age Group								
15-19	0.66	0.36	0.30	128	na	na	na	na
20-24	1.24	0.62	0.62	602	na	na	na	na
25-29	1.84	0.97	0.87	1,049	na	na	na	na
30-34	2.51	1.32	1.20	1,012	na	na	na	na
35-39	3.13	1.61	1.52	959	na	na	na	na
40-44	3.72	1.95	1.77	757	3.72	1.95	1.77	757
45-49	4.16	2.16	2.00	632	4.16	2.16	2.00	632
Residence								
Rural	2.79	1.47	1.33	4,313	4.15	2.19	1.96	1147
Urban	2.32	1.16	1.16	826	3.22	1.61	1.61	242
Education								
Non-literate[a]	2.84	1.47	1.37	1,875	3.84	2.00	1.84	587
Less than 5 years	3.40	1.72	1.68	596	4.69	2.40	2.29	192
5-9 years	2.67	1.41	1.26	1,711	4.05	2.16	1.89	428
10 or more years	2.11	1.09	1.02	957	3.27	1.65	1.63	182
Religion								
Hindu	1.86	0.95	0.91	397	2.54	1.13	1.41	108
Muslim	2.19	1.35	0.85	135	2.62	1.84	0.78	37
Christian	2.77	1.44	1.33	4,420	4.13	2.16	1.96	1,186
No religion	2.78	1.41	1.37	115	3.75	1.80	1.95	39
Others	3.97	1.82	2.15	69	(3.99)	(1.66)	(2.33)	19
Castes/Tribes								
Scheduled Castes	1.90	1.08	0.82	260	2.51	1.44	1.08	63
Scheduled Tribes	2.78	1.44	1.34	4,655	4.11	2.14	1.97	1,247
Other Backward Classes	1.85	0.95	0.90	40	(2.05)	(0.98)	(1.07)	12
Others	1.99	1.08	0.91	184	2.62	1.41	1.21	67
Meghalaya	2.68	1.40	1.29	5,139	3.92	2.05	1.87	1,389

Note: Total figure may not add to 100 due to 'don't know' and 'missing cases. [a] Literate but did not attend school are also included. ( ) Based on 10-20 unweighted cases. na = Not applicable. ** Unweighted cases.

TABLE 2.6 OUTCOMES OF PREGNANCY

Percent distribution of all pregnancies of currently married women age 15-49 years by outcomes since 01-01-2008 according to background characteristics, Meghalaya, 2012-13.

Background characteristics	Number of Currently Married Women	Percentage of Currently pregnant women	Pregnancy outcome					Number of pregnancies**
			Live birth	Still birth	Induced abortion	Spontaneous abortion	Total %	
Age group								
15-19	112	22.8	96.7	0.0	0.0	3.3	100.0	55
20-24	540	10.0	97.5	0.2	0.3	2.0	100.0	331
25-29	970	10.1	97.7	1.1	0.0	1.2	100.0	428
30-34	920	7.1	98.8	0.3	0.0	0.9	100.0	313
35-39	864	5.2	97.3	0.7	0.0	2.0	100.0	176
40-44	642	4.4	94.5	0.0	0.0	5.5	100.0	72
45-49	523	2.6	100.0	0.0	0.0	0.0	100.0	23
Place of resident								
Urban	3,824	7.4	97.6	0.5	0.1	1.9	100.0	1,225
Rural	747	7.3	98.3	0.9	0.0	0.9	100.0	173
Sex-composition of living children								
One son only	437	9.0	98.1	0.7	0.0	1.2	100.0	170
One daughter only	414	6.6	98.8	0.5	0.0	0.7	100.0	159
One son, one daughter only	479	4.4	100.0	0.0	0.0	0.0	100.0	164
Two sons only	198	6.2	92.3	2.5	0.0	5.2	100.0	79
Three sons only	88	3.4	97.0	0.0	0.0	3.0	100.0	32
Three daughters only	64	4.5	97.7	2.3	0.0	0.0	100.0	33
Four and above	1,413	5.6	98.7	0.2	0.0	1.0	100.0	460
Woman's Education								
Non-literate[a]	1,682	7.0	97.7	0.8	0.0	1.6	100.0	487
Less than 5 years	511	9.4	95.9	1.2	0.0	2.9	100.0	200
5-9 years	1,527	7.4	98.1	0.2	0.2	1.5	100.0	437
10 or more years	851	7.1	98.3	0.3	0.0	1.4	100.0	274
Husband's education								
Non-literate[a]	2,002	7.0	98.0	0.1	0.0	1.8	100.0	581
Less than 5 years	439	9.3	93.7	2.6	0.0	3.7	100.0	188
5-9 years	1,142	8.0	98.1	0.4	0.3	1.2	100.0	319
10 or more years	988	6.7	98.9	0.2	0.0	0.9	100.0	310
Religion								
Hindu	375	9.3	97.4	1.4	0.0	1.2	100.0	74
Muslim	130	8.8	(100.0)	(0.0)	(0.0)	(0.0)	(100.0)	16
Christian	3,915	7.1	97.6	0.5	0.1	1.8	100.0	1,249
No religion	93	5.0	100.0	0.0	0.0	0.0	100.0	31
Others	56	15.2	100.0	0.0	0.0	0.0	100.0	28
Castes/Tribes								
Scheduled Castes	248	9.3	100.0	0.0	0.0	0.0	100.0	23
Scheduled Tribes	4,120	7.1	97.7	0.5	0.1	1.8	100.0	1,335
Other Backward Classes	38	4.0	--	--	--	--	--	09
Others	165	12.0	96.9	3.1	0.0	0.0	100.0	31
Meghalaya	4,571	7.4	97.7	0.5	0.1	1.7	100.0	1,398

[a] Literate but did not attend school, are also included.-- Percentage not shown based on less than 10 cases.
( ) Based on 10-20 cases unweighted cases.** Unweighted cases.

TABLE 2.7 OUTCOMES OF PREGNANCY

Percent distribution of all pregnancies of currently married women age 15-49 years by outcomes since 01-01-2008 according to Districts, Meghalaya, 2012-13.

Districts	Number of Currently Married Women	Percentage of Currently pregnant women	Pregnancy outcome					Number of pregnancies**
			Live birth	Still birth	Induced abortion	Spontaneous abortion	Total %	
West Garo Hills	644	21.5	100.0	0.0	0.0	0.0	100.0	113
East Garo Hills	762	17.7	99.3	0.3	0.0	0.3	100.0	256
South Garo Hills	464	8.7	100.0	0.0	0.0	0.0	100.0	24
West Khasi Hills	649	13.8	96.9	0.5	0.6	2.1	100.0	164
Ri Bhoi	673	13.2	96.4	1.2	0.0	2.4	100.0	323
East Khasi Hills	650	11.6	99.2	0.8	0.0	0.0	100.0	199
Jaintia Hills	729	13.5	96.0	0.0	0.0	4.0	100.0	319
Meghalaya	4,571	100.0	97.7	0.5	0.1	1.7	100.0	1,398

** Unweighted cases.

TABLE 2.8 FERTILITY PREFERENCES

Percent distribution of currently married women age 15-49 years by desire since January 2008 for additional child, by number of surviving children, Meghalaya, 2012-13.

	Number of surviving children					
Desire for children	0	1	2	3	4+	Total
Desire for additional/next child						
Want another soon[1]	28.1	17.7	11.8	7.2	1.9	11.2
Want another later[2]	1.8	3.1	2.5	2.0	0.4	1.8
Want another, undecided when	4.4	7.6	4.3	2.5	2.7	4.2
Undecided	45.8	43.1	40.5	38.6	35.4	39.8
Want no more	7.2	13.7	22.5	29.5	32.5	23.1
Sterilized[3]	0.3	1.5	6.4	10.3	15.2	8.1
Declared in fecund	10.8	3.1	4.3	5.0	9.4	6.6
Inconsistent response	1.8	10.3	7.7	4.8	2.4	5.3
Total (%)	100.0	100.0	100.0	100.0	100.0	100.0
Number of women**	573	849	889	746	1,410	4,467
Preferred sex of additional/ next child						
Boy	5.0	16.5	11.1	9.9	9.3	11.3
Girl	12.6	26.5	27.1	32.6	26.6	24.5
Doesn't matter	36.0	27.4	32.4	32.4	35.9	31.9
Up to God	46.4	29.6	29.3	25.1	28.3	32.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Number of women[4]**	219	326	242	134	117	1,038

[1] Want next birth within 2 years. [2] Want to delay next birth for 2 or more years. [3] Includes both female and male sterilization. [4] Includes women who want another/next child. ** Unweighted Cases.

MATERNAL HEALTH CARE

TABLE 3.1 PLACE OF ANTENATAL CHECK-UP

Percentage of women (aged 15-49)[##] who received any antenatal check-up (ANC) during pregnancy by source and place of antenatal check-ups, according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Any antenatal check-up[1]	Place of antenatal check-up: Government health facility[2] Health facility	Government health facility[2] ICDS/Mobile unit	Private health facility[3]	Others[4]	Number of women[**]
Age group						
15-19	75.2	77.0	2.5	26.5	2.5	52
20-24	78.4	89.4	1.1	15.3	1.1	328
25-29	73.5	81.0	1.6	24.4	0.9	515
30-34	77.1	79.9	1.5	22.6	1.8	401
35+	68.3	77.7	2.5	24.7	1.5	404
No. of living children						
0	--	--	--	--	--	1
1	78.6	74.6	1.1	30.8	0.5	438
2	76.0	81.4	2.3	22.8	1.7	366
3	72.7	90.7	1.2	12.6	0.4	306
4+	70.1	82.8	2.2	19.8	2.3	589
Residence						
Rural	69.6	87.0	2.3	17.1	1.8	1,476
Urban	91.8	65.3	0.0	37.9	0.0	224
Education						
Non literate[a]	62.0	87.3	1.6	14.1	1.2	583
Less than 5 years	71.6	92.3	3.7	12.4	3.1	212
9-10 years	74.7	85.4	1.6	19.3	1.3	516
10 or more years	90.1	68.8	1.2	36.0	0.7	389
Religion						
Hindu	91.7	76.7	1.8	27.3	1.1	95
Muslim	87.1	85.6	0.0	8.8	5.6	29
Christian	72.6	82.8	1.8	21.4	1.3	1,505
No religion	72.1	64.8	0.0	35.2	0.0	40
Others	80.1	64.6	0.0	35.4	0.0	31
Castes/Tribes						
Scheduled Castes	85.4	88.4	2.9	13.1	3.7	41
Scheduled Tribes	73.0	82.2	1.8	21.9	1.3	1,604
Other Backward Classes	(92.3)	(100.0)	(0.0)	(0.0)	(0.0)	13
Others	94.8	55.7	0.0	44.3	0.0	42
DLHS-4	74.1	81.6	1.7	22.2	1.3	1,700
DLHS-3	55.4	80.6	7.1	13.4	NA	2,935

[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school are also included. [1] Antenatal check-up done outside home or at home. [b] Among those who had received any ANC those who had received any ANC. [2] Includes sub-health centre, primary health centre, community health centre or rural hospital, urban health centre/ urban health post/ urban family welfare centre, government hospital or dispensary. [3] Includes private hospital/clinic. [4] Includes own home , parents home, other home and other. () Based on 10-20 unweighted cases. -- Percentage not shown, based on less than 10 cases. ** Unweighted Cases.

TABLE 3.2 ANTENATAL CARE BY DISTRICT

Percentage of women (aged 15-49) [##] who received any antenatal check-up (ANC) during pregnancy by source and place of antenatal check-ups by districts, Meghalaya, 2012-13.

District/State	Any ANC Check up	Place of antenatal check-up[a]: Government[1] health facility Health Facility	Government[1] health facility ICDS/Mobile Unit	Private[2] health facility	Others[3]	Number of women**
West Garo Hills	61.4	95.9	1.9	3.8	2.5	165
East Garo Hills	48.7	93.0	1.1	8.7	1.7	362
South Garo Hills	39.7	93.6	0.0	17.8	0.0	45
West Khasi Hills	68.6	76.9	4.5	22.9	5.2	187
Ri Bhoi	86.3	86.4	1.8	15.3	1.0	368
East Khasi Hills	88.5	70.0	2.1	35.9	0.0	233
Jaintia Hills	83.2	81.9	1.1	27.1	1.0	340
DLHS-4	74.1	81.6	1.6	22.2	1.3	1,700
DLHS-3	55.4	80.6	7.1	13.4	NA	2,935

[##] Women who had their last live/still birth since 01-01-2008. [a] Total figure may not add to 100 % due to 'do not know' and 'missing cases'. [1] Includes sub-centre, primary health centre, community health centre or rural hospital, urban health centre/ urban health post/ urban family welfare centre, government hospital or dispensary. [2] Includes Private hospital/clinic. [3] Includes own home, parents home, other home and others. NA: Not available.**Unweighted Cases.

TABLE 3.3 COMPONENTS OF ANTENATAL CHECK-UP

Percentage of women (aged 15-49)[##] who received specific components of antenatal check-up according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Weight measured	Height measured	Blood pressure checked	Blood tested (Hb)	Urine tested	Abdomen examined	Sonography /ultrasound	Number of Women**
Age group								
15-19	66.4	23.3	53.8	28.8	58.4	34.9	11.1	52
20-24	69.4	15.1	65.4	30.9	61.1	45.2	16.2	328
25-29	65.8	16.9	63.1	35.6	56.5	42.6	15.4	515
30-34	71.0	16.5	67.2	34.7	62.2	49.9	19.6	401
35+	60.2	13.5	57.9	21.2	52.5	42.9	12.4	404
No. of living children								
0	--	--	--	--	--	--	--	1
1	69.2	18.6	67.8	38.3	66.1	46.9	26.8	438
2	68.3	15.0	65.3	34.5	57.4	44.6	17.1	366
3	65.8	19.3	61.0	29.8	57.0	43.3	11.3	306
4+	63.4	12.4	59.0	23.2	52.1	43.8	8.7	589
Residence								
Rural	61.5	15.5	57.0	25.5	52.1	40.3	9.8	1476
Urban	85.7	17.0	86.7	52.2	80.4	62.0	39.2	224
Education								
Non- literate[a]	54.9	10.8	47.6	17.8	48.2	40.0	7.8	583
Less than five years	63.9	12.0	63.5	25.7	43.8	40.7	4.9	212
5-9 years	67.9	17.8	63.7	30.4	56.0	39.7	13.3	516
10 or more years	80.5	21.8	81.7	50.6	79.0	58.5	33.7	389
Religion								
Hindu	74.6	24.1	85.0	52.3	79.4	60.1	36.3	95
Muslim	40.4	19.5	36.3	28.9	72.4	16.3	35.4	29
Christian	65.9	15.5	61.5	29.6	56.0	42.9	14.5	1505
No religion	70.0	9.0	66.9	34.0	53.9	62.4	5.0	40
Others	80.1	12.0	80.1	15.4	68.6	74.9	6.5	31
Castes/Tribes								
Scheduled Castes	52.1	22.6	58.0	44.5	71.4	38.9	33.2	41
Scheduled Tribes	66.2	15.3	62.0	29.5	56.6	43.6	14.2	1604
Other Backward Classes	(53.8)	(0.0)	(84.6)	(30.8)	(53.8)	(84.6)	(15.4)	13
Others	86.0	32.0	91.7	64.8	88.1	71.8	51.8	42
DLHS-4	66.4	15.8	63.0	30.9	57.8	44.7	15.7	1700
DLHS-3	47.4	11.1	43.7	29.6	28.9	45.5	6.8	2935

Note: Percentage may not add to 100.0 due to multiple responses.
[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school, are also included. () Based on 10-20 cases.
-- Percentage not shown, based on less than 10 cases.** Unweighted Cases.

TABLE 3.4 WOMEN RECEIVED ADVICE DURING ANTENATAL CARE

Percentage of women (aged 15-49)[##] who received advice on different components, according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Nutrition for mother and child	Cleanliness at the time of delivery	Institutional delivery	Keep baby warm	Breast feeding	Advice for family planning		Number of women**
						Spacing	Limiting	
Age group								
15-19	32.8	28.1	20.3	47.0	47.0	14.4	4.5	52
20-24	24.5	20.7	22.0	36.1	40.9	14.1	10.8	328
25-29	28.2	20.5	24.7	38.1	42.6	17.4	11.4	515
30-34	24.1	22.2	24.6	39.7	42.5	15.5	11.8	401
35+	22.4	24.4	23.9	40.6	42.2	15.8	14.7	404
No. of living children								
0	--	--	--	--	--	--	--	1
1	30.6	27.3	28.4	42.7	46.4	16.1	9.8	438
2	28.9	20.1	26.5	39.5	41.6	16.2	12.7	366
3	16.8	17.3	19.4	31.7	38.1	14.6	12.2	306
4+	23.0	21.5	20.5	39.1	41.5	16.1	13.1	589
Residence								
Rural	24.1	21.0	20.0	39.8	42.2	15.5	10.6	1,476
Urban	29.1	25.3	35.2	36.1	42.4	16.9	15.8	224
Education								
Non-literate[a]	26.3	25.1	20.2	53.7	53.9	17.9	13.9	583
Less than 5 years	24.6	14.9	21.9	25.9	33.4	12.7	6.7	212
5-9 years	18.7	16.9	20.8	31.8	35.8	10.4	8.7	516
10 or more year	31.3	27.0	30.7	37.6	41.8	20.5	15.2	389
Religion								
Hindu	26.7	35.8	28.8	51.7	47.8	23.0	15.4	95
Muslim	45.9	28.3	18.7	61.5	54.7	4.8	5.6	29
Christian	24.7	20.6	23.1	37.1	41.1	15.9	11.8	1,505
No religion	13.4	19.9	26.8	23.0	32.9	11.6	5.1	40
Others	47.3	30.0	39.1	71.2	77.9	0.0	15.6	31
Castes/Tribes								
Scheduled Castes	47.7	39.9	27.5	72.5	64.9	27.1	14.3	41
Scheduled Tribes	25.0	21.6	23.4	38.2	41.9	15.9	11.9	1,604
Other Backward Classes	(25.0)	(33.3)	(33.3)	(41.7)	(41.7)	(16.7)	(16.7)	13
Others	17.9	16.3	27.6	31.5	35.0	6.6	7.6	42
DLHS-4	25.3	22.0	23.8	38.9	42.3	15.8	11.9	1,700
DLHS-3	50.5	64.0	40.1	60.4	63.9	34.6	32.2	2,935

[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school are also included. () Based on 10-20 unweighted cases. -- Percentage not shown for less than 10 cases.** Unweighted Cases.

TABLE 3.5 (A) ANTENATAL CARE: ANC VISITS AND TIME OF FIRST ANC

Percent distribution of women (aged 15-49)## by the number of antenatal check-up and the stage of pregnancy at the time of first check-up during pregnancy according to selected background characteristics, Meghalaya, 2012-13.

	Number of ANC Check up				Stage of pregnancy at the time of the first antenatal check-up			
Background characteristics	No Check up	1	2	3+	First trimester	Second trimester	Third trimester	Number of Women**
Age group								
15-19	36.6	1.8	7.6	53.9	36.2	19.2	0.0	52
20-24	42.8	1.4	7.2	48.6	38.9	16.2	1.1	328
25-29	50.1	1.4	5.2	43.2	37.5	13.7	0.5	515
30-34	41.3	0.9	7.6	50.1	44.0	14.8	0.2	401
35+	51.2	1.6	6.2	41.0	33.5	13.8	0.9	404
No. of living children								
0	--	--	--	--	--	--	--	1
1	41.2	0.2	6.2	52.3	46.2	11.3	1.0	438
2	43.4	0.9	6.6	49.0	39.1	17.2	0.0	366
3	50.0	2.8	3.7	43.5	37.7	12.5	0.5	306
4+	50.9	1.8	8.1	39.3	31.9	16.7	0.8	589
Residence								
Rural	48.7	1.6	7.1	42.6	33.5	14.4	0.7	1,476
Urban	38.1	0.3	4.0	57.6	57.2	15.5	0.5	224
Education								
Non-literate[a]	53.3	2.2	6.7	37.8	32.7	9.5	0.7	583
Less than 5 years	52.2	0.4	7.1	40.3	27.5	20.2	1.0	212
5-9 years	50.3	1.6	7.0	41.1	33.4	17.1	0.9	516
10 or more year	30.7	0.5	5.2	63.6	56.4	15.7	0.2	389
Religion								
Hindu	29.9	3.9	8.0	58.1	48.3	14.4	0.9	95
Muslim	38.0	0.0	0.0	62.0	33.1	11.1	3.5	29
Christian	48.5	1.1	6.4	44.1	37.2	14.6	0.6	1,505
No religion	42.3	4.5	12.4	40.8	33.1	18.4	0.0	40
Others	19.9	0.0	3.5	76.6	68.4	11.7	0.0	31
Castes/Tribes								
Scheduled Castes	40.2	0.0	4.9	54.9	28.7	13.6	2.2	41
Scheduled Tribes	47.4	1.4	6.4	44.9	38.1	14.4	0.6	1,604
Other Backward Classes	(46.2)	(0.0)	(7.7)	(46.2)	(30.8)	(0.0)	(7.7)	13
Others	27.0	2.3	9.3	61.3	54.1	25.5	0.0	42
DLHS-4	46.5	1.4	6.5	45.6	38.3	14.6	0.6	1,700
DLHS-3	50.6	1.9	8.0	39.5	24.6	25.2	2.3	2,935

Note: Percentage may not add up to 100 due to multiple responses, do not know or missing cases.

Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school are also included. () Based on 10-20 unweighted cases. -- Percentage not shown for less than 10 cases.** Unweighted Cases.

TABLE 3.5 (B) ANTENATAL CARE: TT, IFA AND ANC

Percent distribution of women (aged 15-49)[##] by the number of tetanus toxoid (TT) injections and iron folic acid (IFA) tablets/syrup received during pregnancy, and the Percentage who received full antenatal check-up (ANC) according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Women who received TT			Women who received IFA tablets/syrup equivalent			
	No TT	1	2+	No IFA/ syrup	100+ IFA tablets	Full ANC[b]	Number of Women**
Age group							
15-19	30.1	19.1	50.8	7.8	28.5	17.2	52
20-24	27.5	24.7	47.8	11.2	31.4	20.4	328
25-29	31.8	29.7	38.5	11.7	36.3	22.8	515
30-34	26.8	31.9	41.3	14.2	34.0	23.5	401
35+	36.6	28.3	35.1	10.1	27.0	18.7	404
No. of living children							
0	--	--	--	--	--	--	1
1	27.1	14.1	58.8	14.2	39.9	25.7	438
2	27.1	31.0	42.0	11.2	30.8	22.4	366
3	33.4	35.9	30.8	11.8	31.3	19.1	306
4+	35.0	34.6	30.4	10.1	28.1	18.6	589
Residence							
Rural	35.7	28.7	35.6	9.0	28.3	19.4	1,476
Urban	12.0	28.2	59.8	22.4	48.7	29.2	224
Education							
Non literate[a]	45.2	25.4	29.4	7.1	25.3	17.8	583
Less than 5 years	30.3	40.4	29.3	11.7	26.4	17.7	212
5-9 years	30.6	28.4	40.9	10.7	28.4	16.1	516
10 or more years	13.1	27.5	59.4	18.8	49.1	34.1	389
Religion							
Hindu	11.8	30.8	57.4	26.8	40.9	24.9	95
Muslim	30.4	35.9	33.7	0.0	35.4	24.0	29
Christian	32.4	28.0	39.6	11.0	32.2	21.2	1,505
No religion	30.0	36.7	33.2	13.1	27.1	18.8	40
Others	22.9	33.7	43.4	2.7	19.6	19.6	31
Castes/Tribes							
Scheduled Castes	20.4	38.0	41.6	6.1	51.4	34.7	41
Scheduled Tribes	32.0	28.8	39.2	10.7	31.8	21.1	1,604
Other Backward Classes	(15.4)	(0.0)	(84.6)	(7.7)	(38.5)	(23.1)	13
Others	8.6	23.3	68.2	47.8	34.5	19.6	42
DLHS-4	30.9	28.6	40.5	11.7	32.4	21.4	1,700
DLHS-3	48.0	14.3	36.6	5.4	24.2	14.5	2,935

Note: Percentage may not add to 100.0 due to multiple responses, do not know or missing cases.

[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school are also included. () Based on 10-20 unweighted cases. . -- Percentage not shown for less than 10 cases. [b] At least three visits for antenatal check-up, at least one TT injection received and 100+ IFA tablets/ syrup consumed.**Unweighted Cases.

TABLE 3.6 ANTENATAL CARE INDICATORS AND PREGNACY COMPLICATIONS

Percentage of women (aged 15-49)[##] who received different types of antenatal care (ANC) by districts, Meghalaya, 2012-13

District/State	Antenatal check-up in the first trimester of pregnancy	Three or more antenatal check-up	At least one tetanus toxoid injection	100+ IFA tablets/ syrup[1]	Full[2] antenatal check-up	Any complications	Number of Women**
West Garo Hills	18.0	38.4	53.4	26.5	15.2	19.3	165
East Garo Hills	15.6	29.9	45.0	18.7	12.6	23.0	362
South Garo Hills	2.2	4.3	31.7	26.1	4.3	6.5	45
West Khasi Hills	23.7	21.3	64.6	24.4	10.8	5.3	187
Ri Bhoi	51.4	60.3	83.3	40.7	31.6	19.0	368
East Khasi Hills	55.9	59.0	83.0	40.2	25.9	12.3	233
Jaintia Hills	49.6	53.9	75.8	33.3	24.0	25.6	340
DLHS-4	38.3	45.6	69.1	32.4	21.4	18.2	1,700
DLHS-3	24.6	39.5	51.9	60.4	14.5	44.8	2,935

[##] Women who had their last live/still birth since 01-01-2008. [1] 100 or more iron folic acid tablets including syrup. [2] At least three visits for antenatal check-up, at least one TT injection received and 100+ IFA tablets/ syrup consumed.** Unweighted Cases.

TABLE 3.7 PLACE OF DELIVERY AND ASSISTANCE

Percent distribution of women (aged 15-49)[##] according to place of delivery, assistance during home deliveries, and safe deliveries according to background characteristics, Meghalaya, 2012-13.

Background characteristics	Institutional delivery			Delivery at home	Home delivery assisted by skilled persons[1]	Percentage of SBA deliveries[2]	Number of women**
	Government	Private	Total				
Age group							
15-19	33.8	9.6	43.4	54.4	29.2	72.6	52
20-24	36.1	9.9	46.0	53.4	25.4	71.4	328
25-29	37.0	11.6	48.6	50.7	19.9	68.5	515
30-34	37.8	14.0	51.8	48.0	17.1	68.9	401
35+	27.4	15.2	42.6	57.2	26.7	69.2	404
No. of living children							
0	--	--	--	--	--	--	1
1	40.9	20.2	61.1	38.3	16.7	77.9	438
2	35.2	13.0	48.2	50.8	21.8	70.0	366
3	38.4	6.1	44.5	55.5	22.9	67.4	306
4+	27.4	10.0	37.4	62.3	26.3	63.7	589
Residence							
Rural	30.0	8.3	38.3	61.1	25.9	64.2	1,476
Urban	53.0	29.8	82.8	17.2	7.5	90.4	224
Education							
Non literate[a]	27.6	6.6	34.2	65.4	26.2	60.5	583
Less than 5 years	19.9	4.3	24.2	75.4	33.7	57.9	212
5-9 years	41.5	9.1	50.6	48.6	18.8	69.5	516
10 or more years	42.4	28.4	70.8	28.8	15.5	86.3	389
Religion							
Hindu	54.3	20.3	74.5	25.5	8.7	83.3	95
Muslim	61.6	.0	61.6	38.4	23.8	85.4	29
Christian	33.4	11.6	45.0	54.4	23.2	68.3	1,505
No religion	20.4	27.2	47.6	52.4	7.3	54.9	40
Others	31.0	24.8	55.8	44.2	34.9	90.7	31
Castes/Tribes							
Scheduled Castes	63.8	11.2	75.0	25.0	11.8	86.8	41
Scheduled Tribes	33.1	12.4	45.6	53.9	23.0	68.6	1,604
Other Backward Classes	(69.2)	(0.0)	(69.2)	(30.8)	(7.7)	(76.9)	13
Others	50.9	23.5	74.4	25.6	8.5	82.9	42
DLHS-4	34.6	12.6	47.3	52.2	22.2	69.5	1,700
DLHS-3	NA	NA	24.5	74.8	4.4	28.9	2,935

Note: Percentage of women who had institutional and home delivery may not add to 100.0, as some deliveries took place on the way to the institute, working place, other place etc.

[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school are also included. [1] Includes Doctor/ANM/ Nurse. [2] Skilled Birth Attendants. () Based on 10-20 unweighted cases. NA: not available. -- Percentage not shown for less than 10 cases.** Unweighted Cases.

TABLE 3.8 MODE OF TRANSPORTATION USED FOR DELIVERY AND ARRANGEMENT OF TRANSPORTATION

% distribution of women (aged 15-49) [##] who had institutional delivery, according to the transportation used to reach the health facility for delivery and transportation arrangement made according to selected background characteristics, Meghalaya,2012-13.

Background characteristics	Mode of transportation used to reach the health facility for delivery				Govt. financial assistance for delivery care (JSY)[b]		Number of women**	Mean Transport cost (Rupees)	Mean Delivery cost (Rupees)		Number of women**
	Ambulance	Jeep/ car	Motor cycle/ scooter	Others[1]	Institutional	Home Total			Govt.	Private	
Age group											
15-19	8.6	29.3	0.0	5.5	26.6	7.0	52	0	5,333	12,000	9
20-24	6.7	34.8	0.2	5.4	33.1	2.3	328	979	4,596	13,463	68
25-29	5.8	37.6	0.2	6.2	22.4	1.7	515	1058	4,263	19,635	87
30-34	4.7	41.9	1.2	4.6	16.6	1.6	401	1713	5,886	19,008	90
35+	3.7	34.6	0.5	4.2	11.0	0.4	404	1256	4,814	18,642	94
No. of living children											
0	--	--	--	--	--	--	1	1500	2,000	--	1
1	6.9	47.0	0.8	7.2	27.4	3.2	438	1194	4,861	20,574	109
2	5.8	38.4	0.6	4.6	23.9	2.0	366	1248	4,602	15,000	70
3	6.4	33.3	0.8	4.6	17.4	1.8	306	1065	5,096	20,333	54
4+	3.3	30.6	0.0	4.3	10.9	0.5	589	1550	5,103	16,064	114
Residence											
Rural	4.2	29.3	0.6	5.2	20.2	1.7	1476	1313	5,222	18,088	274
Urban	9.7	68.5	0.0	5.3	21.3	0.0	224	1286	3,535	17,226	74
Education											
Non literate[a]	4.8	27.0	0.3	3.5	14.4	0.6	583	1322	5,610	14,333	124
Less than 5	1.4	21.2	0.0	2.6	29.0	1.8	212	950	4,144	10,567	24
5-9 years	6.6	37.2	0.1	7.4	25.0	2.3	516	1158	4,569	13,704	89
10 or more years	6.3	57.6	1.4	6.0	19.3	3.0	389	1522	4,484	23,115	111
Religion											
Hindu	12.3	46.8	0.0	15.4	18.7	0.0	95	917	4,800	21,667	13
Muslim	26.7	13.2	2.5	19.2	11.2	0.0	29	0	4,667	--	6
Christian	4.8	36.3	0.5	4.3	21.5	1.7	1505	1318	5,039	19,097	300
No religion	0.0	41.1	0.0	6.5	20.7	0.0	40	2500	2,960	15,000	11
Others	0.0	58.8	0.0	0.0	0.0	0.0	31	500	3,700	4,375	18
Castes/Tribes											
Scheduled Castes	22.5	31.7	1.6	19.2	22.4	0.0	41	800	4,760	--	10
Scheduled Tribes	5.0	36.3	0.5	4.7	20.6	1.7	1604	1333	4,948	17,912	333
Other backward classes	0.0	27.4	0.0	47.3	25.0	0.0	13	--	--	--	0
Others	3.6	70.8	0.0	0.0	16.7	0.0	42	600	3,750	10,000	5
DLHS-4	5.3	37.1	0.5	5.2	20.5	1.6	1700	1310	4,921	17,838	348
DLHS-3	2.6	72.0	0.6	25.0	6.8	1.2	2935	822	2,025	7,169	784

[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school are also included. [1] Includes bus/train, tempo/auto/tractor, animal drawn cart, foot march. [b] Percentage women who got JSY assistance. () Based on 10-20 unweighted cases.
-- Percentage not shown, based on less than 10 cases.** Unweighted Cases.

TABLE 3.9 PLACE OF DELIVERY AND ASSISTANCE CHARACTERISTICS BY DISTRICT

Percent distribution of women (aged 15-49) [##] according to place of delivery, assistance during home deliveries, and safe deliveries by districts, Meghalaya, 2012-13.

District/State	Percentage of women who had institutional delivery	Percentage of women who had delivery at home	Home delivery assisted by skilled persons[1]	Percentage of SBA Delivery[2]	Mean Delivery cost	Number of Women**
West Garo Hills	46.8	52.7	17.1	63.9	5,500	165
East Garo Hills	28.6	70.5	42.4	71.0	9,082	362
South Garo Hills	33.1	66.9	7.0	40.1	-	45
West Khasi Hills	32.3	66.6	19.4	51.7	11,080	187
Ri Bhoi	48.4	50.8	31.3	79.7	8,149	368
East Khasi Hills	76.8	23.2	9.2	86.0	9,459	233
Jaintia Hills	40.4	59.6	12.0	52.4	9,069	340
DLHS-4	47.3	52.2	22.2	69.5	8,893	1,700
DLHS-4	24.5	74.8	4.4	28.9	-	2,935

Note: Percentage of women who had institutional and home delivery may not add to 100.0, as some deliveries took place on the way to the institute, working place, other place etc.
[##] Women who had their last live/still birth since 01-01-2008. [1] Includes Doctor/ANM/Nurse. [2] Skilled Birth Attendants. ** Unweighted cases.

TABLE 3.10 REASONS FOR NOT GOING TO HEALTH INSTITUTIONS FOR DELIVERY

Percent distribution of women (aged 15-49)[##] according to main reasons for not going to health institution for delivery, according to selected background characteristics, Meghalaya, 2012-13

Background characteristics	Reasons[b]										Number of women**
	Cost too much	Poor quality service	Too far/ No transport	No time to go	Not Necessary	Not Customary	Better care at home	Family did not allow	Lack of knowledge	Other	
Age group											
15-19	3.3	5.5	15.9	31.5	33.6	0.0	3.5	0.0	6.9	0.0	28
20-24	8.3	4.4	16.5	28.2	24.2	1.2	3.9	2.1	9.6	1.7	184
25-29	3.9	6.4	14.3	30.9	25.9	1.0	3.7	2.4	8.6	2.9	279
30-34	3.0	7.5	16.6	29.5	20.4	4.6	3.9	3.0	10.0	1.6	205
35+	4.2	6.7	16.7	30.1	21.8	4.2	1.9	2.9	10.6	0.9	241
No. of living children											
0	--	--	--	--	--	--	--	--	--	--	--
1	6.5	4.7	16.1	29.2	21.8	2.3	6.3	3.2	8.1	1.8	184
2	4.2	9.4	12.5	32.9	23.5	1.1	1.3	3.7	9.2	2.1	199
3	3.5	9.7	17.7	29.7	20.3	2.1	3.1	2.7	10.2	1.1	178
4+	4.5	3.9	16.6	28.7	25.9	3.8	3.0	1.5	10.2	1.9	376
Residence											
Rural	4.2	5.7	16.8	29.2	24.4	2.6	3.4	2.4	9.6	1.7	897
Urban	11.1	14.4	2.8	39.6	10.9	2.1	2.4	4.9	8.5	3.3	40
Education											
Non literate[a]	2.5	9.8	15.0	27.1	22.4	4.5	3.0	3.9	11.3	0.5	381
Less than 5 years	4.7	1.0	16.7	36.3	29.9	0.6	3.5	0.0	6.5	0.6	163
5-9 years	6.1	6.0	13.6	29.0	23.8	2.0	3.7	0.0	12.3	3.6	267
10 or more years	7.6	3.1	22.2	31.8	18.5	1.0	3.2	6.8	2.7	3.1	126
Religion											
Hindu	0.0	16.4	3.9	35.1	24.1	0.0	3.3	0.0	13.6	3.7	25
Muslim	(20.0)	(0.0)	(60.0)	(20.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	10
Christian	4.8	6.3	16.0	30.2	23.2	2.6	3.2	2.7	9.2	1.8	865
No Religion	0.0	0.0	8.1	17.2	50.6	7.6	8.4	0.0	8.1	0.0	23
Others	(7.1)	(0.0)	(21.4)	(14.3)	(14.3)	(0.0)	(7.1)	(0.0)	(35.7)	(0.0)	14
Castes/Tribes											
Scheduled Castes	(18.2)	(9.1)	(18.2)	(36.4)	(18.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	11
Scheduled Tribes	4.5	6.3	15.9	29.3	23.9	2.7	3.3	2.6	9.8	1.7	911
Other Backward Classes	--	--	--	--	--	--	--	--	--	--	4
Others	(9.1)	(0.0)	(27.3)	(54.5)	(9.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	11
DLHS-4	4.6	6.3	15.9	29.9	23.5	2.6	3.3	2.5	9.6	1.8	937
DLHS-3	22.1	10.5	28.5	30.5	19.3	6.2	9.8	1.2	4.3	2.3	2,345

[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school, are also included. [b] Total figure may not add to 100 % due to ' Multiple responses', 'don't know' or 'missing cases'. () Based on 10-20 unweighted cases. -- Percentage not shown, based on less than 10 cases. ** Unweighted Cases.

TABLE 3.11 DELIVERY COMPLICATIONS

Percentage of women (aged 15-49) [##] who had complication during delivery and type of complications during delivery, according to selected background characteristics, Meghalaya, 2012-13

Background characteristics	Any delivery complication	Type of delivery complications						Number of Women**
		Premature labour	Excessive bleeding	Prolonged labour	Obstructed labour	Breech presentation	Convulsion/ high BP	
Age group								
15-19	11.5	34.2	15.6	0.0	0.0	0.0	100.0	52
20-24	5.6	19.7	17.9	57.4	10.8	0.0	28.3	328
25-29	6.8	26.5	16.4	33.6	20.0	15.5	56.2	515
30-34	7.6	19.4	23.1	25.8	5.5	9.8	42.8	401
35+	5.7	23.1	11.3	25.7	7.6	0.0	52.4	404
No. of living children								
0	--	--	--	--	--	--	--	1
1	8.5	21.5	16.0	35.9	13.0	13.2	49.9	438
2	5.4	36.0	33.0	42.3	29.8	17.8	37.3	366
3	6.0	21.0	13.6	33.5	0.0	0.0	55.8	306
4+	6.4	19.1	12.3	21.9	4.8	0.0	52.4	589
Residence								
Rural	6.6	23.2	18.2	30.2	6.9	3.1	49.2	1,476
Urban	7.0	23.4	14.2	38.9	26.8	24.2	50.4	224
Number of ANC Visits								
No visit	3.7	51.6	43.5	33.4	16.7	13.7	43.7	802
1	4.2	0.0	100.0	0.0	0.0	0.0	0.0	25
2	6.7	13.4	0.0	37.9	12.5	0.0	10.6	116
3+	9.8	13.6	8.0	31.4	9.0	6.0	56.1	757
Delivery								
Normal	5.7	26.3	19.6	28.3	7.1	7.0	58.4	1,623
Caesarean	22.3	12.4	0.0	45.5	16.4	12.1	13.7	66
By Instrument or assisted	(30.0)	(0.0)	(33.3)	(66.7)	(66.7)	(0.0)	(0.0)	10
Place of Delivery								
Government facility	6.9	19.3	5.3	31.4	5.6	10.3	63.9	564
Private facility	14.3	16.7	14.3	31.9	25.3	14.1	47.4	190
Home	4.6	32.5	32.2	33.6	6.3	0.0	35.4	937
Other	--	--	--	--	--	--	--	6
DLHS-4	6.6	23.2	17.4	32.1	11.1	7.5	49.5	1,700
DLHS-3	37.9	57.9	21.6	51.3	29.8	12.0	11.5	2,935

Note: Total figure may not add to 100 % due to 'multiple responses', 'don't know' or 'missing cases'.

[##] Women who had their last live/still birth since 01-01-2008. -- Percentage not shown, based on less than 10 cases. **Uunweighted cases.

TABLE 3.12 POST-DELIVERY COMPLICATIONS

Percentage of women (aged 15-49)[##] who had post delivery complication and type of complications, according to selected background characteristics, Meghalaya, 2012 -13

Background characteristics	Any post delivery complication	Type of post delivery complication				Number of women**
		High fever	Lower abdominal pain	Foul smelling vaginal discharge	Excessive bleeding	
Age group						
15-19	7.3	23.0	24.6	0.0	0.0	52
20-24	7.5	30.3	47.0	14.6	18.9	328
25-29	7.5	53.5	19.3	22.8	28.0	515
30-34	6.6	36.4	32.0	15.7	23.4	401
35+	6.3	24.7	28.7	4.4	15.6	404
No. of living children						
0	--	--	--	--	--	1
1	7.3	43.4	32.6	17.9	23.4	438
2	5.3	48.2	18.1	36.0	34.6	366
3	6.3	44.4	34.3	4.2	8.6	306
4+	8.3	27.5	31.2	8.7	20.5	589
Residence						
Rural	7.9	34.2	32.3	12.6	18.1	1,476
Urban	3.7	69.5	9.8	35.2	52.0	224
Delivery						
Normal	6.8	39.8	28.6	16.3	21.1	1,623
Caesarean	8.3	0.0	56.2	0.0	0.0	66
By Instrument or Assisted	(30.0)	(33.3)	(33.3)	(0.0)	(66.7)	10
Place of Delivery						
Government facility	8.8	46.6	28.4	13.0	12.6	564
Private facility	7.9	27.8	11.8	17.6	43.8	190
Home	5.8	32.6	37.5	16.0	23.6	937
Others	--	--	--	--	--	6
Who Conducted the Last Delivery						
Doctor	--	--	--	--	--	3
ANM/Nurse/Midwife/LHV	8.0	0.0	100.0	0.0	0.0	26
Dai	5.7	35.7	26.5	16.1	31.8	707
Relatives/Friends	6.3	19.9	70.5	20.4	0.0	168
None	2.3	100.0	0.0	0.0	0.0	46
DLHS-4	7.0	37.9	30.0	15.0	21.7	1,700
DLHS-3	23.7	42.0	52.2	26.5	16.1	2,935

[##] Women who had their last live/still birth since 01-01-2008. -- Percentage not shown, based on less than 10 cases. **Unweighted cases.

TABLE 3.13 ANY CHECK-UP AFTER DELIVERY

Percentage of women (aged 15-49)[##] whether received any check-up after delivery according to background characteristics, Meghalaya, 2012-13.

Background characteristics	Check up within 48 hours after delivery	Check up within 48 hours after delivery at Home	Check up within 2 weeks after delivery	Check up within 14 to 42 days after delivery	Number of Women**
Age group					
15-19	34.5	0.0	40.3	40.3	52
20-24	38.4	7.5	43.8	45.0	328
25-29	36.0	3.3	43.1	44.5	515
30-34	40.1	5.3	44.8	47.1	401
35+	35.5	4.0	40.9	43.3	404
No. of living children					
0	--	--	--	--	1
1	49.6	4.9	52.6	53.3	438
2	39.7	7.1	46.4	48.2	366
3	32.2	4.6	40.0	40.6	306
4+	28.7	3.2	34.9	38.2	589
Residence					
Rural	30.6	4.8	37.4	39.6	1,476
Urban	63.6	3.0	65.4	65.4	224
Education					
Non literate[a]	28.3	4.8	35.1	37.2	583
Less than 5 years	16.2	2.5	26.5	29.7	212
5-9 years	35.9	2.7	39.7	41.5	516
10 or more years	60.2	10.8	64.9	65.6	389
Religion					
Hindu	66.8	14.5	93.3	70.4	95
Muslim	39.9	0.0	100.0	39.9	29
Christian	34.5	4.1	50.2	42.5	1,505
No religion	39.7	0.0	39.5	49.2	40
Others	67.7	27.0	68.1	70.9	31
Castes/Tribes					
Scheduled Castes	58.7	0.0	63.3	63.3	41
Scheduled Tribes	35.8	4.5	41.8	43.6	1,604
Other Backward Classes	(25.0)	(25.0)	(23.1)	(23.1)	13
Others	70.1	14.0	73.2	75.0	42
DLHS-4	37.2	4.6	43.0	44.8	1,700
DLHS-4	26.3	-	32.6	-	2,935

[##] Women who had their last live/still birth since 01-01-2008.[a]Literate but did not attend school are also included. () based on 10-20 unweighted cases. --Percentage not shown, based on less than 10 cases. ** Unweighted Cases.

TABLE 3.14 COMPLICATIONS DURING PREGNANCY, DELIVERY AND POST-DELIVERY PERIOD

Percentage of women (aged 15-49) [##] who had extent of pregnancy, delivery and post-delivery complications and sought treatment for the problem according to background characteristics, Meghalaya, 2012-13.

Background characteristics	Who had complication during pregnancy	Sought treatment for pregnancy complication[1]	Who had delivery complication	Who had post-delivery complication	Sought treatment for post-delivery complication[2]	Number of women**
Age group						
15-19	15.5	89.2	11.5	7.3	51.6	52
20-24	20.1	62.1	5.6	7.5	64.7	328
25-29	18.8	66.9	6.8	7.5	71.8	515
30-34	17.9	71.5	7.6	6.6	83.0	401
35+	16.7	74.1	5.7	6.3	79.3	404
No. of living Children						
0	--	--	--	--	--	1
1	21.0	73.4	8.5	7.3	76.3	438
2	15.9	56.7	5.4	5.3	63.1	366
3	16.6	66.0	6.0	6.3	77.5	306
4+	18.5	73.4	6.4	8.3	74.7	589
Residence						
Rural	18.8	67.7	6.6	7.9	71.7	1,476
Urban	16.2	75.2	7.0	3.7	100.0	224
Education						
Non literate[a]	17.4	67.2	6.4	8.2	69.6	583
Less than five years	21.9	75.2	4.3	7.0	82.7	212
5-9 years	17.1	69.6	6.8	7.5	76.0	516
10 or more years	19.0	67.4	7.9	5.1	75.4	389
Religion						
Hindu	34.2	68.1	11.1	13.0	85.1	95
Muslim	32.0	61.8	12.9	24.3	83.3	29
Christian	16.8	69.4	5.8	5.8	73.3	1,505
No religion	17.0	61.9	8.3	11.0	32.6	40
Others	25.7	75.9	24.8	28.3	76.6	31
Castes/Tribes						
Scheduled Castes	43.2	62.9	17.3	25.1	78.4	41
Scheduled Tribes	17.7	69.0	6.5	6.7	73.3	1,604
Other Backward Classes	(7.7)	(100.0)	(0.0)	(7.3)	(100.0)	13
Others	20.2	78.9	5.4	3.9	100.0	42
DLHS-4	18.2	69.1	6.6	7.0	74.4	1,700
DLHS-3	44.8	52.0	37.9	23.7	47.0	2,935

[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school are also included. [1] Women who reported at least one complication of pregnancy. [2] Women who reported at least one post delivery complication. () Based on 10-20 unweighted cases.--Percentage not shown, based on less than 10 cases.** Unweighted Cases.

TABLE 3.15 COMPLICATIONS DURING PREGNANCY, DELIVERY AND POST-DELIVERY PERIOD

Percentage of women (aged 15-49)[##] who had extent of pregnancy, delivery and post-delivery complications and sought treatment for the problem according to by districts, Meghalaya, 2012-13.

District	Who had complication during pregnancy	Sought treatment for pregnancy complication[1]	Who had delivery complication	Who had post-delivery complication	Sought treatment for post-delivery complication[2]	Number of women**
West Garo Hills	19.3	64.2	6.2	14.1	71.3	165
East Garo Hills	23.0	38.8	4.5	8.4	49.4	362
South Garo Hills	6.5	75.5	7.1	7.1	100.0	45
West Khasi Hills	5.3	52.1	3.9	3.4	100.0	187
Ri Bhoi	19.0	86.3	6.9	7.9	83.5	368
East Khasi Hills	12.3	87.6	6.4	2.1	80.0	233
Jaintia Hills	25.6	79.3	10.3	8.4	80.4	340
DLHS-4	18.2	69.1	6.6	7.0	74.4	1,700
DLHS-3	44.8	52.0	37.9	23.7	47.0	2,935

[##] Women who had their last live/still birth since 01-01-2008. [1] Women who reported at least one complication of pregnancy.
[2] Women who reported at least one post delivery complication.** Unweighted Cases.

TABLE 3.16 AWARENESS OF THE DANGER SIGNS OF NEW BORN

Percentage of women (aged 15-49)[##] who had awareness of the danger signs of new born, according to selected background characteristics, Meghalaya, 2012-13.

Background characteristic	Difficulty in breathing	Cold/ hot to touch	Develop yellow staining on palm and soles	Blue tongue & Lips	Abnormal movement	Poor sucking of breast	Baby did not cry	Number of Women**
Age group								
15-19	6.5	12.0	0.0	4.6	9.8	22.7	24.4	52
20-24	8.7	20.5	1.4	8.8	9.7	23.9	22.4	328
25-29	8.9	16.0	2.3	9.8	10.4	17.9	20.1	515
30-34	10.9	18.5	4.5	13.3	15.1	25.0	26.6	401
35+	6.8	18.6	3.6	9.2	13.6	21.1	22.4	404
Children ever born								
0	--	--	--	--	--	--	--	1
1	8.5	16.1	2.2	10.2	11.7	20.7	22.6	438
2	8.0	16.7	2.8	9.8	11.2	20.6	21.0	366
3	8.9	18.2	3.3	10.9	10.9	20.3	21.8	306
4+	9.4	20.1	3.3	9.9	13.7	23.8	24.5	589
Residence								
Rural	8.4	18.9	2.4	9.7	11.4	22.8	23.6	1,476
Urban	10.1	14.1	4.9	11.9	15.1	16.9	19.1	224
Education								
Non literate[a]	8.7	23.3	2.6	9.9	16.5	29.9	31.7	583
Less than 5 years	7.8	14.8	1.8	4.4	8.7	15.7	16.4	212
9-10 years	7.8	14.5	1.7	8.4	7.6	16.6	17.5	516
10 or more years	10.4	16.7	5.2	15.1	13.5	19.8	20.3	389
Religion								
Hindu	10.3	15.7	4.4	15.2	10.0	18.0	25.3	95
Muslim	12.9	21.0	6.9	20.2	9.4	30.6	37.1	29
Christian	8.6	17.6	2.6	9.6	12.1	21.1	21.7	1,505
No religion	6.7	14.0	4.4	12.6	12.3	18.2	18.1	40
Others	10.0	47.2	6.0	9.2	24.2	60.0	59.7	31
Castes/Tribes								
Scheduled Castes	13.2	29.8	11.3	20.8	13.3	31.8	43.1	41
Scheduled Tribes	8.6	18.1	2.8	9.8	12.3	21.8	22.5	1,604
Other Backward Classes	(7.7)	(7.7)	(0.0)	(0.0)	(0.0)	(7.7)	(0.0)	13
Others	8.9	7.9	1.3	16.6	9.1	10.8	20.5	42
DLHS-4	8.8	17.9	2.9	10.1	12.1	21.6	22.7	1,700
DLHS-3	15.5	21.2	13.7	14.4	11.1	18.0	14.8	2,935

[##] Women who had their last live/still birth since 01-01-2008. [a] Literate but did not attend school are also included.-- Percentage not shown, based on less than 10 cases. () Based on 10-20 unweighted cases.** Unweighted Cases.

CHILD HEALTH CARE AND IMMUNIZATION

TABLE 4.1 TIMING AND CHILDHOOD CHECK-UPS

Percentage of children aged under 3 years received check up and place of check-up according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Children received Check-up within 24 hours of birth	Number of children**	Place of check-up [4]					Number of children[4]**
			Government[1]	Private[2]	Home[3]	Others	Total	
Age group								
15-19	33.9	64	77.0	23.0	0.0	0.0	100.0	22
20-24	32.3	313	74.5	25.5	0.0	0.0	100.0	94
25-29	30.8	391	72.2	27.8	0.0	0.0	100.0	113
30-34	30.7	290	68.3	31.7	0.0	0.0	100.0	86
35-39	28.3	166	62.5	37.5	0.0	0.0	100.0	48
40-44	29.1	71	69.7	30.3	0.0	0.0	100.0	20
45-49	35.7	25	--	--	--	--	--	8
Residence								
Rural	26.7	1,159	75.1	24.9	0.0	0.0	100.0	313
Urban	49.7	161	60.7	39.3	0.0	0.0	100.0	78
Mother's education								
Non-literate[a]	29.8	449	77.0	23.0	0.0	0.0	100.0	138
Less than 5 years	16.4	186	80.5	19.5	0.0	0.0	100.0	29
5-9 years	25.6	404	83.7	16.3	0.0	0.0	100.0	97
10 or more years	47.7	281	56.0	44.0	0.0	0.0	100.0	127
Religion								
Hindu	47.6	68	61.0	39.0	0.0	0.0	100.0	33
Muslim	44.5	15	--	--	--	--	--	6
Christian	29.3	1,178	72.6	27.4	0.0	0.0	100.0	328
No religion	29.4	33	--	--	--	--	--	9
Others	56.7	26	(55.6)	(44.4)	(0.0)	(0.0)	(100.0)	15
Castes/Tribes								
Scheduled Castes	40.5	21	81.1	18.9	--	--	--	8
Scheduled Tribes	31.0	1,263	71.5	28.5	0.0	0.0	100.0	375
Other Backward Classes	--	9	--	--	--	--	--	1
Others	31.1	27	48.4	51.6	--	--	--	7
DLHS-4	31.0	1,320	71.1	28.9	0.0	0.0	100.0	391
DLHS-3	26.7	2,733	75.0	21.8	2.6	0.6	100.0	725

Note: Table based on youngest living child born *since 01.01.2008*

[a] Literate but did not attend school are also included. [1] Includes government hospital or dispensary, urban health centre/ urban health post/ urban family welfare centre, community health centre or rural hospital, primary health centre, sub-centre, ICDS and Govt. AYUSH hospital /clinic.

[2] Includes non-governmental hospital/ trust hospital or clinic, private hospital/clinic and private AYUSH hospital /clinic.[3] Includes Doctor ASHA and ANM/Nurse.[4] Among those Children who received check-up within 24 hours of birth.—Percentage not shown for less than 10 cases.() Based on 10-20 unweighted cases.** Unweighted Cases.

TABLE 4.2 INITIATION OF BREASTFEEDING

Percentage of youngest living child born since 01.01.2008 aged under 3 years whose mother started breastfeeding within one hour of birth, within 24 hours of birth and after 24 hours of birth according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Children received Colostrum/*Khees*[b]	Initiation of breastfeeding			Number of children**
		Within one hour of birth	Within 24 hours of birth[1]	After 24 hours of birth	
Age group					
15-19	88.0	48.7	97.1	0.0	64
20-24	81.2	61.0	96.2	0.9	313
25-29	84.4	61.7	94.7	2.9	391
30-34	87.0	58.9	95.8	1.6	290
35-39	82.1	53.1	95.7	1.2	166
40-44	85.2	53.2	93.3	1.3	71
45-49	89.8	64.1	97.0	0.0	25
Residence					
Rural	82.4	60.1	95.5	1.3	1,159
Urban	92.4	53.7	95.3	3.2	161
Mother's education					
Non-literate[a]	80.2	60.4	96.3	0.7	449
Less than 5 years	86.1	53.2	93.3	1.6	186
5-9 years	82.4	59.8	95.7	1.8	404
10 or more years	91.0	58.8	95.4	2.9	281
Religion					
Hindu	86.2	57.5	96.0	0.0	68
Muslim	(93.3)	(80.0)	(100.0)	(0.0)	15
Christian	84.0	58.8	95.3	1.9	1,178
No religion	78.6	60.3	100.0	0.0	33
Others	96.1	55.1	96.1	0.0	26
Castes/Tribes					
Scheduled Castes	90.6	76.3	100.0	0.0	21
Scheduled Tribes	84.0	58.7	95.4	1.8	1,263
Other Backward Classes	--	--	--	--	9
Others	--	--	--	--	8
DLHS-4	84.2	58.9	95.5	1.7	1,320
DLHS-3	87.9	73.6	97.8	2.2	2,733

[a] Literate but did not attend school are also included. [b] Yellowish thick milk secretion during the first few days after child birth. [1] Includes children whose mother started breastfeeding within one hour of birth. () Based on 10-20 unweighted cases.--Percentage not shown due to less than 10 number of cases. na= Not Applicable. ** Unweighted Cases.

TABLE 4.3 BREASTFEEDING AND WEANING STATUS

Percentage of children aged under 3 years who had exclusive breastfeeding and weaning status, Meghalaya, 2012-13

Age in months	Exclusive breastfeeding	Weaning status[1]				Number of children**
		Other fluids	Semisolid food	Solid food	Solid/semi-solid food	
<2	62.6	1.6	1.6	1.6	1.6	50
2-3	53.5	2.5	6.2	1.7	6.2	104
4-5	55.3	3.2	5.4	0.0	5.4	96
6-8	46.8	7.1	16.6	0.0	16.6	136
9-11	38.1	16.1	39.4	12.1	40.9	123
12-17	26.9	26.8	53.4	40.9	57.3	252
18-23	23.4	23.4	52.1	41.8	54.8	182
24-35	23.8	33.5	53.6	48.1	57.3	377
6-9	44.1	9.1	21.0	2.6	22.1	177
6-35[2]	29.0	25.0	47.0	35.3	49.9	1,070

Note: Table based on youngest living child born since 01.01.2008.
[1] Based on those children who had breastfeeding with other fluids, semi solid food and solid food. [2] Children aged 6-35 months breastfed for at least 6 months. ** Unweighted Cases.

TABLE 4.4 EXCLUSIVE BREASTFEEDING

Percentage of youngest living child born since 01.01.2008 aged 0-5 months who received exclusive breastfeeding according to selected background characteristics, Meghalaya, 2012-13

Background characteristics	Exclusive breastfeeding	
	0-5 months	Number of children**
Age group		
15-19	70.5	21
20-24	60.3	66
25-29	51.4	61
30-34	66.8	45
35-39	58.9	22
40-44	(61.5)	13
45-49	--	5
Residence		
Rural	60.4	203
Urban	57.3	30
Mother's education		
Non-literate[a]	57.6	82
Less than 5 years	57.8	28
5-9 years	60.5	72
10 or more years	63.1	51
Religion		
Hindu	73.7	13
Muslim	na	0
Christian	57.5	205
No Religion	na	6
Others	na	9
Castes/Tribes		
Scheduled Castes	--	3
Scheduled Tribes	59.9	221
Other Backward Classes	--	3
Others	--	1
DLHS-4	59.8	233
DLHS-3	40.8	511

[a]Literate but did not attend school are also included. --Percentage not shown due to less than 10 cases.() Based on 10-20 unweighted cases ** Unweighted cases.

TABLE 4.5 BREASTFEEDING BY DISTRICTS

Percentage of children aged under 3 years whose mother started breastfeeding within one hour of birth, within 24 hours of birth, and after 24 hours of birth by districts, Meghalaya, 2012-13

District	Children received Colostrum/*Khees*[a]	Initiation of breastfeeding			Number of children**
		Within one hour of birth	Within 24 hours of birth[1]	After 24 hours of birth	
West Garo Hills	53.3	84.8	97.4	0.0	106
East Garo Hills	78.3	89.5	98.8	0.0	242
South Garo Hills	19.2	100.0	100.0	0.0	24
West Khasi Hills	92.5	46.7	92.6	4.9	144
RiBhoi	94.2	54.9	93.9	2.1	289
East Khasi Hills	88.4	46.2	97.2	1.5	205
Jaintia Hills	85.0	43.5	93.7	1.4	310
DLHS-4	84.2	58.9	95.5	1.7	1,320
DLHS-3	88.0	73.6	97.8	2.2	2,733

Note: Table based on youngest living child born since 01.01.2008.

[a]Yellowish thick milk secretion during the first few days after child birth. [1] Includes children whose mother started breastfeeding within one hour of birth. ** Unweighted cases.

TABLE 4.6 VACCINATION OF CHILDREN

Percentage of children aged 12-23 months who received specific vaccination according to selected background characteristics Meghalaya, 2012-13

Background characteristics	BCG	DPT			Polio				Measles	Full vaccination[1]	No vaccination	Vaccination card seen	Number of children**
		1	2	3	0	1	2	3					
Residence													
Rural	74.0	77.6	74.2	66.3	32.4	77.6	75.9	68.3	60.9	46.8	14.7	22.8	385
Urban	81.2	81.2	78.2	78.2	20.0	81.2	73.5	69.2	68.3	61.0	15.5	24.9	41
Sex of child													
Male	75.2	77.9	75.0	67.5	32.9	77.9	76.2	69.1	59.8	48.1	16.0	19.2	208
Female	74.9	78.3	74.6	68.6	28.4	78.3	74.9	67.8	64.0	49.8	13.8	26.7	218
Birth order													119
1	81.1	81.0	77.8	71.7	26.4	81.0	78.1	67.4	66.5	51.7	14.4	26.2	98
2	70.1	79.2	75.5	65.8	28.6	79.2	74.4	70.5	56.3	40.0	13.4	20.1	74
3	76.3	77.1	77.1	68.1	30.1	77.1	75.4	69.2	64.4	53.5	13.7	26.0	135
4+	72.6	75.3	70.4	66.4	35.9	75.3	74.0	67.5	60.6	50.4	16.9	20.8	
Mother's education													
Non-literate[a]	66.8	67.9	64.4	58.3	31.3	67.9	66.6	61.2	58.3	47.2	19.1	19.5	139
Less than 5 years	80.7	83.6	79.5	71.2	42.4	83.6	81.0	71.5	55.9	39.4	15.1	19.9	69
5-9 years	70.4	75.4	72.7	65.1	25.3	75.4	72.1	65.2	59.9	46.4	19.0	25.6	136
10 or more years	90.2	93.2	89.9	84.7	28.3	93.2	89.8	81.7	75.0	62.7	3.3	27.3	82
Religion													
Hindu	(76.9)	(76.9)	(69.2)	(61.5)	(23.1)	(76.9)	(76.9)	(69.2)	(61.5)	(46.2)	(23.1)	(46.2)	13
Muslim	--	--	--	--	--	--	--	--	--	--	--	--	7
Christian	76.4	79.2	76.3	69.7	30.2	79.2	76.3	69.3	62.6	50.3	13.5	22.7	391
No Religion	--	--	--	--	--	--	--	--	--	--	--	--	7
Others	--	--	--	--	--	--	--	--	--	--	--	--	8
Castes/Tribes													
Scheduled Castes	--	--	--	--	--	--	--	--	--	--	--	--	8
Scheduled Tribes	75.4	78.3	75.1	68.4	33.7	78.3	75.6	68.5	62.2	49.4	14.5	22.5	414
Other Backward Classes	na	na	na	na	na	na	na	na	na	na	na	na	0
Others	--	--	--	--	--	--	--	--	--	--	--	--	1
DLHS-4	75.1	78.1	74.8	68.1	30.6	78.1	75.5	68.4	62.0	49.0	14.9	23.1	426
DLHS-3	77.3	67.8	62.2	45.1	25.8	79.1	73.4	45.9	51.9	33.1	14.7	36.5	892

Note: Table based on youngest living child born since 01.01.2008 [a] Literate but did not attend school are also included. [1]BCG, three injections of DPT, three doses of Polio (excluding Polio 0) and vaccine against measles – Percentage now shown for less than 10 cases. () Based on 10-20unweighted cases. ** Unweighted Cases.

TABLE 4.7 STATUS OF CHILDHOOD VACCINATION BY DISTRICTS

Percentage of children aged 12-23 months received specific vaccination and Vitamin-A supplementation by districts, Meghalaya, 2012-13.

		Vaccination Status							
District	Vaccination card seen	BCG	DPT3	Polio 3	Measles	Full[1]	None	Percentage received at least one dose of Vitamin-A[2]	Number of children**
West Garo Hills	14.6	44.7	49.8	57.9	44.7	34.0	36.6	31.7	26
East Garo Hills	18.4	45.2	47.3	48.5	36.2	30.2	31.0	28.0	83
South Garo Hills	--	--	--	--	--	--	--	--	10
West Khasi Hills	7.1	79.6	70.6	62.0	71.4	46.9	15.5	37.5	54
RiBhoi	23.9	91.1	77.4	83.1	71.8	55.3	3.5	43.4	103
East Khasi Hills	15.4	84.8	72.6	68.1	69.2	52.7	10.6	58.0	46
Jaintia Hills	40.4	82.1	73.5	75.6	67.9	57.2	11.6	59.0	104
DLHS-4	23.0	75.1	68.1	68.4	62.0	49.0	14.9	23.1[#]	426
DLHS-3	36.5	77.3	45.1	45.9	51.9	33.1	14.7	39.5	892

Note: Table based on youngest living child born since 01.01.2008 [1] BCG, three injections of DPT, three doses of Polio (excluding Polio 0) and measles.[2] Children aged 12-35 months. #Percentage in fact sheet age group of children aged 9-35 months. ** Unweighted cases.

TABLE 4.8 PLACE OF CHILDHOOD VACCINATION

Percentage of children aged 3 years received vaccination by place of vaccination, according to selected background characteristics, Meghalaya, 2012-13.

	Place of vaccination						
	Government health sector						
Background characteristics	Anganwadi Centre	Sub-Health Centre	Primary Health Centre	Other government health facility	Private health sector[1]	Others	Number of children**
Residence							
Rural	5.0	26.8	35.5	37.3	5.3	0.6	839
Urban	0.6	2.8	5.8	67.6	27.8	0.0	142
Sex of the child							
Male	3.6	22.3	27.9	44.4	12.1	0.7	498
Female	4.5	20.6	30.0	43.5	8.4	0.2	483
Birth order							
1	4.5	17.5	28.3	43.4	15.5	0.2	283
2	4.7	22.7	31.1	42.1	11.6	0.4	216
3	2.3	19.5	27.8	47.9	6.4	0.0	169
4+	4.2	25.5	28.8	43.7	6.6	0.9	313
Mother's education							
Non-literate[a]	4.7	23.7	28.9	49.5	3.7	0.0	282
Less than 5 years	7.3	22.1	35.2	41.1	1.8	0.6	148
5-9 years	4.6	23.7	28.9	42.3	8.6	0.9	306
10 or more years	1.1	16.6	25.9	42.1	22.9	0.3	245
Religion							
Hindu	1.4	22.9	21.9	51.2	16.5	0.0	56
Muslim	0.0	(45.5)	(45.5)	(27.3)	(0.0)	(0.0)	11
Christian	4.5	21.5	29.0	43.5	9.2	0.5	875
No Religion	0.0	15.8	52.0	33.8	28.8	0.0	22
Others	(0.0)	(17.6)	(5.9)	(64.7)	(23.5)	(0.0)	17
Castes/Tribes							
Scheduled Castes	0.0	(37.5)	(37.5)	(37.5)	(12.5)	(0.0)	16
Scheduled Tribes	4.3	21.6	29.8	43.5	9.8	0.5	933
Other Backward Classes	--	--	--	--	--	--	7
Others	--	--	--	--	--	--	7
DLHS-4	4.1	21.5	29.0	44.0	10.3	0.4	981
DLHS-3	NA	19.8	29.2	49.5	4.1	2.8	2260

Note: Table based on youngest living child born since 01.01.2008.
[a] Literate but did not attend school are also included. [1] Includes non-governmental hospital/trust hospital or clinic, private hospital and private doctor/clinic. () Based on 10-20 unweighted cases. -- Percentage not shown for less than 10 cases. NA: Not available. ** Unweighted cases.

TABLE 4.9 VITAMIN-A AND HEPATITIS-B SUPPLEMENTATION FOR CHILDREN

Percentage of children aged 12-35 months received at least one dose of Vitamin-A, 3-5 doses of Vitamin-A and Hepatitis-B injection, according to selected background characteristics, Meghalaya, 2012-13

Background characteristics	Children who received at least one dose of Vitamin-A[##]	Children who received 3-5 doses of Vitamin-A	Children who received Hepatitis-B injection	Number of children**
Age of the child				
12-23 months	37.0	24.5	49.8	546
24-35 months	50.3	28.8	54.0	371
Residence				
Rural	38.3	22.1	46.2	799
Urban	59.9	38.5	73.4	118
Sex of the child				
Male	41.2	27.9	49.9	468
Female	44.0	25.4	53.2	449
Birth order				
1	47.9	30.6	59.1	257
2	41.9	24.0	46.6	201
3	37.5	28.5	45.9	161
4+	41.4	23.3	51.2	298
Mother's education				
Non-literate[a]	33.5	18.5	42.7	297
Less than 5 years	33.4	32.9	45.8	137
5-9 years	39.3	24.1	49.7	282
10 or more years	63.4	32.0	68.3	201
Religion				
Hindu	56.0	30.2	75.5	45
Muslim	(41.7)	(40.0)	(16.7)	12
Christian	41.6	27.0	50.0	826
No Religion	(36.8)	(28.6)	(15.8)	19
Others	(60.0)	(0.0)	(20.0)	15
Castes/Tribes				
Scheduled Castes	(53.3)	(25.0)	(53.3)	15
Scheduled Tribes	41.8	26.4	50.6	882
Other Backward Classes	--	--	--	3
Others	--	--	--	6
DLHS-4	42.5	26.6	51.5	917
DLHS-3	39.5	9.1	13.2	1,838

Note: Table based on youngest living child born since 01.01.2008. [##] children aged 9-35 months.
[a] Literate but did not attend school are also included. () Based on 10-20 unweighted cases.-- Percentage not shown for less than 10 cases.
** Unweighted Cases.

TABLE 4.10 AWARENESS REGARDING DIARRHOEA MANAGEMENT

Percentage of women who are aware of diarrhoea management according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Knowledge of diarrhoea management	Type of practices followed if child gets diarrhoea[1]						Number of women**
		Give ORS	Salt and sugar solution	Continue normal food	Continue breast-feeding	Give plenty of fluids	Others	
Age group								
15-19	52.1	39.7	21.5	5.1	8.9	15.2	9.6	112
20-24	57.3	41.6	22.8	8.6	10.8	21.5	9.9	540
25-29	64.1	46.7	25.9	11.5	12.2	23.1	13.5	970
30-34	62.5	45.4	27.0	10.7	10.2	22.0	13.4	920
35-39	63.7	48.1	30.4	12.3	9.1	23.1	11.6	864
40-44	61.3	42.8	25.8	12.1	10.6	24.7	15.8	642
45-49	62.4	44.0	27.5	9.9	7.8	24.1	16.4	523
Residence								
Rural	59.0	42.9	24.9	9.7	9.5	21.3	10.8	3,824
Urban	71.8	51.8	32.4	14.8	12.6	27.8	20.9	747
Mother's education								
Non-literate[a]	60.1	43.7	30.6	6.3	6.9	24.1	9.5	1,682
Less than 5 years	56.3	33.8	18.6	11.9	10.1	18.5	16.0	511
5-9 years	58.7	41.2	22.1	13.5	10.2	19.3	13.3	1,527
10 or more years	73.6	59.2	31.5	13.9	16.0	28.4	17.8	851
Religion								
Hindu	62.5	49.7	27.9	8.2	12.0	26.4	12.0	375
Muslim	84.9	67.9	50.8	10.4	10.9	35.7	9.5	130
Christian	61.2	44.3	25.8	11.4	10.2	22.3	13.3	3,915
No religion	56.6	27.1	22.2	4.2	5.4	6.7	17.2	93
Others	75.5	46.4	32.3	8.2	10.0	29.8	17.7	58
Castes/Tribes								
Scheduled Castes	79.0	65.2	41.8	14.9	14.9	32.9	10.4	248
Scheduled Tribes	61.2	43.7	25.7	11.1	10.2	22.2	13.3	4,120
Other Backward Classes	33.3	24.6	15.6	0.0	10.0	11.9	6.2	38
Others	61.7	50.1	29.2	4.1	4.0	25.2	17.0	165
DLHS-4	62.1	45.1	26.7	10.9	10.2	22.8	13.2	4,571
DLHS-3	74.4	59.9	58.0	15.1	10.5	17.2	19.1	6,943

Note: Table based on women with last two surviving children born since 01.01.2008.

[a] Literate but did not attend school are also included. [1] Among women aware of diarrhoea management. **Unweighted Cases.

TABLE 4.11 TREATMENT OF DIARRHOEA

Percentage of children suffered from diarrhoea and sought advice/ treatment according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Children suffered from diarrhoea[1]	Number of children	Given ORS	Children sought advice/ treatment	Source of treatment			Number of children**
					Government health facility[2]	Private Health facility[3]	Other	
Age group								
< 25	3.9	542	67.8	59.0	75.3	32.3	0.0	22
25-29	3.4	703	(60.0)	(55.0)	(72.7)	(36.4)	0.0	20
30-34	3.7	535	(64.7)	(61.1)	(72.7)	(45.5)	0.0	18
35-39	1.8	303	--	--	--	--	0.0	6
40-49	0.4	186	--	--	--	--	0.0	1
Residence								
Rural	2.8	2,012	57.8	55.0	81.5	21.7	0.0	55
Urban	4.8	257	(75.0)	(75.0)	(55.6)	(77.8)	0.0	12
Mother's education								
Non-literate[a]	2.4	801	(70.0)	(55.0)	(100.0)	(0.0)	0.0	20
Less than 5 years	3.5	310	--	--	--	--	0.0	9
5-9 years	3.6	692	61.3	56.4	84.5	22.1	0.0	25
10 or more years	3.3	466	(69.2)	(76.9)	(60.0)	(70.0)	0.0	13
Religion								
Hindu	7.8	103	--	--	--	--	0.0	9
Muslim	15.0	34	--	--	--	--	0.0	5
Christian	2.8	2,020	52.6	52.6	59.0	49.2	0.0	51
No Religion	1.6	62	--	--	--	--	0.0	1
Others	1.9	50	--	--	--	--	0.0	1
Castes/Tribes								
Scheduled Castes	14.4	48	--	--	--	--	0.0	7
Schedule Tribes	3.0	2,158	58.7	58.6	67.7	46.2	0.0	59
Other Backward Classes	0.0	13	--	--	--	--	0.0	0
Others	6.7	11	--	--	--	--	0.0	1
DLHS-4	3.1	2,269	61.8	59.9	71.5	40.8	0.0	67
DLHS-3	10.5	4,144	45.5	65.3	64.0	36.0	2.8	279

Note: Table based on women with last two surviving children born since 01.01.2008.

[a]Literate but did not attended school are also included. [1] Last two weeks prior to survey. [2] Includes government hospital or dispensary, urban health centre/ urban health post/ urban family welfare centre, community health centre or rural hospital, primary health centre, sub-centre, ICDS and Govt. AYUSH hospital /clinic. [3] Includes non-governmental hospital/ trust hospital or clinic, private hospital/clinic and private AYUSH hospital /clinic.— Percentage not shown for less than 10 cases . () Based on 10-20 unweighted cases. ** Unweighted Cases.

TABLE 4.12 AWARENESS AND TREATMENT OF ACUTE RESPIRATORY INFECTION (ARI)

Percentage of women who are aware of danger signs of ARI and whose children suffer from ARI and sought advice/treatment according to selected background characteristics, Meghalaya, 2012-13..

Background characteristics	Women aware of danger signs of ARI	Number of women**	Danger signs of Acute Respiratory Infection (ARI)[1]					Children suffered from ARI[3]	Children sought advice/ treatment[4]	Source of treatment[5]			Number of children**
			Difficulty in breathing	Pain in chest and productive cough	Wheezing/ whistling	Rapid breathing	Other Signs[2]			Government health facility[6]	Private health facility[7]	Others	
Age group													
15-19	11.4	112	6.8	3.0	2.2	2.2	6.3	4.9	--	--	--	--	66
20-24	18.0	540	10.5	5.6	4.1	5.7	8.9	3.9	(73.7)	(71.4)	(28.6)	0.0	476
25-29	20.2	970	12.9	8.3	5.4	6.9	9.4	3.2	57.2	68.9	15.0	0.0	703
30-34	23.8	920	16.1	9.0	6.7	8.6	12.9	2.4	(66.7)	(80.0)	(20.0)	0.0	535
35-39	24.9	864	17.9	10.4	7.3	6.9	13.5	1.7	--	--	--	--	303
40-44	24.0	642	17.2	8.5	5.8	7.7	11.7	1.7	--	--	--	--	133
45-49	21.4	523	15.0	6.9	2.9	6.2	10.6	0.0	na	na	na	na	53
Residence													
Rural	20.9	3,824	13.6	7.6	4.9	5.6	10.2	3.1	69.4	71.1	26.8	0.0	2,012
Urban	25.6	747	19.1	10.5	7.9	11.7	14.6	1.5	--	--	--	--	257
Mother's education													
Non-literate[a]	14.5	1,682	9.5	2.8	2.6	3.2	5.9	2.1	(47.1)	(75.0)	(25.0)	0.0	801
Less than 5 years	22.0	511	14.3	10.5	7.2	6.4	14.8	2.5	--	--	--	--	310
5-9 years	23.8	1,527	15.8	10.2	5.6	7.2	12.0	4.1	73.2	71.2	24.7	0.0	692
10 or more years	32.1	851	23.1	13.5	9.8	13.5	17.3	2.3	(63.6)	(42.9)	(42.9)	0.0	466
Religion													
Hindu	25.5	375	19.6	9.9	11.4	11.4	14.0	2.2	--	--	--	0.0	103
Muslim	23.9	130	13.4	4.4	5.7	2.9	4.6	9.0	--	--	--	--	34
Christian	21.9	3,915	14.6	8.4	5.1	6.7	11.3	2.8	68.3	69.3	25.3	0.0	2,020
No Religion	13.2	93	10.2	3.8	2.3	8.3	8.0	1.4	--	--	--	--	62
Others	12.5	58	10.8	7.5	3.4	10.1	9.7	2.0	--	--	--	--	50
Castes/Tribes													
Scheduled Castes	30.8	248	20.7	8.3	9.2	8.9	10.4	5.9	--	--	--	--	48
Scheduled Tribes	21.6	4,120	14.5	8.4	5.2	6.7	11.2	2.8	65.7	67.6	27.1	0.0	2,158
Other Backward Classes	15.7	38	9.4	9.4	6.3	6.9	10.7	0.0	--	--	--	--	13
Others	2.3	165	2.3	0.0	0.0	0.0	2.3	6.7	--	--	--	--	15
DLHS-4	22.0	4,571	14.9	8.3	5.6	7.0	11.2	2.8	65.0	69.0	26.0	0.0	2,269
DLHS-3	21.5	6,953	65.0	29.5	15.9	18.2	73.9	6.4	82.6	53.2	44.0	2.8	4,144

Note: Table based on women with last two surviving children born since 01.01.2008.

[a] Literate but did not attend school are also included. [1] Among women who are aware of any danger signs of ARI. [2] Includes not able to drink or take a feed, excessive drowsy and difficulty to keep awake, running nose and others.[3] Last two weeks prior to survey. [4] Among children with ARI or fever in last two weeks who sought advice/ treatment[5] Among children who sought advice/treatment. [6] Includes government hospital or dispensary, urban health centre/urban health post/urban family welfare centre, community health centre or rural hospital, primary health centre, sub-centre, ICDS and Govt. AYUSH hospital/clinic. [7] Includes non-governmental hospital/trust hospital or clinic, private hospital/clinic and private AYUSH hospital/clinic. – Percentage not shown for less than 10 cases. () Based on 10-20 unweighted cases. ** Unweighted Cases

TABLE 4.13 AWARENESSOF ORS AND ACUTE RESPIRATORY INFECTION (ARI) BY DISTRICTS

Percentage of women by awareness of ORS and percentage of children suffered from diarrhoea and ARI and sought advice/treatment by districts, Meghalaya, 2012-13.

	Oral Rehydration Therapy/Solution (ORS)			Acute Respiratory Infection(ARI)		
District	Women aware of ORS	Children suffered from diarrhoea[1]	Children sought advice/treatment	Children suffered from ARI[1]	Children sought advice/ treatment[2]	Number of children**
West Garo Hills	49.3	8.1	84.9	4.2	37.2	181
East Garo Hills	51.0	3.9	43.2	4.6	49.6	418
South Garo Hills	31.4	4.2	100.0	4.2	0.0	51
West Khasi Hills	32.7	3.3	71.5	1.2	100.0	245
RiBhoi	49.0	2.5	35.6	3.7	78.1	523
East Khasi Hills	39.6	1.3	52.6	1.2	77.5	314
Jaintia Hills	46.9	1.9	60.7	2.2	91.6	537
DLHS-4	43.6	3.0	58.3	2.9	66.6	2,269
DLHS-3	59.9	10.5	65.3	6.4	82.6	4,144

Note: Table based on women with last two surviving children born since 01.01.2008.
[1] Last two weeks prior to survey.[2] Among children with ARI or fever in last two weeks sought advice /treatment. ** Unweighted cases.

FAMILY PLANNING

TABLE 5.1 AWARENESS OF CONTRACEPTIVE METHODS

Percentage of ever married and currently married women age 15-49 years who are aware of specific contraceptive method by place of residence, Meghalaya, 2012-13.

	Ever married women			Currently married women		
Contraceptive methods	Total	Rural	Urban	Total	Rural	Urban
Any method	85.9	85.6	87.0	86.5	85.9	88.4
Any modern method[1]	83.6	83.0	85.7	84.4	83.5	87.3
Female sterilization	71.9	70.2	77.4	72.8	70.9	78.6
Male sterilization	48.1	46.4	53.3	50.0	48.4	54.8
Intra Uterine Device	57.6	55.0	65.9	58.8	56.4	66.5
Pill	65.1	62.0	74.9	66.6	63.7	75.7
Emergency contraceptive pill	48.7	46.4	56.2	51.1	48.9	57.9
Injectables	54.3	51.4	63.8	56.0	53.2	64.9
Condom	66.8	65.8	70.3	68.0	67.1	71.0
Female condom	45.3	44.7	47.2	47.6	47.2	48.6
Rhythm method	48.4	48.4	48.3	50.7	51.0	49.8
Withdrawal method	56.1	57.9	50.4	58.0	59.9	51.8
Contraceptive herbs	37.6	37.9	36.4	39.3	39.9	37.4
Lactational Amenorrhoea Method (LAM)	37.8	38.4	35.9	39.5	40.3	36.8
Others	9.1	9.3	8.5	9.7	9.9	9.1
Number of women**	5,139	4,325	827	4,571	3,824	747

[1] Includes female sterilization, male sterilization, Intra-Uterine Device, pill, condom, female condom, emergency Contraceptive Pill and Injectables.** Unweighted Cases.

TABLE 5.2 AWARENESS OF CONTRACEPTIVE METHODS

Percentage of currently married women age 15-49 years who are aware of specific contraceptive method according to selected background characteristics, , Meghalaya, 2012-13.

Background characteristics	Any method	Any modern method	Male sterili-zation	Female sterili-zation	IUD	Pill	ECP	Injectables	Condom	Female condom	Rhythm method	With-drawal method	Contra-ceptive herbs	LAM	Others	Number of women**
Age group																
15-24	81.3	78.3	50.0	64.1	57.4	63.7	50.1	54.4	66.0	47.4	49.8	55.0	38.0	36.1	13.7	652
25-29	86.2	83.4	49.8	70.6	59.3	67.3	53.3	57.4	68.9	47.9	50.5	59.1	38.9	39.4	9.6	970
30-34	86.9	85.0	48.1	72.7	59.8	69.3	50.4	57.0	70.1	46.9	50.1	58.4	37.4	38.5	8.0	920
35-39	89.7	88.2	54.6	76.7	61.5	70.4	55.6	61.1	71.8	52.5	55.9	62.3	45.0	45.1	11.4	864
40-49	87.0	85.3	48.2	76.5	56.4	62.6	46.9	51.3	63.9	44.2	47.9	55.0	37.7	38.0	7.7	1,165
No. of living children																
0	79.5	78.0	45.8	54.5	47.8	57.2	55.3	54.9	65.2	51.2	52.0	47.6	33.6	32.9	8.7	669
1	89.4	86.8	57.1	74.4	65.9	73.1	61.0	65.3	77.1	54.6	56.7	64.6	46.6	46.0	14.7	852
2	89.4	88.0	55.7	77.7	65.6	74.1	55.4	61.6	74.1	51.8	54.6	63.7	43.2	43.7	9.2	891
3	88.9	85.9	51.4	75.6	63.3	69.1	50.0	55.0	68.5	47.4	52.0	62.6	42.0	42.7	10.0	746
4+	84.9	82.8	43.0	75.9	52.8	60.7	40.5	47.6	59.4	38.5	42.9	52.5	33.5	34.0	7.3	1,413
Residence																
Rural	85.9	83.5	48.4	70.9	56.4	63.7	48.9	53.2	67.1	47.2	51.0	59.9	39.9	40.3	9.9	3,824
Urban	88.4	87.3	54.8	78.6	66.5	75.7	57.9	64.9	71.0	48.6	49.8	51.8	37.4	36.8	9.1	747
Education																
Non-literate[a]	83.2	80.0	50.5	67.4	55.8	63.5	53.9	56.5	64.6	51.8	54.7	55.8	42.6	41.4	11.4	1682
Less than five years	88.2	87.1	47.1	73.7	56.4	62.1	45.6	51.9	68.7	45.0	48.7	61.2	39.6	40.6	6.2	1345
5-9 years	84.2	82.2	50.3	74.0	58.7	65.1	50.0	54.5	66.5	47.3	50.1	60.7	39.8	40.6	9.6	693
10 or more years	91.6	89.8	52.7	79.5	67.2	78.8	54.6	62.0	73.9	44.0	47.0	55.2	33.1	33.9	11.7	851
Religion																
Hindu	94.8	93.4	58.4	81.5	68.4	81.2	62.0	71.4	79.3	54.7	58.0	57.6	42.4	40.8	13.3	375
Muslim	100.0	92.9	80.7	80.6	80.7	81.7	72.3	70.4	74.2	69.6	67.8	76.0	55.7	54.8	5.7	130
Christian	85.5	83.5	48.8	71.8	57.7	65.0	49.9	54.5	67.4	46.7	50.0	58.1	38.9	39.3	9.8	3,915
No religion	74.1	73.2	17.9	62.6	27.4	43.5	19.1	24.1	36.8	16.6	18.3	23.9	14.4	14.4	0.9	93
Others	85.1	79.8	58.8	71.9	69.6	73.8	60.8	71.5	67.7	58.6	65.9	69.5	54.6	51.4	0.0	56
Castes/Tribes																
Scheduled Castes	96.7	93.7	77.1	80.6	78.5	82.2	70.6	70.5	75.2	68.8	68.0	68.1	55.9	53.6	3.0	248
Scheduled Tribes	85.5	83.3	48.7	71.6	57.4	64.9	50.1	54.7	67.0	46.8	50.1	58.2	38.9	39.1	10.1	4,120
Other Backward Classes	92.6	92.6	81.9	92.6	81.9	87.2	81.9	78.0	84.8	78.0	79.6	81.9	75.8	81.9	50.7	38
Others	93.6	93.6	32.6	82.0	57.8	76.8	40.0	59.7	76.5	28.1	32.8	33.2	17.7	18.9	2.7	165
DLHS-4	86.5	84.4	50.0	72.8	58.8	66.6	51.1	56.0	68.0	47.6	50.7	58.0	39.3	39.5	9.7	4,571
DLHS-3	86.0	84.9	35.1	76.1	43.6	65.7	14.2	30.7	56.6	11.6	34.3	28.9	---	---	2.4	6,170

IUD = Intra-Uterine Device; ECP = Emergency Contraceptive Pill. LAM : Lactational Amenorrhoea Method. ( ) Based on 10-20 unweighted cases.** Unweighted cases.

TABLE 5.3 AWARENESS OF CONTRACEPTIVE METHODS BY DISTRICT

Percentage of currently married women age 15-49 years who are aware of specific contraceptive method by district,Meghalaya, 2012-13.

District	Any method	Any modern method	Male sterili-zation	Female sterili-zation	IUD	Pill	ECP	Inject-ables	Condom	Female condom	Rhythm method	With-drawal method	Contra-ceptive herbs	LAM	Other	Number of women**
West Garo Hills	95.3	92.1	71.1	70.4	71.7	77.5	76.2	74.0	81.3	72.8	73.7	73.0	58.0	54.8	25.5	644
East Garo Hills	92.1	86.1	74.1	76.4	76.4	79.3	71.6	70.9	74.8	69.5	73.0	77.0	52.3	46.8	28.8	762
South Garo Hills	93.5	93.5	56.9	71.0	57.3	61.8	61.9	63.0	78.7	60.7	60.6	69.6	46.1	47.0	13.3	464
West Khasi Hills	68.1	66.6	24.9	56.0	26.8	39.3	26.5	27.9	41.1	27.0	29.4	33.9	23.0	23.2	0.0	649
Ri Bhoi	79.8	78.4	48.2	67.7	59.6	61.6	46.0	50.8	61.4	42.7	48.4	55.3	42.7	45.3	0.3	673
East Khasi Hills	82.3	81.7	39.5	75.5	56.5	67.1	42.2	52.3	63.8	34.6	36.1	41.5	32.1	35.2	0.2	650
Jaintia Hills	93.8	92.1	32.4	85.6	55.2	69.6	31.3	48.2	74.7	28.1	35.8	60.0	24.4	28.3	0.1	729
DLHS-4	86.3	84.1	49.5	72.2	58.0	65.6	50.4	55.1	67.7	47.5	50.8	58.6	39.5	39.7	9.8	4,571
DLHS-3	86.0	84.9	35.1	76.1	43.6	65.7	14.2	30.7	56.6	11.6	34.3	28.9	---	---	2.4	6,170

Note: IUD = Intra-Uterine Device; ECP = Emergency Contraceptive Pill. LAM : Lactational Amenorrhoea Method. ** Unweighted cases.

TABLE 5.4 EVER USE OF CONTRACEPTIVE METHOD

Percentage of currently married women age 15-49 years who ever used specific contraceptive method according to selected background characteristics, , Meghalaya, 2012-13.

Background characteristics	Any method	Any modern method	Male sterili-zation	Female sterili-zation	IUD	Pill	ECP	Injectables	Condom	Female condom	Rhythm method	Withdrawal method	Others	Number of women**
Age group														
15 - 19	17.2	13.4	0.0	0.0	0.8	5.1	0.0	0.0	9.8	0.0	4.1	4.6	0.0	112
20 - 24	22.1	16.2	0.0	0.4	1.4	5.0	1.6	0.5	10.4	1.2	2.8	12.1	0.0	540
25 - 29	32.9	26.0	0.2	2.4	2.9	8.8	2.4	0.8	17.1	0.5	4.4	17.4	0.2	970
30 - 34	38.7	32.8	0.1	7.2	2.7	10.9	2.4	2.0	17.6	0.4	5.4	17.2	0.1	920
35 - 39	40.6	36.4	0.2	10.7	3.8	10.1	2.3	0.9	16.7	0.6	4.9	18.1	0.1	864
40 - 44	43.8	38.4	0.0	17.1	2.6	6.5	2.6	0.8	16.6	0.5	3.8	18.4	0.1	642
45 – 49	34.9	26.1	0.2	10.7	2.7	5.2	0.9	0.5	11.6	0.3	5.0	16.5	0.0	523
No. of living children														
0	16.5	13.7	0.1	0.2	0.1	3.4	1.7	0.3	11.2	0.0	2.9	10.3	0.0	669
1	31.4	26.9	0.2	1.4	2.8	8.3	2.9	1.3	18.0	0.5	3.8	14.8	0.0	852
2	39.3	33.3	0.2	6.1	3.5	10.8	3.1	1.7	18.4	1.0	5.6	19.6	0.2	891
3	42.2	35.3	0.2	9.9	4.1	10.4	1.6	0.9	16.5	0.9	5.9	18.6	0.0	746
4+	41.8	33.8	0.0	15.1	2.6	7.5	1.4	0.7	13.5	0.4	4.2	17.9	0.2	1,413
Residence														
Rural	34.5	27.9	0.1	6.8	2.2	7.8	1.0	0.6	15.3	0.7	3.9	17.5	0.1	3,824
Urban	39.4	35.2	0.3	10.3	4.3	9.3	5.7	2.2	16.1	0.1	6.4	13.9	0.1	747
Education														
Non-literate[a]	21.8	16.2	0.1	4.7	1.1	3.9	0.9	0.5	7.5	0.7	2.8	8.8	0.0	1,682
Less than five years	43.2	37.0	0.0	8.8	2.2	9.1	1.2	0.9	21.7	0.6	4.0	23.6	0.1	1,345
5-9 years	42.2	35.5	0.2	9.7	3.6	9.8	3.0	0.7	17.6	0.3	5.4	19.8	0.1	693
10 or more years	44.0	37.9	0.3	9.5	5.5	12.9	4.7	2.1	19.0	0.4	7.3	18.1	0.3	851
Religion														
Hindu	44.8	41.8	0.3	12.4	1.3	12.6	5.9	2.1	19.5	0.3	6.1	13.7	0.0	375
Muslim	40.6	27.5	0.4	4.0	1.5	9.3	1.1	0.0	19.6	1.3	4.1	19.4	0.0	130
Christian	35.0	29.0	0.1	7.2	2.9	7.8	1.8	0.9	15.5	0.6	4.4	17.2	0.1	3,915
No religion	21.8	15.1	0.0	9.0	2.7	3.3	0.0	0.0	0.8	0.0	2.9	6.8	0.0	93
Others	23.7	13.0	0.0	4.5	4.3	6.7	0.0	0.0	2.5	0.0	5.9	11.3	0.0	56
Castes/Tribes														
Scheduled Castes	39.4	31.8	0.2	3.6	2.1	8.1	7.0	2.1	22.6	2.6	7.0	18.1	0.0	248
Scheduled Tribes	34.4	28.4	0.1	6.9	2.9	7.7	1.9	1.0	15.0	0.4	4.3	16.7	0.1	4,120
Other Backward Classes	25.4	25.4	0.0	5.4	0.0	13.9	0.0	0.0	15.0	0.0	3.8	6.3	0.0	38
Others	58.9	53.6	0.7	28.9	0.5	17.4	1.0	0.0	15.6	0.4	4.5	15.5	0.0	165
DLHS-4	35.7	29.7	0.1	7.7	2.7	8.2	2.1	1.0	15.5	0.6	4.5	16.6	0.1	4,571
DLHS-3	28.6	20.0	0.2	8.4	1.3	8.1	0.9	1.0	3.7	0.2	9.2	4.9	0.6	6,170

IUD = Intra-Uterine Device; ECP = Emergency Contraceptive Pill. [a] Literates but did not attend school, are also included.** Unweighted cases.

TABLE 5.5 (A) CURRENT USE OF CONTRACEPTIVE METHODS

Percentage of currently married women age 15-49 years who are currently using specific contraceptive method according to selected background characteristics, , Meghalaya, 2012-13.

Background characteristics	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom	Rhythm method	Withdrawal method	Others	Number of women**
Age group											
15 - 19	6.1	3.0	0.0	0.0	0.8	0.0	2.3	0.9	2.2	0.0	112
20 - 24	10.1	5.7	0.2	0.4	0.7	2.2	1.9	0.4	3.8	0.2	540
25 - 29	15.0	10.0	0.2	2.5	1.5	2.4	3.2	0.4	4.3	0.3	970
30 - 34	20.2	15.8	0.0	7.2	1.3	3.6	3.1	0.8	3.2	0.4	920
35 - 39	22.5	18.7	0.2	10.7	1.6	3.3	2.8	0.5	3.3	0.1	864
40 - 44	27.3	22.5	0.0	17.2	0.5	2.2	2.3	0.3	4.5	0.0	642
45 – 49	17.0	12.9	0.2	10.7	0.7	0.6	0.8	0.5	3.5	0.0	523
No. of living children											
No children	2.6	1.5	0.0	0.2	0.1	0.3	0.9	0.0	1.0	0.0	669
1 child											
1 son	13.2	9.4	0.0	0.9	1.2	3.5	3.4	0.0	3.3	0.6	437
No son	15.5	11.2	0.3	1.8	1.8	2.5	4.1	0.5	3.6	0.3	415
2 children											
1 or more sons	21.2	15.5	0.2	7.2	0.9	3.2	4.1	0.6	4.9	0.2	677
No sons	18.5	14.0	0.5	3.1	2.6	4.7	1.9	0.8	3.7	0.0	214
3 children											
1 or more sons	23.7	19.0	0.4	9.9	1.8	3.9	3.1	1.1	3.5	0.1	682
No sons	22.5	16.3	0.0	11.5	0.0	3.7	1.1	0.0	6.3	0.0	64
4+ children											
1 or more sons	25.6	20.3	0.0	15.4	0.9	1.8	1.7	0.5	4.6	0.2	1,381
No sons	10.9	7.7	0.0	5.4	2.3	0.0	0.0	0.0	3.2	0.0	32
Residence											
Rural	16.6	12.6	0.1	6.9	0.9	2.0	2.6	0.5	3.3	0.1	3,824
Urban	25.3	19.4	0.3	10.3	1.8	3.9	2.4	0.6	4.9	0.4	747
Education											
Non-literate[a]	10.9	7.9	0.2	4.8	0.6	1.0	1.2	0.3	2.5	0.1	1,682
Less than five years	18.6	15.2	0.0	8.9	0.9	2.3	3.0	0.4	2.9	0.1	1,345
5-9 years	23.9	18.0	0.2	9.7	1.2	3.7	2.9	0.5	5.2	0.1	693
10 or more years	27.7	20.7	0.1	9.5	2.1	4.3	3.8	0.9	5.6	0.5	851
Religion											
Hindu	25.7	23.5	0.3	12.4	0.8	4.6	4.7	0.0	2.2	0.0	375
Muslim	21.7	13.8	0.0	4.0	1.0	1.4	7.4	0.0	8.0	0.0	130
Christian	17.9	13.4	0.1	7.3	1.1	2.4	2.2	0.5	3.7	0.2	3,915
No religion	18.9	12.8	0.0	9.0	1.5	1.5	0.8	1.8	4.2	0.0	93
Others	8.8	6.2	0.0	4.5	0.0	0.0	0.0	0.0	2.5	0.0	56

Contd …

TABLE 5.5 (A) CURRENT USE OF CONTRACEPTIVE METHODS

Background characteristics	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom	Rhythm method	Withdrawal method	Other	Number of women**
Castes/Tribes											
Scheduled Castes	16.0	10.0	0.0	3.6	1.4	1.2	3.6	0.0	6.0	0.0	248
Scheduled Tribes	17.7	13.2	0.1	7.0	1.1	2.3	2.4	0.5	3.7	0.2	4,120
Other Backward Classes	14.6	14.6	0.0	5.4	0.0	2.5	6.7	0.0	0.0	0.0	38
Others	43.4	41.3	0.7	28.9	0.5	8.5	2.8	0.8	1.3	0.0	165
DLHS-4	18.7	14.3	0.1	7.7	1.1	2.5	2.5	0.5	3.7	0.2	4,571
DLHS-3	22.7	17.0	0.1	8.6	0.9	4.0	2.1	4.7	1.0	0.0	6,170

IUD = Intra-Uterine Device; ECP = Emergency Contraceptive Pill. [a] Literates but did not attend school, are also included. ** Unweighted cases.

TABLE 5.5 (B) DURATION OF USE OF SPACING METHODS

Percentage of currently married women age 15-49 years who are currently using spacing method by duration of use according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	IUD					Pill		Condom	
	< 6 months	6 months to 2 years	2-3 years	3 or more years	Number of IUD users**	> 6 months	Number of Pill users**	> 6 months	Number of condom users
Age group									
15 - 19	---	---	---	---	01	---	---	---	03
20 - 24	---	---	---	---	04	(45.5)	11	(50.0)	10
25 - 29	(0.0)	(15.4)	(15.4)	(38.5)	13	62.9	23	57.4	32
30 - 34	(9.1)	(9.1)	(9.1)	(36.4)	11	51.8	29	37.8	29
35 - 39	(7.1)	(7.1)	(0.0)	(42.9)	14	35.7	27	64.4	25
40 - 44	---	---	---	---	03	(40.0)	15	(66.7)	15
45 - 49	---	---	---	---	03	---	03	---	04
No. of living children									
0	---	---	---	---	01	---	02	---	06
1	(0.0)	(9.1)	(18.2)	(27.3)	11	37.5	22	44.7	31
2	(0.0)	(33.3)	(0.0)	(50.0)	12	65.5	29	69.0	33
3	(0.0)	(0.0)	(9.1)	(54.5)	11	49.3	28	50.4	24
4+	(14.3)	(14.3)	(0.0)	(28.6)	14	30.9	27	54.6	24
Residence									
Rural	5.5	17.9	2.3	31.2	36	43.9	79	55.3	101
Urban	(0.0)	(7.7)	(15.4)	(53.8)	13	50.4	29	(47.1)	17
Education									
Non-literate[a]	(0.0)	(0.0)	(9.1)	(36.4)	11	(72.2)	18	36.7	21
Less than five years	(8.3)	(25.0)	(0.0)	(33.3)	12	32.8	30	59.5	41
5-9 years	(10.0)	(20.0)	(0.0)	(20.0)	10	49.0	25	69.0	23
10 or more years	(0.0)	(12.5)	(12.5)	(56.3)	16	44.3	35	47.7	33
Religion									
Hindu	---	---	---	---	03	(58.8)	17	66.3	22
Muslim	---	---	---	---	01	---	02	20.1	09
Christian	4.0	13.3	10.3	33.2	43	42.9	88	54.8	86
No religion	---	---	---	---	01	---	01	---	01
Others	---	---	---	---	01	---	---	---	---
Castes/Tribes									
Scheduled Castes	---	---	---	---	03	---	03	(50.0)	10
Scheduled Tribes	3.8	14.6	9.7	34.8	45	42.0	91	55.9	99
Other Backward Classes	---	---	---	---	00	---	01	---	03
Others	---	---	---	---	01	(71.4)	13	---	06
DLHS-4	3.4	13.3	8.9	39.0	49	46.4	108	53.6	118
DLHS-3	---	---	---	---	55	85.9	308	81.4	131

[a] Literates but did not attend school, are also included.() Based on 10-20 unweighted cases.—Percentage not shown for less than 10 cases. ** Unweighted cases.

TABLE 5.6 AGE AT THE TIME OF STERILIZATION

Percent distribution of women age 15-49 years by age at the time of sterilization, according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Age at the time of sterilization						Total[1]	Mean age of sterilization	Number of women**
	<20	20 -24	25 -29	30 -34	35 -39	40 +			
Years since sterilization									
<2	0.0	0.0	22.9	33.8	23.8	19.4	100.0	33.7	20
2-3	0.0	14.5	14.6	45.6	14.8	10.5	100.0	31.4	29
4-5	0.0	7.3	42.9	36.9	12.9	0.0	100.0	30.2	27
6-7	3.8	0.0	43.0	35.3	15.5	2.4	100.0	30.8	38
8-9	0.0	14.4	24.9	45.5	15.2	0.0	100.0	30.2	29
10+	2.9	13.3	40.9	34.1	8.8	0.0	100.0	28.6	72
No. of living children									
0	---	---	---	---	---	---	---	---	02
1	(0.0)	(9.1)	(36.4)	(9.1)	(27.3)	(18.2)	100.0	33.0	11
2	4.1	13.5	28.4	26.4	12.9	14.7	100.0	31.3	51
3	2.0	12.8	27.4	32.3	13.8	11.7	100.0	31.3	71
4+	0.0	2.7	23.5	33.8	16.0	24.0	100.0	34.5	205
Residence									
Rural	0.0	5.2	21.2	31.7	17.5	24.4	100.0	34.2	260
Urban	3.4	10.2	35.2	30.8	10.5	9.8	100.0	30.3	80
Education									
Non-literate[a]	0.0	4.5	24.5	36.9	13.9	20.1	100.0	33.6	79
Less than five years	0.0	7.4	21.8	19.3	19.8	31.7	100.0	35.1	118
5-9 years	3.8	9.1	21.2	40.8	14.2	10.9	100.0	32.0	64
10 or more years	1.3	6.4	35.1	34.3	11.6	11.2	100.0	31.2	79
Religion									
Hindu	2.3	9.3	19.9	45.7	13.2	9.6	100.0	32.3	45
Muslim	---	---	---	---	---	---	100.0	---	05
Christian	1.0	6.3	26.2	29.5	16.6	20.6	100.0	33.4	279
No religion	---	---	---	---	---	---	100.0	---	08
Others	---	---	---	---	---	---	100.0	---	02
Castes/Tribes									
Scheduled Castes	(10.0)	(20.0)	(20.0)	(30.0)	(10.0)	(10.0)	100.0	29.1	10
Scheduled Tribes	0.5	5.3	25.8	29.9	16.5	22.0	100.0	33.7	280
Other Backward Classes	---	---	---	---	---	---	---	32.5	02
Others	2.1	11.9	25.4	41.6	8.5	10.5	100.0	31.8	48
DLHS-4	1.1	6.8	25.7	31.4	15.3	19.6	100.0	33.2	340
DLHS-3	2.7	17.7	33.3	27.2	14.5	4.6	100.0	29.4	540

[a] Literates but did not attend school, are also included. [1] Total figure may not add to 100 % due to 'don't know' or 'missing cases'. — Percentage not shown for less than 10 cases. ( ) Based on 10-20 unweighted cases.** Unweighted Cases.

TABLE 5.7 CONTRACEPTIVE PREVALENCE RATE BY DISTRICT

Percentage of currently married women age 15-49 years who are currently using any contraceptive method by districts, Meghalaya, 2012-13.

District	Any method	Any modern method	Male sterili-zation	Female sterili-zation	IUD	Pill	Condom	Rhythm method	Withdrawal method	Other	Number of Women**
West Garo Hills	9.2	5.3	0.0	0.6	0.6	1.2	2.8	0.0	3.9	0.0	644
East Garo Hills	17.0	12.3	0.4	2.2	1.2	3.3	4.3	0.3	3.9	0.4	762
South Garo Hills	11.8	10.3	0.0	9.4	0.0	0.2	0.6	0.0	1.5	0.0	464
West Khasi Hills	17.4	14.7	0.0	10.5	0.4	2.5	1.1	1.1	1.6	0.0	649
Ri Bhoi	19.5	16.2	0.0	10.0	2.0	2.1	2.1	0.5	2.6	0.1	673
East Khasi Hills	27.6	22.8	0.0	12.5	2.0	4.7	3.3	1.3	3.2	0.3	650
Jaintia Hills	21.2	13.5	0.3	7.9	0.8	1.7	2.8	0.1	7.4	0.1	729
DLHS-4	18.7	14.3	0.1	7.7	1.1	2.3	2.5	0.5	3.7	0.2	4571
DLHS-3	22.7	17.0	0.1	8.6	0.9	4.0	2.1	4.7	1.0	0.0	6170

IUD = Intra Uterine Device. ** Unweighted cases.

TABLE 5.8 SOURCES OF MODERN CONTRACEPTIVE METHODS

Percent distribution of currently married women age 15-49 years who are currently using modern contraceptive methods by source according to selected background characteristics, Meghalaya, 2012-13.

Background Characteristics	Spacing Method				Number of women**	Limiting method				Number of women**
	Government[2]	Private[3]	Other[4]	Total[1]		Government[5]	Private[6]	Other[7]	Total[1]	
Age group										
15 - 19	---	---	---	---	04	---	---	---	---	---
20 - 24	43.8	44.0	12.2	100.0	27	---	---	---	---	03
25 - 29	40.5	43.6	15.9	100.0	69	61.5	38.5	0.0	100.0	25
30 - 34	31.5	49.0	19.4	100.0	74	77.1	22.9	0.0	100.0	64
35 - 39	51.5	30.6	17.9	100.0	68	68.5	30.6	0.9	100.0	87
40 - 44	46.6	38.8	14.7	100.0	34	72.2	27.8	0.0	100.0	107
45 – 49	(66.7)	(0.0)	(33.3)	100.0	10	71.0	29.0	0.0	100.0	53
No. of living children										
0	---	---	---	---	09	---	---	---	---	02
1	35.4	52.6	12.0	100.0	67	(27.3)	(72.7)	(0.0)	100.0	11
2	36.3	46.7	17.1	100.0	76	71.6	28.4	0.0	100.0	51
3	45.9	30.4	23.7	100.0	63	73.4	26.6	0.0	100.0	71
4+	50.8	29.6	19.5	100.0	71	72.2	27.4	0.4	100.0	204
Residence										
Rural	50.7	27.1	22.2	100.0	222	78.2	21.5	0.3	100.0	259
Urban	25.3	69.6	5.1	100.0	64	56.7	43.3	0.0	100.0	80
Education										
Non-literate[a]	75.6	15.4	9.0	100.0	52	77.0	23.0	0.0	100.0	78
Less than five years	46.3	28.6	25.0	100.0	84	81.4	17.8	0.7	100.0	118
5-9 years	36.0	36.4	27.6	100.0	59	79.7	20.3	0.0	100.0	64
10 or more years	29.1	63.5	7.3	100.0	91	46.8	53.2	0.0	100.0	79
Religion										
Hindu	34.5	61.2	4.2	100.0	44	69.7	30.3	0.0	100.0	45
Muslim	(77.8)	(11.1)	(11.1)	100.0	12	---	---	---	---	05
Christian	43.6	36.1	20.3	100.0	226	71.3	28.4	0.3	100.0	278
No religion	---	---	---	---	03	---	---	---	---	08
Others	---	---	---	---	01	---	---	---	---	02
Castes/Tribes										
Scheduled Castes	(75.0)	(16.7)	(8.3)	100.0	16	(90.0)	(10.0)	(0.0)	100.0	10
Scheduled Tribes	43.3	37.2	19.6	100.0	246	71.7	28.0	0.3	100.0	279
Other Backward Classes	---	---	---	---	04	---	---	---	---	02
Others	(15.8)	(78.9)	(5.3)	100.0	20	63.0	37.0	0.0	100.0	48
DLHS-4	42.8	40.3	16.9	100.0	286	71.0	28.8	0.2	100.0	339
DLHS-3	37.6	49.8	12.6	100.0	458	77.8	11.7	10.5	100.0	540

Note: Spacing method includes – pill (Daily/Weekly), condom (Male/Female), and Injectables and limiting method includes – male sterilization and female sterilization.

[a] Literates but did not attend school, are also included.[1] Total figure may not add to 100% due to 'missing cases'. [2] Hospital, dispensary, UHC/UHP/UFWC, CHC/ Rural Hospital, PHC, Sub Health Centre/ANM, Mobile clinic, *Anganwadi* / ICDS centre, ASHA, Other Community Based Worker, AYUSH Hospital/Clinic and Other Public Health Sector. [3] Hospital, Doctor/Clinic, Mobile Clinic, AYUSH Hospital/Clinic, Traditional Healer, Pharmacy/Drugstore and Other Private Medical Sector. [4] NGO or Trust Hospital/clinic Private, Shop, Vending Machine, Husband, Relatives/Friends, Others and Don't Know.[5] Hospital, Dispensary, CHC/Rural Hospital, PHC, Mobile Clinic, Camp and Other Public Sector Health Facility. [6] Hospital, Doctor/Clinic, Mobile Clinic and Other Private Health Facility. [7] NGO or Trust Hospital/Clinic, Other and Don't Know. — Percentage not shown for less than 10 cases. () Based on 10-20 unweighted cases. ** Unweighted Cases.

TABLE 5.9 CASH BENEFITS RECEIVED AFTER STERILIZATION

Percent distribution of currently married women and wives of sterilized men who received cash benefits after sterilization by districts, Meghalaya, 2012-13.

District	Received cash benefits	Cash benefits received			Total (100%)	Number of women**
		At the time of discharge	At the time of first follow-up	After several visits		
West Garo Hills	---	---	---	---	---	05
East Garo Hills	---	---	---	---	---	19
South Garo Hills	25.6	53.3	6.7	40.0	100.0	42
West Khasi Hills	11.8	72.7	0.0	27.3	100.0	67
Ri Bhoi	12.1	60.0	20.0	20.0	100.0	68
East Khasi Hills	8.6	50.0	12.5	37.5	100.0	79
Jaintia Hills	22.8	68.8	6.3	25.0	100.0	59
DLHS-4	14.2	62.3	8.2	29.5	100.0	339
DLHS-3	5.1	65.4	11.5	23.1	100.0	540

--- Percentage not shown for less than 10 cases.** Unweighted cases.

TABLE 5.10 HEALTH PROBLEMS WITH CURRENT USE OF CONTRACEPTION AND TREATMENT RECEIVED

Percentage of currently married women age 15-49 years who are currently using contraceptive method and who were informed about side effects, had side effects with the method, treatment taken for side effect with the method, , Meghalaya , 2012-13.

	Type of method		
Health problems/side effect	Female sterilization	IUD	Pill
Women who were informed about the side effects before adoption of the method	10.7	33.5	14.3
Women who had side-effect/health problem due to use of contraceptive method	3.1	8.2	3.5
Number of current users**	**334**	**49**	**114**
Type of health problems/side effects[1]			
Weakness/inability to work	(25.0)	---	---
Body ache/ backache	(41.7)	---	---
Abdominal pain	(16.7)	---	---
Weight gain	(8.3)	---	---
Dizziness	(25.0)	---	---
Nausea/vomiting	---	---	---
Fever	(8.3)	---	---
Breast tenderness	---	---	---
Irregular periods	(16.7)	---	---
Excessive bleeding	---	---	---
Spotting	---	---	---
Amenorrhoea	---	---	---
Cramps	---	---	---
Decreased libido	---	---	---
Rashes/allergy	---	---	---
Infection	---	---	---
Others	(16.7)	---	---
Number of users with side effects**	**11**	**04**	**04**
Percentage of women received treatment	**58.3**	**75.0**	**25**
Source of treatment			
Government health facility	---	---	---
Private health facility	---	---	---
Other	---	---	---
Number of women with treatment taken**	**07**	**03**	**01**

[1] Percentages may add to more than 100 because of multiple responses. — Percentage not shown for less than 10 cases. () Based on 10-20 unweighted cases. ** Unweighted Cases

TABLE 5.11 REASONS FOR DISCONTINUATION OF CONTRACEPTION

Percent distribution of currently married women age 15-49 years who are past users (currently non-users) by reason for discontinuation of the contraceptive method according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Reasons for discontinuation			Number of women**
	Fertility related[1]	Side effect related	Others[2]	
Age group				
15 - 19	---	---	---	04
20 - 24	49.0	5.4	45.6	32
25 - 29	50.1	6.3	43.6	87
30 - 34	43.5	9.7	46.8	76
35 - 39	29.3	8.5	62.2	44
40 - 44	29.0	7.4	63.6	32
45 - 49	23.3	9.6	67.1	22
No. of living children				
0	41.3	15.0	43.7	33
1	42.8	9.0	48.2	60
2	35.9	9.0	55.1	62
3	42.7	5.4	51.9	64
4+	33.0	7.0	60.0	78
Residence				
Rural	38.3	8.4	53.3	257
Urban	37.8	7.9	54.2	40
Education				
Non-literate[a]	38.2	15.3	46.5	64
Less than five years	31.6	4.3	64.1	104
5-9 years	43.6	6.1	50.4	59
10 or more years	47.1	11.1	41.8	70
Religion				
Hindu	(27.1)	(15.7)	(57.1)	19
Muslim	---	---	---	07
Christian	39.6	7.4	53.0	267
No religion	---	---	---	01
Others	---	---	---	03
Castes/Tribes				
Scheduled Castes	(18.3)	(26.7)	(55.0)	11
Scheduled Tribes	38.9	7.2	54.0	268
Other Backward Classes	---	---	---	01
Others	(63.0)	(0.0)	(37.0)	17
DLHS-4	38.2	8.3	53.5	297
DLHS-3	70.8	10.7	18.5	253

[a] Literates but did not attend school, are also included.[1] Wanted child, method failed/became pregnant. [2] Others include supply not available, difficult to get method, lack of pleasure, method was inconvenient, cost too much, family/husband opposed, not having sex, infrequent sex, husband away and others. .—Percentage not shown for less than 10 cases. ( ) Based on 10-20 unweighted cases. ** Unweighted Cases.

TABLE 5.12 FUTURE INTENTION TO USE CONTRACEPTION

Percent distribution of currently married women aged 15-49 years who are not using contraceptive method but having intention to use contraception in future by background characteristics, , Meghalaya, 2012-13.

Background Characteristics	Future intention to use[1]		Want to use any family planning method			Number of non-users**
	Spacing Method	Limiting Method	Within 12 months	12 months and more	Undecided	
Age group						
15 - 19	9.7	1.1	0.0	90.7	9.3	80
20 - 24	7.2	0.6	16.6	62.5	20.9	435
25 - 29	6.0	1.4	12.9	48.5	38.6	739
30 - 34	5.2	0.7	21.4	55.5	23.1	687
35 - 39	3.7	0.9	20.4	47.3	32.4	639
40 - 44	4.2	0.2	7.5	51.6	40.9	447
45 - 49	2.2	0.0	19.9	65.5	14.6	425
No. of living children						
0	5.3	0.4	17.8	62.5	19.7	540
1	7.2	1.4	5.0	58.6	36.4	679
2	5.9	0.5	14.6	60.4	25.0	678
3	3.8	0.9	13.9	57.4	28.7	552
4+	3.2	0.6	31.9	36.9	31.2	1,003
Residence						
Rural	4.9	0.5	18.3	53.1	28.7	2,939
Urban	5.3	1.5	7.7	61.3	31.1	513
Education						
Non-literate[a]	4.1	0.3	13.4	60.5	26.2	1,378
Less than five years	4.7	0.4	12.8	55.0	32.2	1,006
5-9 years	6.5	0.8	17.4	58.3	24.3	488
10 or more years	6.0	2.0	20.6	45.7	33.6	580
Religion						
Hindu	3.8	1.6	10.9	44.4	44.7	250
Muslim	15.8	2.2	38.5	40.9	20.6	81
Christian	4.7	0.5	14.6	56.7	28.8	3,003
No religion	1.7	3.1	0.0	55.0	45.0	73
Others	16.1	2.5	12.3	74.3	13.4	44
Castes/Tribes						
Scheduled Castes	8.6	1.2	31.5	53.8	14.7	169
Scheduled Tribes	4.9	0.6	14.3	57.2	28.5	3,171
Other Backward Classes	2.7	2.7	0.0	0.0	100.0	31
Others	2.6	3.7	0.0	0.0	100.0	81
DLHS-4	5.0	0.7	15.7	55.0	29.2	3,452
DLHS-3	2.2	0.6	42.5	21.5	36.0	172

Note: Spacing method includes IUD, pills, condom (Male/Female) and Injectables. Limiting method includes male sterilization and female sterilization. [a] Literates but did not attend school, are also included. [1] Total figure may not add to 100 % due to exclusion of other methods (Rhythm/ Periodic abstinence, Withdrawal, Undecided and Others).** Unweighted cases

TABLE 5.13 ADVICE ON CONTRACEPTIVE USE

Percentage of currently married women age 15-49 years who are currently not using any contraceptive and were advised by the ANM/health worker to use modern contraception by suggested method and place of residence, Meghalaya, 20012-13

Advice	Total	Residence	
		Rural	Urban
Non-users advised to use modern contraceptive method[1]	17.0	17.0	16.9
Number of Non-users**	**3,452**	**2,939**	**513**
Traditional method users advised to use modern method	21.4	22.7	18.3
Number of traditional method users**	**186**	**146**	**40**
Non-users or traditional method users who were advised to use			
Female sterilization	3.8	4.0	3.1
Male sterilization	0.7	0.8	0.5
IUD	3.6	3.5	4.0
Pill(Daily/weekly)	8.2	6.8	13.0
Injectables	2.7	1.9	5.2
Condom	13.9	13.5	15.3
Female condom	---	---	---
Rhythmic /periodic abstinence	1.9	0.6	6.4
Withdrawal	6.7	5.5	10.5
Others	0.3	0.3	0.1

Note: Exclude women in menopause or those who have undergone hysterectomy.
[1] Includes Doctor, ANM, Health Worker, *anganwadi* Worker and ASHA. --- Percentage not shown for less than 10 cases. ** Unweighted cases.

TABLE 5.14 REASONS FOR NOT USING MODERN CONTRACEPTIVE METHODS AMONG RHYTHM AND WITHDRAWAL METHOD USERS

Percent distribution of currently married women age 15-49 years who are currently using rhythm or withdrawal method by reasons for not using modern contraceptive method, according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Reason for not using modern contraceptive method			Number of women**
	Fertility related	Opposition to use/lack of knowledge	Method related	
Age group				
15 - 19	---	---	---	04
20 - 24	0.0	50.6	49.4	21
25 - 29	25.9	18.5	55.6	42
30 - 34	22.0	36.5	41.5	36
35 - 39	11.7	62.4	25.9	33
40 - 44	25.2	48.3	26.5	30
45 - 49	(44.4)	(44.4)	(11.1)	20
No. of living children				
0	---	---	---	07
1	22.6	35.2	42.2	28
2	26.3	31.7	42.0	45
3	10.8	49.3	39.9	33
4+	24.9	50.2	24.9	73
Residence				
Rural	22.9	49.1	28.0	146
Urban	21.5	26.9	51.6	40
Education				
Non-literate[a]	28.6	45.6	25.8	50
Less than five years	14.8	47.6	37.6	45
5-9 years	4.5	58.3	37.2	38
10 or more years	33.7	26.7	39.5	53
Religion				
Hindu	---	---	---	09
Muslim	(0.0)	(75.0)	(25.0)	13
Christian	24.0	43.1	32.8	158
No religion	---	---	---	05
Others	---	---	---	01
Castes/Tribes				
Scheduled Castes	(0.0)	(75.0)	(25.0)	18
Scheduled Tribes	22.0	42.5	35.5	165
Other Backward Classes	---	---	---	00
Others	---	---	---	03
DLHS-4	22.5	42.7	34.8	186
DLHS-3	41.2	15.3	43.5	352

[a] Literates but did not attend school, are also included. — Percentage now shown for less than 10 cases. ( ) Based on 10-20 unweighted cases.
** Unweighted Cases.

TABLE 5.15 UNMET NEED FOR FAMILY PLANNING SERVICES

Percentage of currently married women age 15-49 years by unmet need for family planning services according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Unmet need for FP			Number of women**
	Spacing[1]	Limiting[2]	Total	
Age group				
15 – 19	54.4	3.2	57.6	112
20 - 24	52.6	7.0	59.7	540
25 - 29	45.1	10.7	55.7	970
30 - 34	41.2	14.3	55.5	920
35 - 39	39.0	20.0	59.0	864
40 - 44	29.7	22.0	51.7	642
45 - 49	25.0	24.0	48.9	523
Number of living children				
0	44.3	5.6	49.9	669
1	47.6	10.6	58.2	852
2	42.3	15.4	57.7	891
3	36.4	21.4	57.8	746
4+	32.9	20.4	53.2	1,413
Residence				
Rural	38.7	17.8	56.5	3,824
Urban	42.9	9.3	52.1	747
Education				
Non-literate[a]	42.0	20.5	62.5	1,682
Less than five years	34.9	20.3	55.2	1,345
5-9 years	39.4	10.6	49.9	693
10 or more years	42.7	6.1	48.8	851
Religion				
Hindu	41.0	12.0	53.0	375
Muslim	47.4	13.0	60.3	130
Christian	40.0	15.9	55.9	3,915
No religion	30.6	12.5	43.1	93
Others	12.8	42.8	55.6	56
Castes/Tribes				
Scheduled Castes	48.6	16.5	65.1	248
Scheduled Tribes	40.0	16.2	56.2	4,120
Other Backward Classes	51.5	17.5	69.0	38
Others	18.9	4.4	31.0	165
DLHS-4	39.7	15.8	55.5	4,571
DLHS-3	14.8	17.9	32.7	6,170

Note: Total unmet need refers to unmet for limiting and spacing.

[a] Literates but did not attend school, are also included.[1] Unmet need for spacing includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and who want more children after two years nor later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing. [2] Unmet need for limiting includes the proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method. Total unmet need refers to unmet for limiting and spacing. ** Unweighted Cases.

TABLE 5.16 UNMET NEED FOR FAMILY PLANNING SERVICES BY DISTRICT

Percentage of currently married women age 15-49 years by unmet need for family planning services by districts, Meghalaya, 2012-13.

District	Unmet need for FP			Number of women**
	Spacing[1]	Limiting[2]	Total	
West Garo Hills	57.0	19.2	76.2	644
East Garo Hills	61.9	6.3	68.2	762
South Garo Hills	44.6	29.2	73.8	464
West Khasi Hills	29.1	17.3	46.4	649
Ri Bhoi	36.1	19.1	55.2	673
East Khasi Hills	28.9	11.3	40.3	650
Jaintia Hills	21.9	18.1	40.0	729
DLHS-4	39.7	15.8	55.5	4,571
DLHS-3	14.8	17.9	32.7	6,170

Note: Total unmet need refers to unmet for limiting and spacing.

[1] Unmet need for spacing includes the proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing. Unmet need for limiting includes the proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method.** Unweighted Cases.

REPRODUCTIVE HEALTH PROBLEMS AND AWARENESS

TABLE 6.1 MENSTRUATION RELATED PROBLEMS BY BACKGROUND CHARACTERISTICS

Percentage of ever married women aged 15-49 years who had any menstruation related problem during three months prior to survey and among them, reported specific symptoms according to selected background characteristics, Meghalaya, 2012-13

Background characteristics	Who had any menstruation related problem (%)	Total number of women[1]	Reported Symptoms among who had any menstruation problem								Number of women who had menstruation problem**
			No periods	Painful periods	Frequent or short periods	Irregular periods	Prolonged bleeding	Scanty bleeding	Inter-menstrual bleeding	Blood clots/ excessive bleeding	
Age group											
15-19	4.8	112	--	--	--	--	--	--	--	--	05
20-24	4.7	540	14.9	57.9	7.7	19.5	4.1	0.0	0.0	8.6	25
25-29	4.9	970	13.5	52.9	9.0	26.3	3.7	1.9	1.9	1.6	46
30-34	3.0	920	24.4	66.6	0.0	5.9	4.9	3.1	0.0	15.4	29
35-39	4.5	864	20.2	56.5	9.0	16.1	5.4	4.6	0.0	1.8	43
40-44	4.9	642	8.3	38.8	0.0	40.9	2.9	2.4	2.9	7.5	33
45-49	3.5	523	5.8	68.6	0.0	25.9	5.4	5.8	5.4	5.2	15
Place of residence											
Rural	4.5	3,824	14.4	55.7	5.9	22.9	3.4	3.5	1.8	6.3	170
Urban	3.6	747	20.3	53.3	4.1	22.6	7.2	0.0	0.0	3.5	26
Age at consummation of marriage											
Below18 years	4.7	829	23.8	50.3	8.5	33.5	0.0	2.6	2.6	0.0	34
18 years & above	4.0	3,617	15.0	57.7	5.3	22.8	5.6	2.0	1.4	5.7	129
Marital duration											
0-4	4.1	969	21.4	59.6	8.5	24.0	0.0	5.3	0.0	2.9	34
5-9	3.7	892	11.2	59.8	8.0	15.1	5.7	0.0	0.0	11.4	32
10-14	5.2	900	23.3	49.3	5.8	30.5	6.5	2.0	2.0	5.4	43
15+	4.1	1,684	11.1	59.2	3.2	24.6	4.4	2.9	3.1	4.3	59
Education											
Non-literate[a]	4.0	1,682	9.2	52.5	4.3	26.3	3.1	2.8	0.0	1.5	67
Less than 5 yrs	6.2	511	14.0	56.5	14.4	11.9	3.0	3.2	3.0	6.3	30
5-9 years	4.2	1,527	19.7	57.7	4.4	27.4	4.0	2.9	1.4	8.7	63
10 or more years	4.0	851	20.5	54.4	2.4	18.0	7.2	2.2	2.5	7.5	36
Husband's education											
Non-literate[a]	3.8	2,002	9.5	51.4	5.9	23.2	4.8	2.2	1.1	3.5	83
Less than 5 yrs	4.8	439	(23.5)	(70.6)	(17.6)	(11.8)	(0.0)	(0.0)	(0.0)	(5.9)	17
5-9 years	4.7	1,142	17.5	60.1	3.6	23.0	3.1	3.7	1.8	9.3	50
10 or more years	4.5	988	21.1	51.6	1.9	27.0	5.8	3.7	2.0	6.0	46
Religion											
Hindu	5.0	375	(29.4)	(47.1)	(0.0)	(5.9)	(23.5)	(0.0)	(0.0)	(11.8)	17
Muslim	5.0	130	16.0	50.9	--	--	--	--	--	--	08
Christian	4.1	3,915	15.1	56.6	5.1	24.8	2.1	3.4	1.7	5.7	163
No Religion	7.2	93	0.0	34.6	21.8	43.6	0.0	0.0	0.0	0.0	06
Other	3.8	58	--	--	--	--	--	--	--	--	02

Contd…

TABLE 6.1 MENSTRUATION RELATED PROBLEMSBY BACKGROUND CHARACTERISTICS

Background characteristics	Who had any menstruation related problem	Total number of women[1]	Reported Symptoms								Number of women who had menstruation problem**
			No periods	Painful periods	Frequent or short periods	Irregular periods	Prolonged bleeding	Scanty bleeding	Inter-menstrual bleeding	Blood clots/excessive bleeding	
Castes/Tribes											
Scheduled Castes	4.8	248	(23.1)	(69.2)	(0.0)	(0.0)	12.5	(0.0)	(0.0)	(7.7)	13
Scheduled Tribes	4.3	4,120	15.0	54.6	5.6	24.3	3.9	3.1	1.6	6.1	175
Other Backward Classes	10.2	38	--	--	--	--	--	--	--	--	03
Others	3.3	165	--	--	--	--	--	--	--	--	05
DLHS-4	4.3	4,571	15.6	55.2	5.5	22.8	4.2	2.8	1.4	5.8	196
DLHS-3	14.2	4,556	7.2	75.1	5.8	22.0	7.3	10.6	3.5	5.3	642

Note: Total figure may not add to 100 percent due to multiple responses. [a]Literate but did not attend school, are also included.[1] Excludes pregnant, in amenorrhea, in menopause, had hysterectomy and ever menstruated women. -- Percentage not shown for less than 10 cases ( ) Based on 10-20 unweighted cases.** Unweighted Cases.

TABLE 6.2 SOURCE OF KNOWLEDGE ABOUT RTI/STIBY BACKGROUND CHARACTERISTICS

Percentage of ever married women aged 15-49 years who have heard about RTI/STI, among them, who received information from specific sources according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Who have heard RTI/STI	Total number of women**	Source of Knowledge										Number of women heard of RTI/STI**
			Radio	T.V.	Cinema	Print media[1]	Health personnel[2]	School/ adult education programs[3]	Leaders/ community meeting[4]	Husband	Relative/ friends	Other	
Age group													
15-19	5.9	128	--	--	--	--	--	--	--	--	--	--	08
20-24	6.6	602	25.8	60.9	39.1	31.6	45.7	31.7	41.1	8.7	0.0	5.0	39
25-29	8.2	1,049	25.1	71.7	44.0	47.5	60.5	34.7	62.9	16.9	5.6	4.6	85
30-34	9.2	1,012	18.4	59.2	47.1	47.1	51.5	37.5	62.3	2.3	4.6	7.0	90
35-39	8.7	959	23.4	58.4	39.4	48.4	57.3	37.7	57.9	4.9	6.9	3.9	80
40-44	5.5	757	21.2	74.9	41.0	26.5	60.5	30.4	65.7	18.5	4.9	3.7	41
45-49	5.8	632	24.8	57.6	48.3	46.4	62.6	25.2	57.3	5.9	13.7	2.5	37
Residence													
Rural	6.1	4,313	30.8	56.2	32.1	38.0	66.9	30.5	52.8	4.6	5.7	1.8	277
Urban	12.3	826	8.7	74.5	60.1	51.4	40.3	40.0	69.6	16.0	5.7	9.3	103
Age at consummation of marriage													
Below 18 years	4.8	832	23.9	60.8	24.0	35.3	65.6	30.0	58.3	6.7	0.0	2.0	42
18 years & above	8.5	3,632	24.3	65.7	45.9	44.2	57.6	37.0	60.2	10.3	5.8	5.4	294
Marital duration													
0-4	9.6	985	23.1	70.0	55.7	54.1	53.6	37.2	52.9	10.3	4.1	6.4	90
5-9	8.6	902	14.9	56.5	40.9	38.0	54.4	30.0	60.0	11.4	2.2	6.2	74
10-14	9.0	908	24.6	59.5	34.3	40.0	51.8	40.5	62.5	4.8	7.2	3.0	81
15+	5.9	1,708	30.6	70.7	40.6	40.0	69.0	34.8	64.1	11.6	6.3	4.0	99
Education													
Non-literate[a]	2.2	1,875	18.2	61.8	31.7	33.1	62.4	38.5	65.2	16.4	2.0	0.0	42
Less than 5 yrs	6.9	596	21.2	65.2	20.7	23.1	63.6	32.3	77.0	4.0	9.5	8.0	45
5-9 years	7.4	1,711	28.6	67.1	36.9	32.9	62.3	42.7	62.0	6.5	1.6	4.6	128
10 or more years	17.1	957	19.0	60.7	54.2	56.5	50.1	28.0	52.4	10.3	8.3	5.1	165
Husband's education													
Non-literate[a]	3.2	2,434	22.4	54.6	27.3	33.1	66.7	27.5	60.5	8.3	5.7	3.3	83
Less than 5 years	8.2	454	25.7	69.3	29.2	16.2	67.4	34.7	71.9	6.6	5.6	3.3	40
5-9 years	7.4	1,197	24.7	58.2	35.3	34.2	67.2	41.9	58.1	8.8	1.0	7.4	92
10 or more years	15.9	1,054	20.4	68.0	55.5	56.5	45.6	33.2	56.9	9.9	7.9	4.3	165
Religion													
Hindu	13.0	397	11.2	77.0	59.4	36.9	51.2	47.5	63.3	13.5	0.0	8.1	49
Muslim	11.5	135	53.4	69.8	43.4	32.9	70.5	25.1	54.6	15.5	0.0	0.0	22
Christian	7.1	4,420	22.9	60.4	39.5	44.2	56.9	32.4	58.7	7.3	6.8	4.4	304
No Religion	1.9	115	--	--	--	--	--	--	--	--	--	--	02
Other	4.8	72	--	--	--	--	--	--	--	--	--	--	03

Contd…

TABLE 6.2 SOURCE OF KNOWLEDGE ABOUT RTI/STIBY BACKGROUND CHARACTERISTICS

Background characteristics	Who have heard RTI/STI	Total number of women**	Source of Knowledge										Number of women heard of RTI/STI**
			Radio	T.V.	Cinema	Print media[1]	Health personnel[2]	School/adult education programs[3]	Leaders/ community meeting[4]	Husband	Relative/ friends	Other	
Castes/Tribes													
Scheduled Castes	15.2	260	24.8	77.7	65.0	36.6	63.7	38.9	64.1	12.9	0.0	11.1	43
Scheduled Tribes	7.1	4,655	21.5	61.5	39.4	43.4	56.1	33.9	59.9	8.7	6.2	4.1	322
Other Backward Classes	2.4	40	--	--	--	--	--	--	--	--	--	--	01
Others	7.9	184	(35.7)	(57.1)	(57.1)	(50.0)	(57.1)	(28.6)	(35.7)	(7.1)	(14.3)	(0.0)	14
DLHS-4	7.5	5,139	22.2	63.3	43.0	43.2	56.6	34.2	59.3	9.0	5.7	4.7	380
DLHS-3	7.6	6,943	46.4	52.9	4.5	48.4	35.2	6.5	4.4	3.3	25.6	5.6	532

Note: Total figure may not add to 100 % due to multiple responses.
.[a] Literate but did not attend school, are also included.[1] Includes News papers/books/magazines/slogans/pamphlets and posters. [2] Includes Doctor/ASHA/health workers.[3] Includes school/teacher, adult education programs.[4] Includes religious/ political leaders, community meetings and exhibition/ *Mela*. -- Percentage not shown for less than 10 cases. () Based on 10- 20 unweighted cases. ** Unweighted Cases

TABLE 6.3 KNOWLEDGE OF MODE OF TRANSMISSION OF RTI/STIBY BACKGROUND CHARACTERISTICS

Percentage of ever married women aged 15-49 years who have heard of RTI/STI and among them, who have knowledge of transmission of RTI/STI, according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Heard of RTI/STI	knowledge of transmission of RTI/STI							Number of women heard of RTI/STI **
		Unsafe delivery	Unsafe abortion	Unsafe IUD insertion	Unsafe sex with homo-sexuals	Unsafe sex with persons who have many partners	Unsafe sex with sex workers	Other	
Age group									
15-19	--	--	--	--	--	--	--	--	08
20-24	6.6	45.0	29.0	17.4	29.5	50.8	35.8	0.0	39
25-29	8.2	54.1	35.0	34.1	26.1	49.6	47.4	0.0	85
30-34	9.2	46.5	28.3	26.6	38.0	56.4	43.4	1.1	90
35-39	8.7	49.7	44.8	39.3	36.9	61.3	54.0	0.0	80
40-44	5.5	61.7	43.7	37.8	34.3	71.9	48.5	0.0	41
45-49	5.8	46.1	45.9	21.5	14.5	57.0	48.9	0.0	37
Residence									
Rural	6.1	43.5	35.5	21.5	21.2	47.8	41.3	0.4	277
Urban	12.3	61.4	39.2	44.9	47.1	72.2	55.5	0.0	103
Age at consummation of marriage									
Below 18 years	4.8	49.7	36.0	20.5	16.5	31.1	30.6	0.0	42
18 years & above	8.5	52.4	38.5	33.2	33.9	60.4	49.7	0.3	294
Marital duration									
0-4	9.6	54.2	37.1	31.8	32.7	59.8	43.9	0.0	90
5-9	8.6	44.9	26.7	27.3	28.3	52.9	43.8	1.3	74
10-14	9.0	48.3	36.6	33.4	36.3	52.3	54.1	0.0	81
15+	5.9	55.6	46.5	31.3	28.7	62.5	47.6	0.0	99
Education									
Non-literate[a]	2.2	47.5	23.9	15.1	25.3	52.5	32.1	0.0	42
Less than 5 yrs	6.9	56.4	43.4	31.5	16.3	56.7	56.3	0.0	45
5-9 years	7.4	55.9	36.2	29.7	26.9	55.1	53.0	0.0	128
10 or more years	17.1	46.1	38.8	34.2	38.5	59.8	43.6	0.6	165
Husband's education									
Non-literate[a]	3.2	55.1	37.2	26.2	22.3	52.3	38.0	0.0	83
Less than 5 years	8.2	48.9	37.1	23.8	15.0	56.6	56.6	2.9	40
5-9 years	7.4	52.2	34.8	26.0	24.1	51.6	56.5	0.0	92
10 or more years	15.9	48.0	37.8	35.8	41.2	62.0	43.9	0.0	165
Religion									
Hindu	13.0	57.2	42.9	43.4	40.0	68.3	53.7	0.0	49
Muslim	11.5	72.6	25.1	19.9	42.4	55.8	29.2	0.0	22
Christian	7.1	47.5	35.9	27.8	28.4	54.8	46.5	0.3	304
No Religion	--	--	--	--	--	--	--	--	02
Other	--	--	--	--	--	--	--	--	02
Castes/Tribes									
Scheduled Castes	15.2	75.3	32.5	46.8	46.9	69.8	57.2	0.0	43
Scheduled Tribes	7.1	48.9	37.2	27.6	29.0	56.2	46.6	0.3	322
Other Backward Classes	--	--	--	--	--	--	--	--	01
Others	(7.6)	(21.4)	(42.9)	(50.0)	(35.7)	(42.9)	(28.6)	(0.0)	14
DLHS-4	7.5	50.4	36.9	30.6	31.2	57.3	46.8	0.3	380
DLHS-3	7.6	44.3	24.3	23.4	28.2	56.4	21.8	1.6	532

Note: Total figure may not add to 100 % due to multiple responses. a Literate but did not attend school, are also included. -- Percentage not shown for less than 10 cases. ( ) based on10-20 unweighted cases.** Unweighted Cases

TABLE 6.4 SYMPTOMS OF RTI/STIBY BACKGROUND CHARACTERISTICS

Percentage of ever married women aged 15-49 years who had reported abnormal vaginal discharge, other RTI/STI symptoms during three months prior to survey according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Women reported abnormal vaginal discharge	Women reported other RTI/STI symptoms[1]	Percentage reported specific symptom of RTI/STI[1]							Total number of women **
			Itching or irritation over vulva	Boils/Ulcers/ Warts around vulva	Pain in lower abdomen not related menses	Swelling in the groin	Painful blister like lesions	Pain during sexual intercourse[2]	Spotting after sexual intercourse[2]	
Age group										
15-19	2.6	8.7	2.1	0.8	2.4	1.4	0.0	1.4	1.4	128
20-24	2.8	8.8	2.4	0.5	4.5	0.8	0.7	1.9	1.6	602
25-29	2.4	9.8	3.9	0.4	4.8	1.2	0.5	1.9	1.3	1,049
30-34	2.6	8.6	2.9	0.3	4.0	1.3	1.1	1.8	1.5	1,012
35-39	3.3	11.9	4.4	1.9	6.4	2.0	1.4	1.7	2.2	959
40-44	2.2	9.8	4.2	0.6	3.8	2.2	0.8	1.3	1.4	757
45-49	1.8	10.5	3.0	0.5	2.8	0.9	0.1	0.3	0.2	632
Residence										
Rural	2.9	9.0	2.3	0.3	3.9	0.8	0.2	0.5	0.3	4,313
Urban	1.5	12.7	7.3	2.0	6.2	3.4	2.6	4.9	5.0	826
Age at consummation of marriage										
Below 18 years	2.4	9.5	2.2	0.2	4.0	0.4	0.1	0.6	0.1	832
18 years & above	2.4	10.2	4.0	0.8	4.7	1.9	0.9	1.9	1.8	3,632
Marital duration										
0-4	2.1	8.8	3.4	0.5	3.9	1.1	0.9	2.2	1.8	985
5-9	2.6	10.2	4.0	0.4	5.0	1.5	0.8	1.9	1.8	902
10-14	2.7	10.3	3.7	1.0	4.8	1.7	0.8	1.7	1.3	908
15+	2.4	10.6	3.6	0.9	4.6	2.0	0.7	1.1	1.2	1,708
Education										
Non-literate[a]	2.6	8.7	2.1	0.4	4.8	0.8	0.2	0.5	0.4	1,875
Less than 5 yrs	3.9	10.8	3.5	0.4	5.3	1.8	0.7	1.1	1.0	596
5-9 years	2.2	11.1	4.4	0.8	4.2	1.7	1.0	2.1	1.8	1,711
10 or more years	2.2	9.5	4.5	1.3	3.8	2.0	1.5	2.6	2.7	957
Husband's education										
Non-literate[a]	2.8	8.5	2.1	0.2	4.2	0.6	0.2	0.4	0.3	2,434
Less than 5 years	2.6	11.9	4.0	0.7	5.8	2.4	1.7	2.0	1.7	454
5-9 years	1.9	11.0	4.4	1.0	4.6	1.8	0.9	2.0	1.7	1,197
10 or more years	2.6	10.9	5.1	1.4	4.3	2.4	1.5	3.2	3.2	1,054
Religion										
Hindu	1.0	13.5	8.3	2.4	7.4	5.7	2.8	6.0	7.5	397
Muslim	4.1	8.4	3.3	0.8	2.4	4.3	0.6	0.0	0.0	135
Christian	2.6	9.2	3.0	0.6	4.1	1.0	0.6	1.2	0.9	4,420
No Religion	4.0	18.2	2.1	0.0	4.8	0.0	0.0	0.7	0.0	115
Other	4.2	17.1	7.4	0.0	12.2	0.0	0.0	0.0	0.0	72

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TABLE 6.4 SYMPTOMS OF RTI/STIBY BACKGROUND CHARACTERISTICS

Background characteristics	Women reported abnormal vaginal discharge	Women reported other RTI/STI symptoms[1]	Percentage reported specific symptom of RTI/STI[1]							Total number of women **
			Itching or irritation over vulva	Boils/Ulcers/ Warts around vulva	Pain in lower abdomen not related menses	Swelling in the groin	Painful blister like lesions	Pain during sexual intercourse[2]	Spotting after sexual intercourse[2]	
Castes/Tribes										
Scheduled Castes	3.0	16.0	10.4	1.3	10.7	6.9	2.4	6.5	7.6	260
Scheduled Tribes	2.6	9.8	3.2	0.7	4.3	1.2	0.7	1.3	1.1	4,655
Other Backward Classes	2.4	7.8	5.4	0.0	0.0	0.0	0.0	0.0	0.0	40
Others	0.0	4.0	1.0	0.0	0.5	0.0	0.0	0.0	0.0	184
DLHS-4	2.5	9.9	3.5	0.7	4.5	1.4	0.8	1.6	1.4	5,139
DLHS-3	10.1	17.4	4.8	1.1	7.5	3.2	1.0	1.0	0.3	6,943

Note: Total figure may not add to 100 percent due to 'do not know' or 'missing cases'.
[a] Literate but did not attend school, are also included.[1] Excluding women having abnormal vaginal discharge problem. [2] Only for currently married women.** Unweighted Cases.

TABLE 6.5 DISCUSSED ABOUT RTI/STI PROBLEMS WITH HUSBAND AND SOUGHT TREATMENTBY BACKGROUND CHARACTERISTICS

Percentage of ever married women aged 15-49 years discussed RTI /STI problem with husband/partner and sought treatment among who reported any RTI/STI[1] problem and source of treatment according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Women discussed RTI/STI problems with husband/ partner[1]	Women sought treatment[1] for RTI/STI problems	Number of women having any RTI/STI [1]	Source of treatment			Number of women who sought treatment**
				Government	Private	Other	
Age group							
15-19	(90.9)	(33.3)	11	--	--	--	04
20-24	58.1	28.2	52	(53.3)	(26.7)	(20.0)	15
25-29	57.5	31.9	99	57.1	32.9	10.0	31
30-34	56.1	39.1	82	41.4	47.1	11.5	32
35-39	53.0	27.6	112	58.5	30.1	11.3	31
40-44	33.8	21.4	71	(61.5)	(38.5)	(0.0)	13
45-49	31.1	19.1	61	(54.5)	(36.4)	(9.1)	11
Residence							
Rural	48.8	26.2	381	62.1	27.1	10.8	101
Urban	53.2	33.7	107	35.6	54.4	10.0	36
Age at consummation of marriage							
Below 18 years	56.3	30.4	80	68.6	27.4	4.0	24
18 years & above	56.7	30.1	349	49.2	38.6	12.3	102
Marital duration							
0-4	67.4	35.4	84	53.9	30.6	15.5	30
5-9	61.3	31.3	88	47.7	37.2	15.1	27
10-14	56.1	36.6	89	48.3	39.0	12.7	32
15+	49.1	24.3	175	59.3	38.3	2.4	40
Education							
Non-literate[a]	46.7	25.4	161	70.0	19.1	10.9	35
Less than 5 yrs	41.7	32.4	60	(64.3)	(21.4)	(14.3)	14
5-9 years	57.4	34.7	177	48.4	37.0	14.5	56
10 or more years	47.2	21.8	90	40.2	57.5	2.3	32
Husband's education							
Non-literate[a]	41.3	20.8	196	62.4	28.9	8.8	42
Less than 5 years	53.9	33.4	54	67.1	25.1	7.8	09
5-9 years	61.2	37.0	124	49.4	32.2	18.4	43
10 or more years	51.4		114	43.3	51.1	5.7	43
Religion							
Hindu	69.4	46.2	53	50.8	45.0	4.2	25
Muslim	(66.6)	(56.3)	16	--	--	--	09
Christian	47.5	26.3	391	48.4	38.2	13.4	100
No Religion	(25.0)	(12.5)	16	--	--	--	02
Other	(83.3)	(8.3)	12	--	--	--	01
Castes/Tribes							
Scheduled Castes	67.8	34.3	42	(68.8)	(25.0)	(6.3)	16
Scheduled Tribes	48.2	27.6	435	52.1	36.5	11.4	117
Other Backward Classes	--	--	03	--	--	--	00
Others	--	--	08	--	--	--	04
DLHS-4	50.2	28.5	488	52.6	36.9	10.5	137
DLHS-3	58.5	33.4	1474	49.3	29.2	21.4	437

Note: Total figure may not add to 100 % due to 'do not know' or 'missing cases'.

[a] Literate but did not attend school, are also included.[1] Any RTI/STI (Including abnormal vaginal discharge or other RTI/STI problem). -- Percentage not shown for less than 10 cases. () Based on 10-20 unweighted cases. ** Unweighted Cases.

TABLE 6.6 RTI/STI INDICATORS BY DISTRICTS

Percentage of ever married women aged 15-49 years who reported RTI/STI problem during three months prior to the survey and among them percentage sought treatment for the problem, by district, Meghalaya, 2012-13.

Districts	Who heard about RTI/STI	Who reported any abnormal vaginal discharge	Who have any other symptoms of RTI/STI[1]	Total number of women**	Who sought treatment for any RTI/STI[2]	Number of women having any RTI/STI[2]
West Garo Hills	9.2	1.3	7.3	669	38.7	56
East Garo Hills	9.8	2.2	8.2	801	23.2	64
South Garo Hills	12.5	0.8	8.4	507	20.4	44
West Khasi Hills	3.3	0.6	3.8	727	22.3	28
Ri Bhoi	6.2	5.8	18.7	762	31.4	139
East Khasi Hills	4.9	3.3	10.1	789	29.7	72
Jaintia Hills	5.7	3.5	9.9	884	14.4	85
DLHS-4	7.1	2.6	9.6	5,139	26.7	488
DLHS-3	7.6	10.1	17.4	6,943	33.4	1474

[1] Excluding women having abnormal vaginal discharge. [2] Any RTI/STI (Including abnormal vaginal discharge problem or other RTI/STI problem).** Unweighted Cases.

TABLE 6.7 KNOWLEDGE OF HIV/AIDS

Percentage of ever married women aged 15–49 years who have heard of HIV/AIDS and among them, who received information from specific sources according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Who have heard of HIV/AIDS	Total women**	Sources of knowledge for HIV/AIDS										Number of women heard of HIV/AIDS**
			Radio	T.V.	Cinema	Print media[1]	Health personnel[2]	School/ adult education programs[3]	Leaders/ community meetings[4]	Husband	Relatives/ friends	Other	
Age group													
15-19	28.2	128	11.1	30.6	41.7	22.2	33.3	16.7	58.3	2.8	2.8	2.8	36
20-24	29.7	602	15.7	41.9	41.9	21.5	26.7	23.8	63.4	2.9	4.7	4.7	172
25-29	35.4	1049	15.5	51.1	45.5	30.8	37.9	26.0	65.0	6.2	4.2	2.8	354
30-34	31.4	1012	18.4	52.5	49.8	34.4	39.8	24.7	69.9	6.0	8.0	2.3	299
35-39	30.7	959	19.6	53.2	47.5	29.6	37.5	27.1	63.2	6.8	7.1	3.2	280
40-44	28.0	757	18.9	51.5	46.9	28.6	28.1	24.5	65.8	7.7	10.2	4.1	196
45-49	24.8	632	13.6	57.1	51.0	34.0	42.9	25.2	63.3	6.8	8.8	4.1	147
Residence													
Rural	24.2	4313	21.1	45.9	37.9	25.3	41.1	23.9	63.0	4.4	5.3	2.5	1,062
Urban	50.8	826	6.9	63.5	69.9	41.9	23.2	28.4	70.9	10.2	10.7	5.2	422
Age at consummation of marriage													
Below 18 years	25.7	832	20.5	40.5	40.0	21.9	34.3	22.4	61.9	4.8	2.4	2.9	210
18 years & above	31.7	3632	17.5	53.2	50.0	32.2	36.0	28.4	64.8	6.4	6.9	3.1	1,070
Marital duration													
0-4	36.8	985	17.6	52.1	50.3	33.9	35.7	26.2	65.2	5.1	6.5	3.9	336
5-9	34.4	902	13.9	46.5	50.3	28.8	30.6	26.7	64.9	7.3	6.6	2.8	288
10-14	29.4	908	22.5	55.7	48.2	30.8	37.9	25.3	64.0	8.3	5.1	2.8	253
15+	26.0	1708	19.1	51.3	45.2	29.3	38.3	30.0	62.9	5.4	6.1	2.6	423
Education													
Non-literate	11.8	1875	19.6	35.2	39.1	25.2	31.3	21.7	59.1	4.3	3.0	2.6	230
Less than 5 yrs	25.8	596	16.7	49.4	28.2	21.8	44.9	22.4	71.8	3.8	2.6	2.6	156
5-9 years	29.5	1711	16.0	48.9	44.8	23.5	34.4	27.4	61.3	5.7	3.5	4.1	489
10 or more years	65.6	957	17.1	58.8	56.5	39.2	36.8	25.5	69.0	7.6	12.0	3.1	609
Husband's education													
Non-literatea	16.9	2434	17.5	39.3	36.0	23.7	34.8	17.0	65.9	4.6	5.8	3.1	417
Less than 5 years	29.8	454	15.6	49.6	34.1	15.6	43.0	22.2	60.7	2.2	2.2	5.9	135
5-9 years	29.5	1197	17.9	48.2	42.9	25.6	36.2	27.4	60.3	7.1	3.5	3.2	340
10 or more years	58.6	1054	16.6	60.8	60.0	40.4	35.1	30.4	68.6	7.4	10.5	2.9	592

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TABLE 6.7 KNOWLEDGE OF HIV/AIDS

Background characteristics	Who have heard of HIV/AIDS AIDS	Total women**	Sources of knowledge for HIV/AIDS										Number of women heard of HIV/AIDS**
			Radio	T.V.	Cinema	Print media[1]	Health personnel[2]	School/ adult education programs[3]	Leaders/ community meetings[4]	Husband	Relatives/ Friends	Other	
Religion													
Hindu	37.0	397	9.7	79.9	68.8	38.2	31.9	39.6	79.9	13.2	2.8	5.6	144
Muslim	33.7	135	37.0	53.7	61.1	31.5	38.9	25.9	51.9	5.6	5.6	0.0	54
Christian	30.1	4420	17.3	47.2	43.9	28.9	36.2	24.1	64.0	5.3	7.1	3.3	1,250
No Religion	22.2	115	9.1	59.1	40.9	22.7	27.3	4.5	81.8	0.0	9.1	0.0	22
Other	20.7	72	(7.1)	(57.1)	(50.0)	(57.1)	(57.1)	(7.1)	(50.0)	(140.)	(21.4)	(7.1)	13
Castes/Tribes													
Scheduled Castes	36.9	260	22.1	63.5	70.2	33.7	39.4	34.6	64.4	10.6	4.8	6.7	104
Scheduled Tribes	30.0	4655	16.8	48.3	44.6	29.2	36.1	23.9	64.4	5.6	7.0	3.2	1,312
Other Backward Classes	13.9	40	--	--	--	--	--	--	--	--	--	--	05
Others	35.2	184	15.9	79.4	57.1	38.1	23.8	34.9	85.7	9.5	6.3	0.0	63
DLHS-4	30.5	5139	17.0	50.9	47.0	30.1	36.0	25.2	65.2	6.1	6.8	3.3	1,484
DLHS-3	48.4	6943	49.0	45.6	6.6	34.3	26.6	4.9	3.5	4.1	37.8	4.2	3,353

Note: Total figure may not add to 100 % due to multiple responses..[a] Literate but did not attend school, are also included.[1] Includes News papers/books/magazines//slogans/pamphlets and posters.[2] Includes octor/ASHA/health workers.[3] Includes school/teacher, adult education programs. [4] Includes religious/ political leaders, community meetings and exhibition/ *Mela*. () Based on 10-20 unweighted cases. -- Percentage not shown for less than 10 cases.** Unweighted Cases.

TABLE 6.8 KNOWLEDGE ABOUT MODE OF TRANSMISSION OF HIV/AIDSBY BACKGROUND CHARACTERISTICS

Percentage of ever married women aged 15-49 years having knowledge of mode of transmission of HIV/AIDS among who have heard about HIV/AIDS according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Percentage of women who reported mode of transmission as							Number of women who heard of HIV/AIDS**
	Unsafe sex with homosexuals	Unsafe sex with person having many partners	Unsafe sex with sex workers	Unprotected sex with HIV/AIDS infected person	Infected mother to child	Transfusion of infected blood	Sharing of injection/ Needles	
Age group								
15-19	10.4	38.2	34.3	31.2	32.6	38.8	39.3	36
20-24	19.9	57.0	37.0	34.2	23.8	27.9	34.2	172
25-29	18.9	57.2	44.8	35.4	38.9	37.0	43.0	354
30-34	21.9	61.6	44.5	43.3	40.2	42.4	48.3	299
35-39	23.5	57.0	43.7	43.1	37.7	43.0	48.1	280
40-44	15.7	64.8	35.9	36.9	35.2	40.0	35.2	196
45-49	15.2	63.9	46.3	42.8	35.4	42.3	41.7	147
Residence								
Rural	17.6	54.4	39.9	34.5	30.8	32.5	35.4	1,062
Urban	22.4	66.8	46.0	46.3	44.5	49.3	54.0	422
Age at consummation of marriage								
Below 18 years	12.0	49.6	33.1	31.8	21.8	29.8	32.4	210
18 years & above	21.3	59.9	44.7	40.5	39.9	41.6	45.5	1,070
Marital duration								
0-4	21.8	56.4	43.7	38.0	40.6	41.1	47.4	336
5-9	19.6	56.7	44.0	38.7	37.0	36.5	42.9	288
10-14	20.7	59.9	43.8	39.8	38.3	45.3	49.8	253
15+	18.1	59.9	40.8	40.8	34.2	36.6	36.8	423
Education								
Non-literate[a]	16.3	48.8	40.4	27.3	25.6	24.6	30.2	230
Less than 5 yrs	18.0	51.4	44.5	43.4	30.8	35.3	39.6	156
5-9 years	16.0	52.5	35.8	30.2	33.0	33.9	34.9	489
10 or more years	23.2	68.7	47.0	48.1	42.7	48.0	52.6	609
Husband's Education								
Non-literate[a]	15.4	54.5	42.1	33.2	29.9	27.5	34.0	417
Less than 5 years	12.1	52.7	36.6	32.4	32.5	31.4	37.4	135
5-9 years	17.4	55.5	36.0	33.9	30.5	35.5	33.0	340
10 or more years	24.3	65.1	46.7	46.5	43.4	49.1	53.7	592
Religion								
Hindu	31.9	61.4	54.5	56.7	53.8	48.5	57.1	144
Muslim	20.5	63.5	23.2	24.1	41.3	33.5	35.9	54
Christian	17.9	58.6	41.8	37.5	34.1	38.3	41.3	1,250
No Religion	7.5	72.4	23.7	35.9	19.8	30.9	39.1	22
Other	(42.9)	(57.1)	(42.9)	(35.7)	(35.7)	(35.7)	(28.6)	13
Castes/Tribes								
Scheduled Castes	40.2	65.4	49.7	42.9	53.3	49.9	52.0	104
Scheduled Tribes	17.9	58.5	41.0	37.0	34.5	38.2	41.5	1,312
Other Backward Classes	--	--	--	--	--	--	--	05
Others	18.3	62.9	52.9	69.4	40.6	38.7	49.0	63
DLHS-4	19.5	59.3	42.3	39.2	36.2	39.2	42.7	1,484
DLHS-3	25.7	71.0	28.6	27.9	13.1	32.6	3.2	3,353

Note: Total figure may not add to 100 % due to multiple responses. [a] Literate but did not attend school, are also included. () Based on 10-20 unweighted cases. -- Percentage not shown for less than 10 cases. ** Unweighted Cases.

TABLE 6.9 KNOWLEDGE OF HIV PREVENTION METHODSBY BACKGROUND CHARACTERISTICS

Percentage of ever married women aged 15-49 years who heard about HIV/AIDS and who reported HIV/AIDS can be prevented in specific ways, according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Percentage who say that HIV/AIDS can be prevented by					Number of women having knowledge of HIV/AIDS**
	Using condom correctly during each sexual intercourse	Sex with one partner	Avoid homosexual[1]	Avoid risks getting infected through bloods[2]	Avoid Pregnancy when having HIV/AIDS	
Age group						
15-19	20.3	23.2	2.7	40.9	2.7	36
20-24	25.5	27.1	12.7	43.1	7.8	172
25-29	28.8	32.0	15.6	53.5	13.4	354
30-34	30.5	38.8	18.3	59.6	15.7	299
35-39	29.2	36.4	15.9	57.4	16.3	280
40-44	20.6	30.8	12.2	49.2	12.2	196
45-49	25.6	34.6	7.3	52.4	15.8	147
Residence						
Rural	25.2	28.4	11.3	47.8	7.3	1,062
Urban	30.2	41.4	18.9	61.7	23.3	422
Age at consummation of marriage						
Below 18 years	22.8	27.0	8.9	43.8	8.0	210
18 years & above	28.7	33.7	15.7	56.6	14.9	1,070
Marital duration						
0-4	31.7	30.2	16.8	56.5	13.9	336
5-9	24.7	35.4	14.9	54.4	15.3	288
10-14	29.8	32.1	16.3	60.3	14.0	253
15+	26.0	33.3	12.1	49.9	12.1	423
Education						
Non-literate[a]	21.5	25.3	12.3	38.2	11.1	230
Less than 5 yrs	18.5	23.7	12.2	50.8	7.5	156
5-9 years	22.0	23.6	11.4	48.5	10.8	489
10 or more years	34.4	45.0	17.4	61.7	17.6	609
Husband's education						
Non-literate[a]	23.2	29.9	11.4	42.4	9.3	417
Less than 5 years	24.6	21.1	8.7	51.8	6.8	135
5-9 years	22.3	24.0	10.8	47.6	12.9	340
10 or more years	32.5	42.7	18.8	62.7	17.8	592
Religion						
Hindu	35.7	43.9	27.1	68.9	30.1	144
Muslim	31.9	22.0	8.9	50.2	9.4	54
Christian	26.5	32.6	13.0	51.6	11.7	1,250
No Religion	4.3	46.0	7.5	50.4	9.9	22
Other	(21.4)	(14.3)	(14.3)	(42.9)	(14.3)	13
Castes/Tribes						
Scheduled Castes	38.1	36.2	27.9	63.4	23.0	104
Scheduled Tribes	26.1	32.2	13.0	51.7	12.2	1,312
Other Backward Classes	--	--	--	--	--	05
Others	29.2	52.9	17.6	66.4	23.9	63
DLHS-4	27.2	33.5	14.3	53.3	13.6	1,484
DLHS-3	27.7	23.3	61.1	28.7	6.6	3,353

Note: Total figure may not add to 100 % due to multiple responses.

[a] Literate but did not attend school, are also included.[1] Includes sex with one partner, Limit number of sexual partner, Avoid sex with sex workers and avoids sex with homosexuals.[2] Includes avoid sex with who inject drugs, use tested blood, use only new/ sterilized needles, avoid IV drip and avoid razors/blades.() Based on 10-20 unweighted cases. ** Unweighted Cases.

TABLE 6.10 MISCONCEPTION ABOUT TRANSMISSION OF HIV/AIDSBY BACKGROUND CHARACTERISTICS

Percentage of ever married women aged 15-49 years having misconception about the transmission of HIV/AIDS among who have heard of HIV/AIDS, according to selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Misconception about the transmission of HIV/AIDS						Number of women heard of HIV/AIDS**
	Shaking hand	Hugging	Sharing clothes	Sharing food	Stepping on someone's urine/stool	Get HIV/AIDS from mosquito, flea or bedbug	
Age group							
15-19	--	--	2.9	5.0	5.1	6.7	36
20-24	5.4	4.0	4.3	7.2	7.3	13.1	172
25-29	3.8	2.9	2.3	6.6	4.4	14.4	354
30-34	4.2	4.8	5.2	6.7	7.2	19.3	299
35-39	5.2	2.3	2.5	3.6	6.5	14.8	280
40-44	4.7	4.3	3.1	4.2	3.7	10.3	196
45-49	4.6	2.5	7.4	5.6	5.0	7.1	147
Residence							
Rural	6.1	4.4	5.3	7.8	7.9	19.2	1,062
Urban	1.9	1.9	1.5	2.4	2.2	5.7	422
Age at consummation of marriage							
Below 18 years	3.1	1.8	4.7	8.9	6.6	17.8	210
18 years & above	4.7	3.6	3.4	5.0	5.0	13.5	1,070
Marital duration							
0-4	5.3	3.7	3.1	5.3	6.2	12.7	336
5-9	3.3	4.5	2.7	6.1	4.2	11.7	288
10-14	5.1	1.4	3.1	6.5	5.8	21.4	253
15+	4.0	3.2	5.0	5.3	5.2	12.6	423
Education							
Non-literate[a]	5.6	4.5	3.1	7.2	6.5	16.1	230
Less than 5 yrs	12.5	7.3	6.9	8.6	10.4	18.3	156
5-9 years	5.1	3.8	6.2	8.4	7.0	14.6	489
10 or more years	2.0	2.0	1.6	2.6	3.5	11.7	609
Husband's education							
Non-literate[a]	6.1	4.3	5.3	7.9	7.5	15.7	417
Less than 5 years	10.6	10.2	5.1	9.1	10.4	18.7	135
5-9 years	4.8	3.3	5.5	7.3	6.2	13.2	340
10 or more years	2.1	1.7	1.8	2.9	3.5	12.2	592
Religion							
Hindu	5.3	5.2	2.9	3.4	3.3	4.0	144
Muslim	1.7	1.7	--	--	--	5.5	54
Christian	4.6	3.4	4.0	6.3	6.2	15.8	1,250
No Religion	--	--	--	--	--	--	22
Other	--	--	(7.1)	(7.1)	(14.3)	(7.1)	13
Castes/Tribes							
Scheduled Castes	5.2	6.1	2.0	3.5	2.6	4.9	104
Scheduled Tribes	4.6	3.3	3.9	5.9	5.7	14.5	1,312
Other Backward Classes	--	--	--	--	--	--	05
Others	--	1.5	3.1	5.5	8.5	14.5	63
DLHS-4	4.4	3.4	3.8	5.7	5.7	13.9	1,484
DLHS-3	11.1	14.3	22.2	27.3	26.9	37.0	3,353

[a] Literate but did not attend school, are also included. .() Based on 10-20 unweighted cases. -- Percentage not shown for less than 10 cases. ** Unweighted Cases.

TABLE 6.11 KNOWLEDGE ABOUT THE PLACE WHERE HIV/AIDS TEST CAN BE DONE

Percentage of ever married women aged 15-49 years having knowledge about place where HIV/AIDS test can be done according to selected background characteristics, Meghalaya 2012-13.

Background Characteristics	Who know the place of HIV/AIDS test	Total women heard of HIV/AIDS**	Places where people can go to get tested for HIV /AIDS						Number of women who know the place for HIV/AIDS test**
			Government				Private		
			Hospital/ dispensary	CHC/PHC/Sub-Centre	VCTC/ICTC/ RTI/STI Clinic	Other public/ NGO hospItal	Hospital/Clinic	VCTC/ICTC/ RTI/STI Clinic	
Age Group									
15-19	24.9	36	--	--	--	--	--	--	10
20-24	31.6	172	22.9	13.3	7.9	1.3	52.5	--	52
25-29	35.3	354	30.6	19.0	9.4	0.6	37.8	2.6	118
30-34	40.5	299	32.3	10.3	4.8	1.5	46.7	4.4	112
35-39	31.8	280	28.4	17.3	11.2	2.5	38.0	2.6	82
40-44	35.7	196	25.8	13.2	11.0	--	47.2	1.6	68
45-49	35.4	147	30.7	16.6	10.5	--	32.0	10.3	49
Residence									
Rural	26.2	1062	38.5	22.0	11.0	1.2	25.9	1.0	283
Urban	48.7	422	21.3	9.4	7.5	1.0	55.2	5.2	208
Age at consummation of marriage									
Below 18 years	29.5	210	36.5	21.8	1.3	2.3	36.1	2.0	61
18 years & above	37.9	1070	26.9	14.9	10.5	1.0	43.1	3.2	378
Marital Duration									
0-4	40.9	336	27.0	12.3	13.6	1.9	41.9	3.3	131
5-9	37.2	288	26.0	15.7	6.2	--	50.0	1.0	99
10-14	38.4	253	35.3	20.9	8.7	--	32.3	2.6	90
15+	31.1	423	25.6	15.8	7.6	2.3	44.0	4.8	125
Education									
Non-literate[a]	20.7	230	20.5	25.0	25.3	--	27.0	2.2	48
Less than 5 yrs	24.9	156	48.0	24.1	--	2.0	23.3	--	38
5-9 years	30.0	489	34.0	16.0	10.6	1.5	35.8	2.2	148
10 or more years	45.1	609	25.7	12.3	7.3	0.9	49.1	4.4	257
Husband's Education									
Non-literate[a]	24.3	417	32.5	17.0	16.4	3.1	31.4	1.7	101
Less than 5 years	36.0	135	43.0	24.0	1.7	1.6	28.1	--	49
5-9 years	28.3	340	36.0	21.9	7.4	0.9	29.1	2.8	96
10 or more years	44.5	592	23.6	11.0	8.5	1.0	51.5	4.5	245
Religion									
Hindu	43.3	144	21.0	9.4	18.2	1.1	50.4	--	59
Muslim	45.7	54	22.2	38.4	34.5	--	4.9	--	28
Christian	34.1	1250	30.4	15.2	6.7	--	42.6	3.5	396
No Religion	21.2	22	--	--	--	--	--	--	05
Other	(21.4)	13	--	--	--	--	--	--	03

Contd…

TABLE 6.11 KNOWLEDGE ABOUT THE PLACE WHERE HIV/AIDS TEST CAN BE DONE

Background Characteristics	Who know the place of HIV/AIDS test	Total women heard of HIV/AIDS**	Places where people can go to get tested for HIV /AIDS						Number of women who know the place for HIV/AIDS test**
			Government				Private		
			Hospital/ dispensary	CHC/PHC/Sub-Centre	VCTC/ICTC/ RTI/STI Clinic	Other public/ NGO hospItal	Hospital/ Clinic	VCTC/ICTC/ RTI/STI Clinic	
Castes/Tribes									
Scheduled Castes	45.8	104	24.0	25.6	24.2	--	26.3	--	48
Scheduled Tribes	33.8	1312	30.1	14.9	7.9	1.3	41.4	3.9	416
Other Backward Classes	--	05	--	--	--	--	--	--	03
Others	41.9	63	20.4	--	5.2	--	74.4	--	24
DLHS-4	35.1	1484	29.0	15.1	9.1	1.1	42.0	3.3	491
DLHS-3	41.5	3353	54.8	13.5	1.8	2.1	24.5	1.3	1,397

Note: Total figure may not add to 100 percent due to 'do not know' or 'missing cases'
[a] Literate but did not attended school, are also included. CHC= Community Health Centre. PHC= Primary Health Centre. VCTC/ICTC= voluntary/ Intergrated counselling and testing centre, NGO= Non Governmental Organization.() Based on 10-20 unweighted cases. -- Percentage not shown for less than 10 cases.** Unweighted Cases.

TABLE 6.12 UNDERGONE HIV/AIDS TEST

Percentage of ever married women aged 15-49 years undergone for HIV/AIDS test and time to be tested for HIV/AIDS, according to selected background characteristics, Meghalaya, 2012-13.

Background Characteristics	Who have been tested for HIV	Number of women heard HIV/AIDS**	Percentage who have been tested for HIV		Number of women went for HIV/AIDS test**
			Less than 12 months ago	1 or more than 1 years ago	
Age group					
15-19	2.7	36	--	--	01
20-24	8.7	172	(53.8)	(46.2)	15
25-29	11.2	354	26.2	73.8	42
30-34	10.1	299	31.9	68.1	32
35-39	5.4	280	(35.7)	(64.3)	16
40-44	5.3	196	(54.5)	(45.5)	11
45-49	7.1	147	(33.3)	(66.7)	11
Residence					
Rural	5.9	1,062	51.7	48.3	56
Urban	11.8	422	18.7	81.3	73
Age at consummation of marriage					
Below 18 years	7.1	210	(26.7)	(73.3)	15
18 years & above	9.0	1,070	32.3	67.7	103
Marital duration					
0-4	13.0	336	41.9	58.1	47
5-9	9.2	288	22.6	77.4	29
10-14	8.4	253	23.1	76.9	22
15+	5.2	423	36.2	63.8	23
Education					
Non-literate[a]	3.9	230	--	--	08
Less than 5 yrs	6.1	156	34.0	66.0	09
5-9 years	6.5	489	42.7	57.3	32
10 or more years	11.1	609	27.9	72.1	79
Husband's education					
Non-literate[a]	3.6	417	(25.0)	(75.0)	14
Less than 5 years	5.0	135	--	--	06
5-9 years	7.1	340	28.6	71.4	25
10 or more years	12.0	592	35.4	64.6	83
Religion					
Hindu	7.3	144	(55.6)	(44.4)	12
Muslim	10.5	54	--	--	05
Christian	8.2	1,250	30.1	69.9	108
No Religion	8.3	22	--	--	02
Other	(7.1)	13	--	--	01
Castes/Tribes					
Scheduled Castes	6.1	104	--	--	06
Scheduled Tribes	8.0	1,312	31.2	68.8	110
Other Backward Classes	--	05	--	--	02
Others	13.5	63	--	--	10
DLHS-4	8.2	1,484	33.0	67.0	129
DLHS-3	0.7	3,353	33.8	66.7	24

[a] Literate but did not attend school, are also included. --Percent not shown for less than 10 cases. () Based on 10-20 unweighted cases.
.** Unweighted Cases.

TABLE 6.13 HIV/AIDS INDICATORS BY DISTRICTS

Percentage of ever married women aged 15-49 years who have heard of HIV/AIDS, know HIV/AIDS prevention, transmission, places where people can go to get tested for HIV /AIDS and who have been tested for HIV/AIDS in the past 12 months, by districts, Meghalaya, 2012-13.

Districts	Who have heard of HIV/AIDS	Who know that HIV/AIDS can be prevented by using condom	Who know that HIV/AIDS can be transmitted from mother to her baby	Who know the places where people can go to get tested for HIV /AIDS	Who ever been tested for HIV/AIDS (%)	Who underwent HIV/AIDS test in the past 12 months among ever tested
West Garo Hills	17.6	58.8	66.6	53.0	6.9	71.4
East Garo Hills	22.2	38.7	18.6	49.8	15.8	61.4
South Garo Hills	21.3	17.1	71.3	46.1	5.1	40.8
West Khasi Hills	18.6	12.2	45.3	32.1	6.0	25.1
Ri Bhoi	33.2	24.1	25.8	23.8	4.9	59.1
East Khasi Hills	46.8	26.8	34.1	33.6	11.2	11.5
Jaintia Hills	34.1	19.0	22.2	16.4	2.3	24.8
DLHS-4	30.5	27.2	36.2	35.1	8.2	33.0
DLHS-3	48.4	23.3	13.1	41.5	0.7	33.8

PERSONAL HABITS AND MORBIDITY

TABLE 7.1 PERSONAL HABITS

Percentage of persons (age 15 years and above) who use any kind of tobacco, smoking and drinking habits by selected background characteristics, Meghalaya, 2012-13.

Background Characteristics	Percentage of persons			
	Percentage who use any kind of tobacco[1]	Percentage who use any kind of smoking	Percentage who Consume alcohol	No. of persons**
Age group				
15-24	81.6	17.6	9.6	3,964
25-29	90.8	23.2	16.0	1,956
30-34	90.8	24.7	17.8	1,640
35-39	92.3	22.8	16.7	1,466
40-44	90.3	27.7	17.9	1,135
45-49	93.0	29.7	19.1	1,036
50+	88.9	27.5	16.4	3,026
Sex				
Male	89.3	52.3	34.4	5,532
Female	87.3	5.0	2.5	8,529
Residence				
Rural	88.6	24.4	15.3	11,746
Urban	86.4	20.7	14.0	2,477
Education				
Non-literate[a]	88.0	25.7	16.9	4,217
Less than 5 years	92.5	25.6	16.0	2,032
5-9 years	87.2	20.8	13.3	4,498
10 or more years	86.9	23.3	14.1	3,476
Religion				
Hindu	84.1	22.3	19.5	1,116
Muslim	42.4	15.6	8.1	493
Christian	90.3	23.8	14.7	12,101
No religion	97.2	31.0	20.8	302
Others	90.0	22.3	15.1	203
Castes/Tribes				
Scheduled Castes	62.4	19.0	10.9	868
Scheduled Tribes	90.5	23.7	14.9	12,693
Other Backward Classes	82.2	22.4	16.4	108
Others	78.7	27.4	21.7	554
DLHS-4	88.1	23.5	15.0	14,223*

[a] Literate but did not attend the school are also included. [1]Includes smoking.*Missing cases are excluded. **Unweighted cases.

TABLE 7.2 PERSONAL HABITS-MEN

Percentage of Men (age 15 years and above) classified as having personal habits by selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Percentage of men			Total number of Men covered**
	Using Smokeless Tobacco	Smoking	Consuming Alcohol	
Age of the men				
15-19	78.5	29.5	12.0	900
20-24	88.4	50.9	33.4	707
25-29	90.1	57.2	39.2	693
30-34	88.7	63.1	46.4	585
35-39	91.4	54.4	41.5	515
40-44	88.0	61.2	41.2	440
45 +	86.4	55.9	36.2	1,692
Residence				
Rural	86.3	52.8	34.4	4,576
Urban	88.0	50.6	34.1	956
Education				
Non-literate[a]	87.0	57.2	39.8	1,516
Less than 5 years	90.7	61.0	39.7	759
5-9 years	84.4	48.4	31.8	1,709
10 or more years	87.0	47.8	29.6	1,548
Religion				
Hindu	87.0	50.1	40.9	423
Muslim	43.5	29.1	14.1	213
Christian	88.6	53.2	34.3	4,693
No religion	97.4	68.8	51.5	122
Others	88.5	52.8	34.6	76
Castes/Tribes				
Scheduled Castes	63.5	39.1	22.5	365
Scheduled Tribes	88.8	53.3	34.8	4,884
Other Backward Classes	76.6	43.5	35.0	40
Others	85.2	54.4	43.6	243
DLHS-4	86.7	52.3	34.4	5,532*

[a] Literate but did not attend school, are also included.*Missing cases are excluded. **Unweighted cases.

TABLE 7.3 PERSONAL HABITS-WOMEN

Percentage of Women (age 15 years and above) classified as having personal habits by selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Percentage of women			Total number of women covered**
	Using Smokeless Tobacco	Smoking	Consuming Alcohol	
Age of the women				
15-19	72.3	2.4	0.9	1144
20-24	85.9	3.5	2.1	1179
25-29	90.0	4.1	3.0	1241
30-34	90.5	3.1	1.5	1037
35-39	91.8	5.2	2.7	934
40-44	89.2	6.0	2.9	685
45 +	89.6	8.0	3.3	2309
Residence				
Rural	87.9	5.9	2.8	7028
Urban	84.6	2.0	1.4	1501
Education				
Non-literate[a]	86.6	7.7	3.8	2649
Less than 5 years	92.0	4.4	1.8	1253
5-9 years	86.8	3.7	2.0	2731
10 or more years	85.5	3.7	1.7	1896
Religion				
Hindu	81.2	4.6	5.9	678
Muslim	39.5	4.6	3.3	268
Christian	89.4	5.0	2.1	7282
No religion	96.6	8.3	2.4	177
Others	88.9	1.9	1.9	122
Castes/Tribes				
Scheduled Castes	60.1	3.4	2.0	487
Scheduled Tribes	89.6	5.0	2.4	7670
Other Backward Classes	82.2	9.4	5.0	67
Others	73.3	6.2	4.6	305
DLHS-4	87.2	5.0	2.5	8529*

[a] Literate but did not attend the school are also included. *Missing cases are excluded. **Unweighted cases.

TABLE 7.4 PERSONAL HABITS

Percentage of all persons (age 15 years and above) classified as having personal habits by districts, Meghalaya, 2012-13.

District	Percentage of all persons			Total number of all persons covered**
	Using Smokeless Tobacco	Smoking	Consuming Alcohol	
West Garo Hills	70.3	17.1	12.2	1,971
East Garo Hills	86.8	25.9	17.1	1,973
South Garo Hills	86.7	19.7	14.7	1,433
West Khasi Hills	92.2	27.0	13.4	2,164
Ri Bhoi	89.3	23.8	16.7	2,028
East Khasi Hills	90.0	24.8	15.6	2,353
Jaintia Hills	92.4	25.7	15.5	2,301
DLHS-4	87.0	23.6	15.0	14,223

** Unweighted cases.

TABLE 7.5 PERSONAL HABITS TOBACCO

Percentage of men and women age 15 years having habits of chewing Tobacco, Meghalaya, 2012-13.

	Tobacco chewing						
	Women			Men			
Tobacco use	Rural	Urban	Total	Rural	Urban	Total	Total
Use of Tobacco							
Pan with tobacco	39.6	38.2	39.3	33.5	19.3	30.4	35.8
Guthaka/ Pan masala with tobacco	0.3	1.1	0.5	0.8	0.8	0.8	0.6
Other forms of tobacco	48.0	45.3	47.4	52.1	67.9	55.5	50.6
Non-user	10.6	14.7	11.5	11.9	11.1	11.8	11.6
Not known	1.5	0.6	1.3	1.7	0.9	1.6	1.4
DLHS-4	87.9	84.6	87.2	86.3	88.0	86.7	87.0

TABLE 7.6 PERSONAL HABITS SMOKE

Percentage of men and women age 15 years having habits of smoking, Meghalaya, 2012-13.

	Smoking						
	Women			Men			Total
Smoking habits	Rural	Urban	Total	Rural	Urban	Total	
Usual smoker*	2.1	1.0	1.8	30.1	34.3	31.0	13.3
Occasional smoker	3.8	1.0	3.2	22.6	16.3	21.2	10.3
Ex-smoker	1.5	2.1	1.6	4.9	8.1	5.6	3.2
Non smoker	90.9	95.1	91.8	40.4	40.6	40.5	71.7
Not known	1.7	0.8	1.5	1.9	0.8	1.6	1.6
DLHS-4	5.9	2.0	5.0	52.8	50.6	52.3	23.6

* At least once every day

TABLE 7.7 PERSONAL HABITS DRINK ALCOHOL

Percentage of men and women age 15 years having habits of drinking alcohol, Meghalaya, 2012-13.

	Drinking alcohol						
	Women			Men			Total
Smoking habits	Rural	Urban	Total	Rural	Urban	Total	
Usual drinker*	0.9	0.9	0.9	14.4	19.3	15.5	6.6
Occasional drinker	1.9	0.5	1.6	20.0	14.8	18.9	8.4
Ex-drinker	1.3	1.2	1.2	7.4	8.8	7.7	3.8
Non drinker	94.2	96.6	94.8	56.1	56.0	56.1	79.6
Not known	1.7	0.9	1.5	2.0	1.1	1.8	1.7
DLHS-4	2.8	1.4	2.4	34.4	34.1	34.4	15.0

* At least once every week

TABLE 7.8 MORBIDITY DETAILS

Prevalence of any injury, acute illness and chronic illness according to place of residence, Meghalaya, 2012-13.

		Residence	
Morbidity	Total	Rural	Urban
Prevalence Rate of Any Injury[1]			
Male	1.9	1.9	1.8
Female	1.9	2.0	1.7
Total	1.9	1.9	1.7
Prevalence Rate of Acute Illness[2]			
Male	4.5	4.8	3.1
Female	4.9	5.3	3.5
Total	4.7	5.1	3.3
Prevalence Rate of Chronic Illness[1]			
Male	2.6	2.7	2.2
Female	3.3	3.3	3.1
Total	2.9	3.0	2.7

[1] During last one year, [2] During last fifteen days.() Percentage based on 10-20 unweighted cases.

TABLE 7.9 MORBIDITY DETAILS

Percentage of household population having any form of disability as on the day of survey, Meghalaya, 2012-13.

	Total			Rural			Urban		
Type of Disability	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Mental Disability	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2
Visual Disability	0.4	0.3	0.4	0.4	0.3	0.4	0.5	0.2	0.4
Hearing Disability	0.2	0.3	0.2	0.2	0.3	0.3	0.2	0.3	0.2
Speech Disability	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.0
Number of persons**	16,264	17,260	33,524	13,649	14,337	27,986	2,615	2,923	5,538

** Unweighted cases & missing/others cases are excluded.

TABLE 7.10 MORBIDITY DETAILS

Percentage of household population having any injury and received treatment during last one year, Meghalaya, 2012-13.

	Total			Rural			Urban		
Type of treatment	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Treated in intensive care unit for any time	27.1	24.8	26.0	27.3	24.0	25.8	26.3	27.5	26.9
Treated as in-patient with stay <1 week	14.5	17.2	15.7	11.4	13.0	12.1	30.3	36.2	33.1
Treated as in-patient with stay 1-2 week	5.6	6.1	5.8	4.2	4.2	4.2	13.2	14.5	13.8
Treated as in-patient with stay >2 week	6.3	3.2	4.9	6.5	3.9	5.3	5.3	0.0	2.8
Other treatment*	46.5	48.8	47.6	50.6	54.9	52.6	25.0	21.7	23.4
Number of persons**	474	395	869	413	338	751	61	57	118

* Out patient /traditional healer/at home. ** Unweighted cases & missing/others cases are excluded.

TABLE 7.11 MORBIDITY DETAILS

Percentage of household population having acute illness during last 15 days, Meghalaya, 2012-13.

	Total			Rural			Urban		
Type of acute illness	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Diarrhoea/ Dysentery	17.0	16.5	16.8	15.7	15.6	15.7	24.5	21.4	22.8
Acute respiratory tract infection	2.7	1.5	2.1	2.9	1.7	2.2	0.9	0.8	0.8
Jaundice with fever	3.6	4.2	3.9	2.6	3.6	3.1	9.4	7.6	8.4
Malaria	6.4	4.6	5.4	7.1	4.6	5.7	2.8	4.6	3.8
Fever of short duration with rashes	3.8	2.8	3.3	4.5	3.3	3.9	0.0	0.0	0.0
Reproductive tract infection	0.1	0.4	0.3	0.2	0.4	0.3	0.0	0.0	0.0
Other type of fever	32.7	35.9	34.4	33.1	36.4	34.8	30.2	32.8	31.6
Other	33.7	34.1	33.9	34.0	34.4	34.2	32.1	32.8	32.5
Number of persons**	748	871	1,619	665	768	1,433	83	103	186

** Unweighted cases & missing/others cases are excluded.

TABLE 7.12 MORBIDITY DETAILS

Percentage of household population having acute illness during last 15 days and received treatment by type of health facilities, Meghalaya, 2012-13.

	Total			Rural			Urban		
Place of treatment	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Government health facility									
Sub Health Centre	5.4	6.2	5.8	6.3	7.3	6.9	0.0	0.0	0.0
Primary health centre	32.8	27.3	29.8	36.3	31.2	33.5	11.5	6.1	8.5
Community Health centre	8.8	7.7	8.2	8.9	7.3	8.1	7.7	9.9	8.9
UHC/UHP/UFWC	0.3	0.2	0.3	0.2	0.1	0.2	1.9	0.8	1.3
Dispensary/ clinic	4.7	3.9	4.3	5.0	4.6	4.8	3.8	0.0	1.7
Hospital	14.2	15.6	15.0	9.4	11.4	10.5	42.3	38.2	40.0
AYUSH hospital/clinic	0.1	0.0	0.1	0.2	0.0	0.1	0.0	0.0	0.0
Private health facility									
Dispensary/ clinic	13.8	17.0	15.5	12.5	15.3	14.0	21.2	26.7	24.3
Hospital	5.4	8.0	6.8	5.7	7.9	6.9	3.8	8.4	6.4
AYUSH hospital/clinic	0.1	0.2	0.2	0.2	0.3	0.2	0.0	0.0	0.0
NGO/ trust hospital	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.8	0.4
Other*	9.2	8.1	8.7	10.6	8.7	9.6	1.0	4.6	3.0
Number of persons**	736	862	1,598	655	759	1,414	81	103	184

* DOT centre and at home. ** Unweighted cases & missing/others cases are excluded.

TABLE 7.13 MORBIDITY DETAILS

Percentage of household population having main symptoms of chronic illness persisting for more than one month and sought medical care and source of treatment, Meghalaya, 2012-13.

	Total			Rural			Urban		
Place of treatment	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Prevalence Of Chronic Illness									
Disease of respiratory system	6.4	3.3	4.6	7.4	4.0	5.5	1.4	0.9	1.1
Disease of cardiovascular system	1.7	2.6	2.2	1.1	2.6	2.0	4.2	2.6	3.2
Disease of central nervous system	2.9	6.3	4.8	2.3	5.7	4.2	5.6	8.5	7.4
Disease of musculoskeletal system	7.6	5.1	6.1	6.9	4.6	5.6	11.1	6.8	8.5
Disease of gastrointestinal system	11.4	12.1	11.8	11.7	12.1	12.0	11.1	12.0	11.6
Disease of genitourinary system	1.2	3.5	2.5	1.4	2.4	2.0	0.0	7.7	4.8
Skin disease	9.5	5.8	7.3	9.5	6.0	7.5	9.7	5.1	6.9
Goitre	1.0	1.0	1.0	0.3	0.9	0.6	4.2	0.9	2.1
Elephantiasis	0.7	0.3	0.5	0.9	0.2	0.5	0.0	0.9	0.5
Eye problem	4.0	5.4	4.8	4.3	5.5	5.0	2.8	5.1	4.2
ENT problem	5.9	5.6	5.7	6.0	6.0	6.0	5.6	3.4	4.2
Mouth and dental problem	2.9	3.1	3.0	2.6	3.1	2.9	2.8	3.4	3.2
Other	44.9	45.8	45.5	45.6	46.8	46.3	41.7	42.7	42.3
Sought Medical Care									
Details of Diagnosis/Treatment available	59.2	72.1	66.5	54.1	67.4	61.6	82.8	88.5	86.3
Details of Diagnosis/Treatment not available	17.6	12.1	14.5	20.4	14.3	17.1	4.7	3.8	4.2
Not at all	23.2	15.8	18.9	25.5	18.2	21.4	12.5	7.7	9.5
Source of Treatment									
At government health facility	62.8	47.9	53.4	68.2	50.2	56.8	46.2	41.0	43.0
At private health facility	32.7	46.7	41.5	26.4	43.1	37.0	51.9	57.8	55.6
At home	3.0	2.4	2.6	4.1	3.1	3.5	0.0	0.0	0.0
Other	1.5	3.0	2.4	1.4	3.5	2.7	1.9	1.2	1.5

* Chronic heart diseases, Myocardial infection/heart attack, stroke cerebro vascular accident.

TABLE 7.14 MORBIDITY DETAILS

Percentage of household population diagnosed with chronic illness during last one year, Meghalaya, 2012-13.

	Total			Rural			Urban		
Diagnosed chronic illness	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Diabetes	8.6	4.6	6.3	6.3	2.7	4.2	19.4	11.9	14.7
Hypertension	4.2	7.8	6.3	2.7	7.9	5.6	11.1	7.6	8.9
Disease related to heart*	3.4	4.1	3.8	1.5	2.7	2.2	12.5	9.3	10.5
Epilepsy	0.5	1.2	0.9	0.3	1.6	1.0	1.4	0.0	0.5
Asthma/chronic respiratory failure	4.2	2.9	3.4	3.9	3.2	3.5	5.6	1.7	3.2
Goitre/ thyroid disorder	0.5	2.5	1.7	0.6	1.6	1.2	0.0	5.9	3.7
Tuberculosis	6.1	4.8	5.4	7.4	4.3	5.6	0.0	6.8	4.2
Leprosy	0.5	0.4	0.4	0.6	0.5	0.5	0.0	0.0	0.0

* Chronic heart diseases, Myocardial infection/heart attack, stroke cerebro vascular accident.

TABLE 7.15 MORBIDITY DETAILS

Percentage of household population aged 60 years and above diagnosed with chronic illness during last one year, Meghalaya, 2012-13.

	Total			Rural			Urban		
Diagnosed chronic illness	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Diabetes	6.1	8.8	7.4	7.6	6.5	7.0	(0.0)	(15.4)	(7.7)
Hypertension	13.4	21.3	17.3	9.1	21.0	14.8	(23.1)	(23.1)	(23.1)
Disease related to heart*	7.3	3.8	5.6	4.5	4.8	4.7	(23.1)	(0.0)	(11.5)
Asthma/chronic respiratory failure	2.4	1.3	1.9	3.0	1.6	2.3	(0.0)	(0.0)	(0.0)
Goitre/ thyroid disorder	0.0	1.3	0.6	0.0	1.6	0.8	(0.0)	(0.0)	(0.0)
Tuberculosis	4.9	3.8	4.3	6.1	3.2	4.7	(0.0)	(7.7)	(3.8)
Leprosy	1.2	1.3	1.2	1.5	1.6	1.6	(0.0)	(0.0)	(0.0)
Cataract	1.2	0.0	0.6	1.5	0.0	0.8	(0.0)	(0.0)	(0.0)
Stroke	1.2	2.6	1.9	1.6	3.2	2.4	(0.0)	(0.0)	(0.0)

* Chronic heart diseases, Myocardial infection/heart attack, stroke cerebro vascular accident.

TABLE 7.16 TUBERCULOSIS

Number of persons who have tuberculosis by background characteristics, Meghalaya, 2012-13.

Background characteristics	Number of persons suffering from tuberculosis			Number of persons**
	Rural	Urban	Total	
Age group				
15-19	01	02	03	3,512
20-34	14	02	16	8,542
35-44	03	00	03	3,905
45-59	10	00	10	4,235
60 +	06	01	07	2,041
Education				
Non-literate[a]	20	01	21	12,074
Less than 5 years	17	00	17	6,632
5-9 years	05	01	06	9,191
10 or more years	03	04	07	5,674
Religion				
Hindu	00	00	00	2,318
Muslim	06	00	06	1,174
Christian	38	06	44	28,744
No religion	00	00	00	691
Others	01	00	01	593
Castes/Tribes				
Scheduled Castes	02	00	02	1,958
Scheduled Tribes	43	06	49	30,254
Other Backward Classes	00	00	00	235
Others	00	00	00	1,124
DLHS-4	45	06	51	33,571

[a] Literate but did not attend the school are also included. ** Unweighted cases.

HEALTH AND NUTRITIONAL STATUS

TABLE 8.1 NUTRITIONAL STATUS OF CHILDREN

Percentage of children under age five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics,Meghalaya, 2012-13.

Background Characteristics	Height-for-Age				Weight-for-Height				Weight-for-Age				Number of eligible children**
	Below -3SD	Below -2SD	Above +2SD*	Mean Z-score (SD)	Below -3SD	Below -2SD	Above +2SD*	Mean Z-score (SD)	Below -3SD	Below -2SD	Above +2SD*	Mean Z-score (SD)	
Age group (month)													
0-6	6.8	14.8	85.2	31.9	17.5	27.8	72.2	16.3	10.6	21.3	78.8	28.8	342
7-12	10.2	22.1	77.9	41.2	15.1	26.3	73.7	10.6	6.7	21.4	78.6	36.5	401
13-18	25.9	44.9	55.1	15.6	8.1	22.7	77.3	4.6	14.1	35.4	64.6	12.3	306
19-24	28.5	41.5	58.5	41.0	10.7	19.8	80.2	3.5	13.7	32.8	67.2	18.1	295
25-35	30.4	51.7	48.3	21.5	5.1	15.4	84.6	4.5	15.5	36.4	63.6	7.7	626
36 +	24.2	46.3	53.7	21.3	4.7	11.2	88.8	3.2	11.1	30.3	69.7	7.7	1,429
Sex of child													
Male	24.8	42.5	57.5	24.8	6.9	16.2	83.8	6.2	12.2	31.1	68.9	13.6	1,658
Female	21.5	41.1	58.9	26.3	8.2	17.1	82.9	4.5	11.7	30.0	70.0	13.7	1,741
Place of residence													
Rural	23.8	42.7	57.3	25.4	7.8	17.2	82.8	5.2	12.5	31.8	68.2	13.6	2,988
Urban	18.1	35.2	64.8	26.1	6.5	13.1	86.9	6.8	8.1	21.8	78.2	14.3	411
Religion													
Hindu	18.8	39.6	60.4	29.2	10.1	14.5	85.5	8.8	8.2	21.4	78.6	21.5	172
Muslim	12.9	25.8	74.2	37.4	5.1	12.8	87.2	4.4	11.7	21.7	78.3	21.1	106
Christian	23.2	41.9	58.1	24.9	7.4	16.9	83.1	5.4	12.1	31.2	68.8	13.1	2,963
No religion	29.8	49.1	50.9	28.5	2.3	14.0	86.0	2.0	16.1	28.6	71.4	12.2	83
Others	29.8	49.1	50.9	26.8	16.3	20.9	79.1	1.8	9.6	36.5	63.5	11.0	75
Castes/Tribes													
Scheduled Castes	15.6	32.2	67.8	35.9	7.3	10.9	89.1	1.9	8.2	25.9	74.1	20.0	151
Scheduled Tribes	23.6	42.5	57.5	25.1	7.5	16.9	83.1	5.3	12.2	31.2	68.8	13.1	3,144
Other Backward Classes	9.5	28.6	71.4	33.8	8.3	16.7	83.3	10.0	10.0	10.0	90.0	26.1	35
Others	21.4	33.3	66.7	20.0	12.9	16.1	83.9	14.2	9.8	17.1	82.9	23.0	69
Meghalaya	23.1	41.7	58.3	25.5	7.6	16.7	83.3	5.4	11.9	30.5	69.5	13.7	3,399

Note: Reference period: January 1st, 2008 to survey date. * +2SD includes Don't know. ** Unweighted cases.

TABLE 8.2 NUTRITIONAL STATUS OF CHILDREN BY DISTRICTS

Percentage of children under age five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by districts, Meghalaya 2012-13.

	Height for Age				Weight for Height				Weight for Age				Number of
District	Below -3SD	Below -2SD	Above +2SD*	Mean Z-score (SD)	Below -3SD	Below -2SD	Above +2SD*	Mean Z-score (SD)	Below -3SD	Below -2SD	Above +2SD*	Mean Z-score (SD)	eligible children**
West Garo Hills	14.4	29.7	70.3	40.0	4.5	13.6	86.4	4.1	7.5	17.7	82.3	27.0	415
East Garo Hills	17.4	38.6	61.4	14.6	9.7	19.0	81.0	5.4	11.4	29.8	70.2	9.7	589
South Garo Hills	14.8	33.3	66.7	39.6	2.1	12.5	87.5	1.9	6.5	27.3	72.7	20.6	122
West Khasi Hills	26.9	46.8	53.2	31.0	3.6	14.9	85.1	4.9	13.9	36.3	63.7	13.8	456
Ri Bhoi	24.5	44.3	55.7	20.8	5.7	13.9	86.1	5.2	11.8	32.2	67.8	10.7	732
East Khasi Hills	20.2	38.2	61.8	28.4	8.8	16.7	83.3	5.4	12.0	26.3	73.7	14.4	436
Jaintia Hills	30.4	47.6	52.4	23.2	10.9	20.1	79.9	6.5	14.2	35.4	64.6	11.1	649
Meghalaya	23.1	41.7	58.3	25.5	7.6	16.7	83.3	5.4	11.9	30.5	69.5	13.7	3,399

Note: Reference period: January 1st, 2008 to survey date. * +2SD includes Don't know. ** Unweighted cases.

TABLE 8.3 BMI (BODY MASS INDEX) OF WOMEN

Percentage of women age 15-49 average body mass index (BMI), and percentage with specific BMI levels, by background characteristics, Meghalaya, 2012-13.

			Body Mass Index (BMI) in kg/m2						
				Thin			Overweight/Obese		
Background characteristics	Mean Height	Mean BMI	18.5-24.9 (normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17.0 (moderately/ severely thin)	≥25.0 (overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	Total number of Women**
Age group										
15-19	147.6	21.3	71.5	22.2	12.7	8.6	6.3	5.0	1.3	864
20-29	148.7	24.0	73.3	17.9	11.2	6.5	8.8	6.8	1.8	1,833
30–39	149.2	24.2	75.1	12.4	8.5	3.7	12.5	9.2	3.4	1,553
40-49	149.3	23.8	70.8	13.2	8.5	4.4	16.0	13.1	2.9	1,033
Place of residence										
Rural	148.7	23.4	74.6	16.2	10.3	5.6	9.1	7.1	2.0	4,319
Urban	149.2	24.3	68.7	15.8	9.8	5.7	15.5	12.0	3.4	964
Education										
Non-literate[a]	148.3	26.3	71.4	18.2	11.8	6.2	10.4	7.6	2.8	1,202
Less than 5 years	148.4	22.6	74.7	15.1	8.8	5.9	10.2	7.6	2.7	744
5-9 years	148.8	22.8	74.1	16.2	10.4	5.4	9.7	7.9	1.8	1,953
10 or more years	149.3	22.8	72.1	14.9	9.2	5.5	13.0	10.1	2.6	1,384
Religion										
Hindu	150.0	23.3	68.5	15.3	7.7	7.2	16.2	11.8	4.4	433
Muslim	150.2	26.2	57.7	30.0	18.7	11.3	12.3	9.6	2.6	168
Christian	148.7	23.5	73.9	15.8	10.2	5.3	10.3	8.0	2.2	4,475
No religion	146.6	23.0	77.6	13.9	7.1	6.3	8.5	5.7	2.8	127
Others	146.3	21.6	75.3	12.3	10.0	2.3	12.4	12.4	0.0	80
Castes/Tribes										
Scheduled Castes	149.9	24.1	66.1	20.3	13.6	6.1	13.6	10.7	2.9	303
Scheduled Tribes	148.6	23.6	73.7	15.9	10.1	5.5	10.4	8.0	2.3	4,743
Other Backward Classes	149.2	21.9	60.2	22.7	14.6	8.1	17.1	15.2	2.0	44
Others[#]	150.4	22.5	71.6	12.9	5.5	6.8	15.5	11.8	3.7	193
Meghalaya	148.8	23.6	73.0	16.1	10.2	5.6	10.9	8.4	2.4	5,283

Note: Reference period: January 1st, 2008 to survey date. [a] Literate but did not attend school, are also included. ** Unweighted cases.

TABLE 8.4 BMI (BODY MASS INDEX) OF WOMEN

Percentage of women age 15-49 average body mass index (BMI), and percentage with specific BMI levels, by district, Meghalaya, 2012-13

			Body Mass Index (BMI) in kg/m2						
				Thin		Overweight/Obese			
District	Mean Height	Mean BMI	18.5-24.9 (normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17.0 (moderately/ severely thin)	≥25.0 (overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	Total number of Women**
West Garo Hills	150.0	25.8	64.0	22.1	11.8	10.0	14.0	10.5	3.5	678
East Garo Hills	148.2	22.6	66.8	19.1	13.0	5.8	14.1	11.6	2.1	695
South Garo Hills	150.6	30.8	76.3	13.6	8.8	4.5	10.2	6.0	4.1	448
West Khasi Hills	149.4	21.1	79.7	13.6	8.9	4.5	6.7	6.0	0.7	818
Ri Bhoi	148.5	21.2	72.4	18.7	12.4	5.5	9.0	7.5	1.4	757
East Khasi Hills	148.0	23.7	71.7	17.4	10.3	6.8	10.9	8.6	2.3	993
Jaintia Hills	147.5	23.1	81.9	9.6	6.7	2.7	8.5	6.0	2.5	894
Megalaya	148.8	23.6	73.0	16.1	10.2	5.6	10.9	8.4	2.4	5,283

** Unweighted cases.

TABLE 8.5 PREVELANCE OF ANEMIA AMONG CHILDREN

Percentage of children age (6-59 months) classified as having iron-deficiency (anaemia) by selected background characteristics, Meghalaya, 2012-13.

	Anaemia status by haemoglobin level				
Background characteristics	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9-9 g/dl)	Severe anemia (< 7g/dl)	Any anemia <11.0 g/dl	Total number of children <5 years**
Sex of Child					
Male	20.3	44.5	6.0	70.8	605
Female	19.8	43.8	7.1	70.7	525
Place of residence					
Rural	20.1	44.9	6.7	71.7	1005
Urban	19.8	40.5	6.0	66.3	127
Religion					
Hindu	12.4	44.6	7.2	64.2	69
Muslim	17.0	66.4	4.8	88.2	53
Christian	20.6	43.1	6.8	70.5	973
No religion	(20.3)	(33.3)	(0.0)	(53.6)	14
Others	27.9	40.7	4.2	72.8	23
Castes/Tribes					
Scheduled Castes	16.9	55.5	3.7	76.1	71
Scheduled Tribes	20.5	43.0	6.9	70.4	1034
Other Backward Classes	(6.5)	(57.5)	(4.8)	(68.7)	15
Others	(15.6)	(52.0)	(0.0)	(67.6)	12
Meghalaya	20.0	44.2	6.6	70.8	1,132

Note: Reference period: January 1st, 2008 to survey date. () Based on less than 10-20 unweighted cases. ** Unweighted Cases

TABLE 8.6 ANAEMIA AMONG SCHOOL GOING/ADOLESCENT POPULATION

Percentage of school going population (age 6-19 years) classified as having iron-deficiency (anaemia) by degree of anaemia and by selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Anaemia status by haemoglobin level				Total number of school going population (age 6-19 years)**
	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9-9 g/dl)	Severe anemia (< 7g/dl)	Any anaemia <11.0 g/dl	
Age group					
6 y- 10	21.6	31.1	3.5	56.2	2,197
11 - 14	20.3	22.4	2.7	45.3	1,513
15 – 16	15.7	23.8	1.6	41.1	689
17 – 19	18.0	22.4	2.4	42.8	1,046
Sex					
Male	19.0	23.9	2.2	45.1	2,529
Female	20.4	27.8	3.3	51.5	2,910
Residence					
Rural	21.1	26.0	2.6	49.6	4,408
Urban	16.5	26.0	3.3	45.8	1,037
Education					
Non-literate[a]	19.4	36.8	3.5	59.7	826
Less than 5 years	22.7	27.6	3.2	53.5	1,929
5-9 years	18.2	21.8	2.5	42.6	2,138
10 or more years	16.9	21.3	1.7	39.9	552
Religion					
Hindu	19.0	33.1	4.0	56.0	321
Muslim	20.5	23.3	3.6	47.4	221
Christian	19.9	25.7	2.7	48.4	4,692
No religion	10.0	20.2	0.8	31.0	95
Others	23.1	27.2	2.7	53.0	116
Castes/Tribes					
Scheduled Castes	19.8	26.1	4.2	50.1	321
Scheduled Tribes	19.8	26.0	2.7	48.5	4,933
Other Backward Classes	17.9	53.8	3.3	75.0	36
Others	19.7	18.8	4.4	43.0	155
Meghalaya	19.8	26.0	2.8	48.6	5,445

[a] Literate but did not attend school, are also included. **Unweighted Cases.

TABLE 8.7 ANAEMIA AMONG POPULATION AGED 20 YEARS AND ABOVE

Percentage of population (age 20 years and above) classified as having iron-deficiency (anaemia) by degree of anaemia and selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Male				Female				Total			
	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9-9 g/dl)	Severe anemia (< 7g/dl)	Any anemia <11.0 g/dl	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9-9 g/dl)	Severe anemia (< 7g/dl)	Any anemia <11.0 g/dl	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9-9 g/dl)	Severe anemia (< 7g/dl)	Any anemia <11.0 g/dl
Age group												
20- 29	13.5	15.1	1.9	30.4	18.2	30.3	4.2	52.7	16.5	24.7	3.3	44.5
30- 39	15.1	15.9	2.3	33.2	22.3	28.3	2.9	53.5	19.7	23.9	2.7	46.3
40 – 49	17.6	16.1	2.1	35.8	21.4	27.2	3.9	52.5	19.8	22.7	3.2	45.7
50 +	19.3	21.6	2.3	43.1	21.0	29.8	3.4	54.2	20.2	26.3	2.9	49.5
Residence												
Rural	17.3	18.3	2.3	38.0	21.1	30.8	3.4	55.3	19.6	25.9	3.0	48.6
Urban	12.0	12.9	1.4	26.3	18.3	22.9	4.4	45.5	15.9	19.1	3.2	38.2
Education												
Non-literate[a]	17.7	20.6	2.4	40.8	21.5	33.2	4.2	58.9	20.1	28.6	3.6	52.3
Less than 5 years	16.2	20.1	2.1	38.4	21.4	30.8	3.6	55.8	19.5	26.9	3.0	49.4
5-9 years	17.9	15.8	1.3	35.0	20.2	26.6	2.6	49.4	19.3	22.7	2.1	44.1
10 or more years	12.9	13.4	2.7	29.0	18.8	24.7	4.1	47.6	16.1	19.6	3.4	39.1
Religion												
Hindu	19.4	21.1	4.2	44.8	20.2	29.6	5.5	55.3	19.8	26.4	5.0	51.2
Muslim	12.0	15.4	0.6	27.9	15.4	31.5	3.4	50.4	13.8	23.8	2.1	39.7
Christian	16.3	17.0	1.9	35.2	20.7	29.3	3.5	53.4	19.0	24.6	2.9	46.4
No religion	12.1	14.1	5.2	31.4	19.1	23.5	3.2	45.7	16.4	20.2	3.9	40.6
Others	11.1	17.2	2.0	30.3	29.0	19.6	2.5	51.2	22.1	18.6	2.3	42.9
Castes/Tribes												
Scheduled Castes	17.5	18.9	0.7	37.1	18.5	29.1	5.0	52.6	18.0	24.6	3.1	45.7
Scheduled Tribes	15.9	17.1	2.1	35.1	20.8	29.1	3.5	53.4	18.9	24.6	2.9	46.4
Other Backward Classes	26.6	19.6	6.8	52.9	20.2	52.3	4.2	76.8	22.6	40.0	5.2	67.8
Others[#]	17.2	15.8	4.8	37.9	17.7	23.4	5.3	46.4	17.5	20.2	5.1	42.8
Meghalaya	16.2	17.2	2.1	35.5	20.5	29.1	3.6	53.2	18.8	24.5	3.1	46.4

[a] Literate but did not attend school, are also included.

TABLE 8.8 ANAEMIA AMONG POPULATION CHILDREN, ADOLESECENTS AGED 20 YEARS AND ABOVE

Percentage of children aged 6-59 months, adolescents aged 6-19 year and population aged 20 years and above having any and severe anaemia by districts, Meghalaya, 2012-13.

	Children		Adolescents		Aged 20 years and above	
District	Any anemia <11.0 g/dl	Severe anemia (< 7g/dl)	Any anemia (<11.0 g/dl)	Severe anemia (< 7g/dl)	Any anemia <11.0 g/dl	Severe anemia (< 7g/dl)
West Garo Hills	87.5	10.6	64.0	4.1	54.3	4.3
East Garo Hills	84.0	10.8	68.7	4.0	51.7	3.5
South Garo Hills	71.4	8.6	45.3	2.8	46.6	2.6
West Khasi Hills	56.9	0.9	47.1	3.8	51.6	5.0
Ri Bhoi	63.1	3.5	49.5	1.7	48.8	2.2
East Khasi Hills	42.7	0.9	29.5	1.4	32.2	1.7
Jaintia Hills	61.4	3.6	44.2	2.1	44.6	1.9
Meghalaya	70.8	6.6	48.6	2.8	46.4	3.1

TABLE 8.9 ANAEMIA AMONG PREGNANT WOMEN

Percentage of pregnant women (age 15-49 years) classified as having iron-deficiency (anaemia) by degree of anaemia and by selected background characteristics and residence, Meghalaya, 2012-13.

	Anaemia status by haemoglobin level				Total number of
Background characteristics	Mild anemia (10.0-10.9 g/dl)	Moderate anemia (7.0-9-9 g/dl)	Severe anemia (< 7g/dl)	Any anemia <11.0 g/dl	Pregnant Women**
Age group (years)					
15-19	23.6	35.1	6.2	64.9	38
20-29	18.8	43.1	5.4	67.4	359
30–39	23.8	31.3	3.4	58.5	254
40-49	25.9	35.4	4.9	66.2	59
Residence					
Rural	23.0	39.1	3.5	65.6	627
Urban	14.2	31.4	10.2	55.8	83
Woman's Education					
Non-literate[a]	26.9	35.9	2.5	65.3	227
Less than 5 years	19.9	34.8	6.5	61.3	129
5-9 years	21.9	41.3	3.7	67.0	224
10 or more years	13.5	37.8	8.0	59.3	130
Religion					
Hindu	22.1	40.7	9.0	71.8	43
Muslim	(20.1)	(11.3)	(0.0)	(31.4)	17
Christian	21.5	38.6	4.6	64.7	628
No religion	(15.1)	(24.0)	(0.0)	(39.2)	12
Others	(30.9)	(31.2)	(0.0)	(62.1)	10
Castes/Tribes					
Scheduled Castes	11.3	12.1	11.6	34.9	22
Scheduled Tribes	21.5	38.9	4.4	64.8	670
Other Backward Classes	--	--	--	--	6
Others[#]	(25.6)	(24.4)	(0.0)	(50.0)	12
Meghalaya	21.5	37.7	4.7	63.9	710

[a] Literate but did not attend school, are also included. ( ) Base on 10-20 unweighted cases. -- Percentage not shown for less than 10 cases. ** Unweighted Cases.

TABLE 8.10 PREVALENCE OF DIABETIES

Percentage of men (age 18 years and above) classified as having Sugar by selected background characteristics and residence, Meghalaya, 2012-13.

Background characteristics	Any type of blood sugar level			Total number of men Tested**
	Below (<140)	Mild (140-160)	Moderate/High (>160)	
Age group				
18 - 29	94.3	4.6	1.1	1,648
30 - 39	87.2	9.2	3.6	1,060
40 - 49	81.8	11.9	6.4	844
50 - 59	75.2	15.9	8.9	634
60 +	67.8	19.0	13.2	588
Residence				
Rural	84.6	10.5	4.9	3,978
Urban	85.2	8.9	5.9	796
Education				
Non-literate[a]	80.6	13.1	6.3	1,435
Less than 5 years	80.7	14.2	5.1	682
5-9 years	86.9	8.8	4.2	1,290
10 or more years	88.7	6.6	4.7	1,367
Religion				
Hindu	84.4	8.4	7.2	378
Muslim	82.3	10.3	7.4	184
Christian	84.7	10.3	5.0	4,045
No religion	88.1	11.0	0.9	104
Others	90.3	9.7	0.0	63
Castes/tribes				
Scheduled castes	85.6	9.2	5.2	331
Scheduled tribes	84.6	10.3	5.1	4,195
Other backward classes	71.3	14.5	14.2	35
Others	87.1	8.5	4.4	213
Meghalaya	84.7	10.1	5.1	4,774

[a] Literate but did not attend school, are also included. ** Unweighted Cases.

TABLE 8.11 PREVALENCE OF DIABETIES

Percentage of men aged 18 years and above classified with level of any type of blood Sugar by districts, Meghalaya, 2012-13.

districts	Any type of blood sugar level			Total number of men Tested**
	Below (<140)	Mild (140-160)	Moderate/High (>160)	
West Garo Hills	78.0	13.1	8.8	677
East Garo Hills	79.3	13.1	7.6	756
South Garo Hills	85.4	11.5	3.1	506
West Khasi Hills	86.9	10.0	3.1	756
Ri Bhoi	83.9	9.0	7.1	659
East Khasi Hills	89.8	6.5	3.7	677
Jaintia Hills	89.7	8.2	2.1	743
Meghalaya	84.7	10.1	5.1	4,774

** Unweighted Cases.

TABLE 8.12 PREVALENCE OF DIABETIES

Percentage of Women (age 18 years and above) classified as having Sugar by selected background characteristics and residence, Meghalaya, 2012-13.

Background characteristics	Any type of blood sugar level			Total number of women Tested**
	Below (<140)	Mild (140-160)	Moderate/High >160)	
Age group				
18 - 29	94.1	4.5	1.5	2,800
30 - 39	89.6	6.9	3.6	1,921
40 - 49	86.1	8.3	5.7	1,242
50 - 59	77.2	13.4	9.4	1,007
60 +	70.8	16.0	13.2	655
Residence				
Rural	88.0	7.8	4.2	6,326
Urban	85.3	8.1	6.6	1,299
Education				
Non-literate[a]	82.6	10.6	6.8	2,554
Less than 5 years	87.6	7.7	4.7	1,178
5-9 years	90.2	6.6	3.2	2,236
10 or more years	90.7	5.6	3.8	1,657
Religion				
Hindu	83.4	10.3	6.3	624
Muslim	83.9	5.4	10.7	235
Christian	87.8	7.8	4.4	6,494
No religion	91.6	5.0	3.4	164
Others	90.5	6.0	3.4	108
Castes/Tribes				
Scheduled Castes	83.2	7.6	9.1	434
Scheduled Tribes	87.8	7.8	4.4	6,851
Other Backward Classes	77.2	14.9	8.0	59
Others[#]	88.8	6.8	4.5	281
Meghalaya	87.4	7.8	4.7	7,625

[a] Literate but did not attend school, are also included. ** Unweighted Cases.

TABLE 8.13 PREVALENCE OF DIABETIES

Percentage of women aged 18 years and above classified with level of any type of blood Sugar by districts, Meghalaya, 2012-13.

District	Any type of blood sugar level			Total number of women Tested**
	Below (<140)	Mild (140-160)	Moderate/High (>160)	
West Garo Hills	82.6	10.4	7.1	1,085
East Garo Hills	80.8	12.5	6.7	971
South Garo Hills	91.2	6.0	2.9	805
West Khasi Hills	92.6	5.2	2.2	1,163
Ri Bhoi	85.7	9.0	5.3	1,056
East Khasi Hills	89.0	6.5	4.5	1,350
Jaintia Hills	90.4	6.0	3.6	1,195
Meghalaya	87.4	7.8	4.7	7,625

** Unweighted Cases.

TABLE 8.14 BLOOD PRESSURE

Percentage of men (age 18 years and above) classified as having Blood Pressure by selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Status of Blood Pressure						Number of men blood pressure measured**	Number of men Covered**
	1	2	3	4	5	6		
Age group								
18 - 29	75.5	12.1	10.4	1.0	0.7	0.2	1,718	1,742
30 - 39	64.1	16.9	13.2	3.3	1.8	0.7	1,086	1,100
40 - 49	59.0	12.3	18.9	6.6	2.1	1.2	857	873
50 - 59	54.9	15.5	18.7	6.2	3.6	1.1	646	653
60 +	51.0	10.8	20.6	9.8	5.1	2.6	599	606
Residence								
Rural	65.5	13.6	14.7	3.7	1.9	0.6	4,082	4,135
Urban	61.0	13.2	15.2	6.0	2.7	1.9	824	839
Education								
Non-literate[a]	63.6	13.2	15.6	4.1	2.4	1.1	1,474	1,486
Less than 5 years	64.2	13.5	15.0	4.6	1.8	0.9	701	713
5-9 years	65.0	13.6	14.5	4.2	1.7	1.0	1,319	1,337
10 or more years	65.1	13.7	14.1	4.2	2.3	0.6	1,412	1,438
Religion								
Hindu	60.3	12.7	16.7	4.8	2.8	2.7	392	393
Muslim	76.8	8.0	9.0	5.0	0.5	0.6	185	186
Christian	64.2	13.9	14.7	4.2	2.1	0.8	4,155	4,220
No religion	65.5	13.4	17.7	2.3	1.1	0.0	108	108
Others	69.6	5.4	19.5	0.0	5.5	0.0	66	67
Castes/Tribes								
Scheduled castes	68.5	9.8	11.8	6.0	1.2	2.8	326	334
Scheduled tribes	64.3	13.8	15.0	4.0	2.1	0.8	4,321	4,379
Other backward classes	60.8	12.1	23.2	4.0	0.0	0.0	35	36
Others[#]	62.9	13.7	14.1	5.1	4.2	0.0	224	225
Meghalaya	64.5	13.5	14.8	4.2	2.1	0.9	4,906	4,974

[a] Literate but did not attend school, are also included.** Unweighted Cases.

TABLE 8.15 BLOOD PRESSURE

Percentage of men (age 18 years and above) classified as having Blood Pressure by districts, Meghalaya, 2012-13.

District	Status of Blood Pressure						Number of men blood pressure measured**	Number of men aged 18 years & above**
	1	**2**	**3**	**4**	**5**	**6**		
West Garo Hills	68.5	9.2	15.2	4.6	1.5	0.9	664	692
East Garo Hills	82.1	7.2	6.0	2.8	1.0	1.0	763	771
South Garo Hills	57.6	18.2	15.7	4.3	2.1	2.1	505	516
West Khasi Hills	64.2	14.7	16.6	2.7	1.6	0.3	768	773
Ri Bhoi	57.2	14.9	18.6	5.2	2.8	1.3	690	696
East Khasi Hills	65.5	14.4	12.6	4.3	2.6	0.5	711	713
Jaintia Hills	56.1	17.1	18.8	5.0	2.8	0.3	805	813
Meghalaya	64.7	13.5	14.8	4.2	2.1	0.9	4,906	4,974

**Unweighted Cases.

Average Systolic	**Average Diastolic**					
	≤84	85-89	90-99	100-109	110-119	≥120
≤ 129	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
≥ 210	6	6	6	6	6	6

TABLE 8.16 BLOOD PRESSURE

Percentage of women (age 18 years and above) classified as having Blood Pressure by selected background characteristics, Meghalaya, 2012-13.

Background characteristics	Status of Blood Pressure						Number of women blood pressure measure**	Number of women aged 18 year & above**
	1	**2**	**3**	**4**	**5**	**6**		
Age group								
18 - 29	83.6	7.8	6.6	1.3	0.6	0.1	2,875	2,911
30 - 39	74.6	10.9	10.3	2.3	1.4	0.6	1,958	1,971
40 - 49	67.0	11.7	13.6	4.8	2.0	0.9	1,266	1,274
50 - 59	55.5	13.2	19.2	7.5	2.7	2.0	1,024	1,039
60 +	49.3	8.5	21.6	10.6	5.8	4.3	675	681
Residence								
Rural	73.1	9.9	11.3	3.3	1.5	0.8	6,470	6,531
Urban	68.7	10.2	12.3	5.1	2.4	1.4	1,328	1,345
Education								
Non-literate[a]	67.0	9.7	14.3	5.4	2.3	1.3	2,600	2,621
Less than 5 years	72.1	9.2	11.0	4.3	2.0	1.3	1,208	1,218
5-9 years	74.2	11.3	9.8	2.6	1.5	0.5	2,271	2,298
10 or more years	76.9	9.1	10.1	2.3	1.0	0.6	1,719	1,739
Religion								
Hindu	66.3	11.1	10.7	7.8	2.1	2.1	633	635
Muslim	81.8	7.0	5.7	2.8	2.1	0.6	236	239
Christian	72.4	10.0	11.8	3.2	1.7	0.8	6,650	6,722
No religion	75.5	7.1	10.5	5.6	1.3	0.0	169	170
Others	62.8	10.6	18.6	5.7	0.9	1.3	110	110
Castes/Tribes								
Scheduled Castes	74.5	9.2	9.0	4.1	1.6	1.6	433	444
Scheduled Tribes	72.3	9.8	11.8	3.5	1.7	0.8	7,016	7,082
Other Backward Classes	74.6	9.1	8.8	3.5	4.0	0.0	61	61
Others[#]	65.7	14.1	9.3	6.0	2.0	2.9	288	289
Meghalaya	72.2	10.0	11.5	3.7	1.7	0.9	7,798	7,876

** Unweighted Cases.

TABLE 8.17 BLOOD PRESSURE

Percentage of women (age 18 years and above) classified as having Blood Pressure by districts, Meghalaya, 2012-13.

District	Status of Blood Pressure						Number of women blood pressure measure**	Number of women aged 18 years & above**
	1	**2**	**3**	**4**	**5**	**6**		
West Garo Hills	74.4	7.4	10.8	4.0	2.1	1.3	1,076	1,101
East Garo Hills	84.1	5.1	6.9	2.2	1.1	0.7	999	1,010
South Garo Hills	65.4	17.3	12.0	2.5	2.0	0.8	799	812
West Khasi Hills	77.3	10.1	8.7	2.9	0.8	0.2	1,178	1,188
Ri Bhoi	67.0	10.1	14.3	5.0	2.2	1.4	1,098	1,103
East Khasi Hills	69.5	9.7	12.6	4.7	1.9	1.5	1,390	1,402
Jaintia Hills	69.5	11.5	14.1	3.0	1.6	0.4	1,258	1,260
Meghalaya	72.2	10.0	11.5	3.7	1.7	0.9	7,798	7,876

**Unweighted Cases.

Average Systolic	**Average Diastolic**					
	≤84	85-89	90-99	100-109	110-119	≥120
≤ 129	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
≥ 210	6	6	6	6	6	6

TABLE 8.18 PRESENCE OF IODIZED SALT IN HOUSEHOLD

Percent distribution of household with salt tested for iodine content, by level of iodine in salt (Parts Per Million) according to background characteristics, Meghalaya, 2012-13.

Background characteristics	Iodine content of salt: None 0 ppm	Inadequate (< 15 ppm)	Adequate (15 + ppm)	Not Tested/Missing*	Number of Households**
Age of head of Household					
18 - 30	5.5	3.7	84.6	6.2	868
30 - 44	9.7	2.1	82.3	5.9	2,430
45 - 59	8.4	3.3	82.7	5.6	2,248
60 +	6.5	3.8	83.9	5.8	1,283
Residence					
Rural	9.4	3.0	82.6	4.9	5,684
Urban	3.6	2.9	84.5	9.1	1,145
Education of head of Household					
Non-literate[a]	10.9	3.4	79.1	6.6	2,714
Less than 5 years	7.3	3.1	85.2	4.4	1,094
5-9 years	5.8	2.4	86.1	5.7	1,745
10 or more years	6.4	3.0	84.9	5.9	1,276
Religion					
Hindu	4.7	7.5	84.5	3.4	507
Muslim	11.0	7.6	80.0	1.4	204
Christian	8.6	2.5	82.6	6.4	5,887
No religion	2.6	1.9	94.9	0.6	139
Others	--	--	100.0	--	07
Castes/Tribes					
Scheduled Castes	5.8	7.5	83.0	3.8	380
Scheduled Tribes	8.6	2.7	82.5	6.2	6,167
Other Backward Classes	--	10.4	85.4	4.2	48
Others	3.2	0.8	94.9	1.2	234
Meghalaya	8.1	3.0	83.0	5.8	6,829

Note; PPM: parts per million. * includes salt not at home, salt not tested, refused and missing cases. [a] Literate but did not attend school, are also included. -- Percentage not shown for less than 10 cases. ** Unweighted Cases.

TABLE 8.19 PRESENCE OF IODIZED SALT IN HOUSEHOLD

Percent distribution of household with salt tested for iodine content, by level of iodine in salt (Parts Per Million) by districts, Meghalaya, 2012-13

District	Iodine content of salt: None 0 ppm	Inadequate (< 15 ppm)	Adequate (15 + ppm)	Not Tested/Missing*	Number of Households**
West Garo Hills	13.2	7.1	73.7	5.9	929
East Garo Hills	13.9	5.7	74.5	6.0	936
South Garo Hills	6.3	3.0	79.0	11.8	842
West Khasi Hills	0.4	0.1	98.5	1.1	1,040
Ri Bhoi	9.8	3.2	80.2	6.7	997
East Khasi Hills	1.1	0.4	95.3	3.2	1,025
Jaintia Hills	14.7	2.4	76.7	6.2	1,060
Meghalaya	8.1	3.0	83.0	5.8	6,829

Note; PPM: parts per million. *includes salt not at home, salt not tested, refused and missing cases. ** Unweighted Cases.

HEALTH FACILITY

TABLE 9.1: AVERAGE POPULATION COVERED BY HEALTH FACILITY BY DISTRICTS, MEGHALAYA, 2012-13.

District	Average population covered by		
	Sub-Centre	PHC	CHC
	6,830	31,374	36,583
West Garo Hills	3,640	21,472	NA
East Garo Hills	7,462	31,377	37,133
South Garo Hills	8,016	30,044	39,565
West Khasi Hills			
	6,488	21,376	NA
Ri Bhoi	8,444	21,683	29,500
East Khasi Hills	6,318	28,867	42,213
Jaintia Hills			
	6,838	28,103	38,229
Meghalaya			

PHC= Primary Health Centre; CHC= Community Health Centre.NA= Not applicable.

TABLE 9.2: STATUS OF INFRASTRUCTURE AT SUB-CENTRE FUNCTIONING IN GOVERNMENT BUILDING BY DISTRICTS, MEGHALAYA, 2012-13.

District	Number of Sub-Centres					Number of Sub-Centres with govt. Building	Total number of Sub-Centres
	Regular Electricity	Water#	Toilet	Labor room	Labor room in current use[1]		
West Garo Hills	60.0	96.0	100.0	4.0	100.0	25	28
East Garo Hills	10.5	84.2	89.5	79.0	50.0	19	19
South Garo Hills	27.3	100.0	100.0	0.0	NA	22	30
West Khasi Hills	96.3	100.0	100.0	37.0	100.0	27	33
Ri Bhoi	14.8	96.3	96.3	3.7	0.0	27	30
East Khasi Hills	100.0	100.0	100.0	58.8	100.0	17	20
Jaintia Hills	67.9	82.1	100.0	10.7	0.0	28	35
Meghalaya	53.9	93.9	98.2	24.2	70.3	165	195

Includes piped, bore well, well hand pump and other source of water.[1] Percentage calculated from number of labour room available.

TABLE 9.3: PERCENTAGE OF SUB-CENTRES HAVING DIFFERENT ACTIVITIES BY DISTRICTS, MEGHALAYA, 2012-13.

District	Citizen's Charter displayed	VHSC Facilitated*	Untied Fund Received	Total number of Sub-Centres
West Garo Hills	0.0	29.6	75.0	28
East Garo Hills	10.5	83.3	73.7	19
South Garo Hills	0.0	0.0	46.7	30
West Khasi Hills	0.0	27.3	72.7	33
Ri Bhoi	13.3	100.0	83.3	30
East Khasi Hills	0.0	100.0	95.0	20
Jaintia Hills	17.1	37.1	74.3	35
Meghalaya	6.2	49.2	73.3	195

VHSC= Village Health and Sanitation Committee.*Based on availability of VHSC.

TABLE 9.4: AVAILABLE HUMAN RESOURCES AT SUB HEALTH CENTRES BY DISTRICTS, MEGHALAYA, 2012-13.

District	Human resources Status of Sub Health Centre			Total number of SHCs
	ANM	MHW	Additional ANM	
West Garo Hills	100.0	7.1	96.4	28
East Garo Hills	94.7	26.3	33.3	19
South Garo Hills	100.0	0.0	100.0	30
West Khasi Hills	100.0	0.0	97.0	33
Ri Bhoi	100.0	3.3	90.0	30
East Khasi Hills	100.0	0.0	100.0	20
Jaintia Hills	100.0	11.4	85.7	35
Meghalaya	99.5	6.2	88.6	195

ANM= Auxiliary Nurse Midwife. MHW= Male health Worker.

TABLE 9.5: AVAILABLE HUMAN RESOURCES AT PRIMARY HEALTH CENTRES BY DISTRICTS, MEGHALAYA, 2012-13.

District	Human resources Status of PHC				Total number of PHCs
	Medical officer	Lady Medical Officer**	AYUSH Doctor**	Pharmacist	
West Garo Hills	100.0	50.0	88.9	88.9	18
East Garo Hills	71.4	60.0	60.0	100.0	07
South Garo Hills	100.0	80.0	70.0	100.0	10
West Khasi Hills	100.0	45.5	45.5	100.0	11
Ri Bhoi	87.5	57.1	100.0	100.0	08
East Khasi Hills	75.0	66.7	100.0	100.0	04
Jaintia Hills	94.1	56.3	56.3	100.0	17
Meghalaya	93.3	57.1	71.4	97.3	75

** Out of total medical officer.

TABLE 9.6: AVAILABLE INFRASTRUCTURE AT PRIMARY HEALTH CENTRES BY DISTRICTS, MEGHALAYA, 2012-13

District	Percentage of PHCs having					Total number of PHCs
	Residential Quarter for MO	Functioning PHC 24 hours	At least 4 beds	Regular power supply	Having functional vehicle	
West Garo Hills	100.0	100.0	100.0	61.1	100.0	18
East Garo Hills	85.7	100.0	100.0	71.4	71.4	07
South Garo Hills	100.0	100.0	100.0	100.0	100.0	10
West Khasi Hills	100.0	100.0	100.0	100.0	100.0	11
Ri Bhoi	87.5	100.0	100.0	50.0	100.0	08
East Khasi Hills	100.0	100.0	100.0	25.0	25.0	04
Jaintia Hills	100.0	94.1	100.0	82.4	88.2	17
Meghalaya	97.3	98.6	100.0	74.7	90.7	75

MO= Medical Officer.

TABLE 9.7: SPECIFIC HEALTH FACILITIES AVAILABLE AT PRIMARY HEALTH CENTRES BY DISTRICTS, MEGHALAYA , 2012-13.

District	Percentage of PHCs Having			Total number of PHCs
	New born care services*	Referral services for delivery**	Conducted at least 10 deliveries	
West Garo Hills	100.0	38.9	5.6	18
East Garo Hills	80.0	28.6	28.6	07
South Garo Hills	100.0	20.0	0.0	10
West Khasi Hills	100.0	27.3	0.0	11
Ri Bhoi	87.5	37.5	12.5	08
East Khasi Hills	100.0	100.0	75.0	04
Jaintia Hills	94.1	37.5	0.0	17
Meghalaya	95.8	36.5	9.3	75

* Services based on during last one month. ** Based on PHC functioning on 24 hours basis.

TABLE 9.8: NUMBER OF PRIMARY HEALTH CENTRES HAVING DIFFERENT ACTIVITIES BY DISTRICTS, MEGHALAYA, 2012-13.

District	Percentage of PHCs Having				Total number of PHCs
	Citizen's Charter displayed	RKS constituted	Received untied fund*	Utilized untied fund**	
West Garo Hills	100.0	100.0	100.0	100.0	18
East Garo Hills	85.7	85.7	100.0	100.0	07
South Garo Hills	100.0	100.0	100.0	100.0	10
West Khasi Hills	100.0	100.0	100.0	100.0	11
Ri Bhoi	100.0	100.0	100.0	100.0	08
East Khasi Hills	100.0	100.0	100.0	100.0	04
Jaintia Hills	94.1	94.1	100.0	100.0	17
Meghalaya	97.3	97.3	100.0	100.0	75

RKS = Rogi Kalyan Samiti.* Untied fund for previous financial year ** it includes full and partial utilization of fund

TABLE 9.9: HUMAN RESOURCES AVAILABLE AT COMMUNITY HEALTH CENTRES BY DISTRICTS, MEGHALAYA, 2012-13

District	Number of CHCs having: Obstetric Gynecologist	Pediatrician	Anesthetist	Public Health Manager	Total number of CHCs
West Garo Hills	00	02	NA	00	04
East Garo Hills	NA	NA	NA	NA	NA
South Garo Hills	01	03	NA	02	03
West Khasi Hills	00	02	NA	00	02
Ri Bhoi	NA	NA	NA	NA	NA
East Khasi Hills	00	00	NA	00	01
Jaintia Hills	01	04	NA	00	04
Meghalaya	02	11	NA	02	14

NA=Not applicable.

TABLE 9.10: SPECIFIC HEALTH CARE FACILITIES AVAILABLE AT COMMUNITY HEALTH CENTRES BY DISTRICTS, MEGHALAYA, 2012-13.

District	Number of CHCs having: Functional OT	Designated as FRU	New born care services[1]	Blood storage facility	Total number of CHCs
West Garo Hills	01	03	04	NA	04
East Garo Hills	NA	NA	NA	NA	NA
South Garo Hills	00	03	03	NA	03
West Khasi Hills	00	00	02	01	02
Ri Bhoi	NA	NA	NA	NA	NA
East Khasi Hills	00	00	01	NA	01
Jaintia Hills	02	03	04	01	04
Meghalaya	03	09	14	02	14

OT= Operation Theatre; FRU= First Referral Unit. – NA= Not applicable.[1] Based on last one month services.

TABLE 9.11: NUMBER OF COMMUNITY HEALTH CENTRES HAVING DIFFERENT ACTIVITIES BY DISTRICTS, MEGHALAYA, 2012-13.

District	Number of CHCs having Citizen's charter displayed	RKS constituted	RKS Monitored regularly*	Utilized untied fund**	Total number of CHCs
West Garo Hills	04	04	03	04	04
East Garo Hills	NA	NA	NA	NA	NA
South Garo Hills	03	03	03	03	03
West Khasi Hills	02	02	00	02	02
Ri Bhoi	NA	NA	NA	NA	NA
East Khasi Hills	01	01	00	01	01
Jaintia Hills	04	04	02	04	04
Meghalaya	14	14	08	14	14

* RKS monitored regularly is from number of RKS constituted. ** Including full and partial utilization. NA=Not Available.

TABLE 9.12: HUMAN RESOURCES & OTHER SERVICES AVAILABLE AT DISTRICT HOSPITALS BY DISTRICTS, MEGHALAYA, 2012-13.

District	Number of DHs having: Pediatrician	Radiographer	2D Echo facility	Ultrasound facility	Three phase connection	Critical care area	Suggestion and complaint box	Total number of DHs
West Garo Hills	NA	NA	NA	NA	NA	NA	NA	NA
East Garo Hills	01	01	00	00	01	00	01	01
South Garo Hills	01	00	00	01	00	00	01	01
West Khasi Hills	NA	NA	NA	NA	NA	NA	NA	NA
Ri Bhoi	01	01	00	01	00	00	01	01
East Khasi Hills	01	00	01	01	01	01	01	01
Jaintia Hills	01	01	00	01	01	00	01	01
Meghalaya	05	03	01	04	03	01	05	05

NA=Not applicable.

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PGIMER, Chandigarh	Punjab, Chandigarh and Haryana
NIHFW, New Delhi	Delhi
NIOH, Ahmedabad	Gujarat, Daman & Diu and Dadra Nagar Haveli
NIRRH, Mumbai	Maharashtra (excluding Vidharbha) and Goa
MGIMS, Sewagram	Only Vidharbha, Maharashtra
RMRC, Dibrugarh	Sikkim and Arunachal Pradesh
RIMS, Imphal	Manipur, Mizoram & Nagaland
NEIGRIHMS, Shillong	Meghalaya
Government Medical College, Agartala	Tripura
Gandhi Medical College, Hyderabad	Andhra Pradesh & Telangana
NIE, Chennai	Tamil Nadu, Puducherry and Andaman & Nicobar Island
JN Medical Collage, Belgaum	North Karnataka
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