

# Fact Sheet- 2017

Compilation of facts and data from National Family Health Survey - 4

Madhya Pradesh

Focus in on Public Health, Nutrition and key Social Determinants



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# **1. Average Out of pocket expenditure per Childbirth in Public Health Facilities**

	NFHS – 4			NFSH-3
	Urban	Rural	Total	Total
Arunanchal Pradesh	9,640	5,028	6,474	NA
Andhra Pradesh	2,115	2,145	2,138	NA
A & N Islands	788	1,562	1,258	NA
Bihar	1,777	1,718	1,724	NA
Chandigarh	NA	NA	2,357	NA
Chhattisgarh	2,157	1,310	1,480	NA
Dadra & Nagar Haveli	929	233	471	NA
Daman & Diu	2,211	338	1,581	NA
Delhi	8,770	NA	8,719	NA
Gujrat	2,331	2,020	2,136	NA
Goa	4,159	5,941	4,836	NA
Haryana	2,300	1,104	1,503	NA
Himachal Pradesh	3,989	3,263	3,329	NA
Jammu & Kashmir	4,436	4,104	4,192	NA
Jharkhand	1,889	1,391	1,476	NA
Karnataka	4,800	3,411	3,893	NA
Kerala	6,848	6,944	6,901	NA
Lakshadweep	3,901	NA	4,580	NA
Madhya Pradesh	1,746	1259	1387	NA
Maharashtra	3,257	3,653	3,487	NA
Manipur	10,743	9,609	10,076	NA
Meghalaya	2,475	2,987	2,892	NA
Mizoram	5,019	3,281	4,327	NA

<b>Nagaland</b>	6,448	5,401	5,834	NA
<b>Odisha</b>	4,900	4,125	4,225	NA
<b>Punjab</b>	1,576	2,043	1,890	NA
<b>Puducherry</b>	2,176	1,627	1,999	NA
<b>Rajasthan</b>	3,387	2,969	3,052	NA
<b>Sikkim</b>	2,584	2,474	2,509	NA
<b>Tamil Nadu</b>	2,476	2,511	2,496	NA
<b>Telangana</b>	3,938	4,079	4,020	NA
<b>Tripura</b>	4,909	4,248	4,412	NA
<b>Uttarakhand</b>	2,435	2,382	2,399	NA
<b>West Bengal</b>	8,783	7,400	7,782	NA
<b>India</b>	3,913	2,947	3,198	NA

Madhya Pradesh has a high Maternal Mortality Ratio at 221 per lakh live childbirths. This is a major concern for the state government that has the responsibility of providing maternal health care facilities. With a view to reduce Maternal Mortality, government of India is implementing programmes like Janani Shishu Suraksha Karyakrm and Janani Suraksha Yojana. The main aim is to provide skilled attendants during childbirth so that women can be saved from pregnancy/childbirth related deaths. The Janani Suraksha Yojana programme in particular aims to motivate the women to opt for institutional delivery.

But the latest report of National Family Health Survey (NFHS)-4 has brought out the corrupt practices ailing the in public health in respect to institutional childbirths. The report shows that in Madhya Pradesh, each family has to incur average out of pocket expenses of RS 1387 for the institutional deliveries by the way of purchase of drugs, user charges, diagnostic tests, diet, caesarian-section etc. This is despite provision of complete free and cashless childbirth (delivery) under the Janani Shishu Suraksha Karyakrm and Janani Suraksha Yojana which offers Free and cashless delivery. These two programmes provide for free C-Section, free drugs and consumables, free diagnostics and free diet during stay in the health institutions. Also there is provision of free blood, exemption from user charge, free transport from home to health institution, free transport between facilities in case of referral and free drop back from institution to home after 48hr of stay.

However, the families in urban MP have to incur out of the pocket expenses of Rs 1746 and in rural areas Rs 1259 on an average. The district level data shows that the worst situation is in Katni and Satna districts of MP. Women undergoing childbirth in public health facility of Katni have to spend Rs 4229 and in Satna Rs 3568 on an average.

The survey brings out that none of the districts is performing free deliveries in Public institution as promised. However, in districts like Morena (Rs 566) and Dindori (Rs 582) the out of pocket expenses are the least.

<b>District Wise Out of pocket Expenditure</b>		
<b>S No.</b>	<b>District</b>	<b>Average out of Pocket expenditure per delivery in public health facility (%) in Rs</b>
1	Alirajpur	754
2	Anuppur	870
3	Ashoknagar	864
4	Balaghat	1613
5	Badwani	874
6	Betul	793
7	Bhind	717
8	Bhopal	1497
9	Burhanpur	592
10	Chhatarpur	1209
11	Chhindwara	1251
12	Damoh	1711
13	Datia	1063
14	Dewas	1586
15	Dhar	1495
16	Dindori	582
17	Guna	1044
18	Gwalior	1623
19	Harda	1870

<b>20</b>	<b>Hoshangabad</b>	<b>1053</b>
<b>21</b>	<b>Indore</b>	<b>1804</b>
<b>22</b>	<b>Jabalpur</b>	<b>1252</b>
<b>23</b>	<b>Jhabua</b>	<b>927</b>
<b>24</b>	<b>Katni</b>	<b>4229</b>
<b>25</b>	<b>Khandwa</b>	<b>753</b>
<b>26</b>	<b>Khargone</b>	<b>698</b>
<b>27</b>	<b>Mandla</b>	<b>751</b>
<b>28</b>	<b>Mandsaur</b>	<b>1225</b>
<b>29</b>	<b>Morena</b>	<b>566</b>
<b>30</b>	<b>Narsinghpur</b>	<b>1636</b>
<b>31</b>	<b>Neemach</b>	<b>1211</b>
<b>32</b>	<b>Panna</b>	<b>1255</b>
<b>33</b>	<b>Raisen</b>	<b>1020</b>
<b>34</b>	<b>Rajgarh</b>	<b>1586</b>
<b>35</b>	<b>Ratlam</b>	<b>1354</b>
<b>36</b>	<b>Rewa</b>	<b>1377</b>
<b>37</b>	<b>Sagar</b>	<b>2198</b>
<b>38</b>	<b>Satna</b>	<b>3568</b>
<b>39</b>	<b>Sehore</b>	<b>951</b>
<b>40</b>	<b>Seoni</b>	<b>649</b>
<b>41</b>	<b>Shahdol</b>	<b>1067</b>
<b>42</b>	<b>Shajapur</b>	<b>1114</b>
<b>43</b>	<b>Sheopur</b>	<b>612</b>
<b>44</b>	<b>Shivpuri</b>	<b>1637</b>
<b>45</b>	<b>Sidhi</b>	<b>884</b>
<b>46</b>	<b>Singrauli</b>	<b>1192</b>
<b>47</b>	<b>Tikamgarh</b>	<b>2274</b>
<b>48</b>	<b>Ujjain</b>	<b>1933</b>
<b>49</b>	<b>Umaria</b>	<b>886</b>
<b>50</b>	<b>Vidisha</b>	<b>1913</b>

## 2. Maternal Care

S.No	State	Total	Total
		Mothers who had antenatal check-up in the first trimester (%)	Mothers who had full antenatal care (%)
1	Madhya Pradesh	53.1	11.4
2	Andhra Pradesh	82.4	43.9
3	Andaman & Nicobar Islands	68.4	53.6
4	Arunachal Pradesh	37.0	3.6
5	Bihar	34.6	3.3
6	Chandigarh	67.4	34.7
7	Chhattisgarh	70.8	21.7
8	Dadar & Nagar Haveli	63.6	33.1
9	Daman & Diu	75.1	29.9
10	Delhi	63.3	37.3
11	Goa	84.4	63.4
12	Gujrat	73.9	30.7
13	Haryana	63.2	32.5

14	Himachal Pradesh	70.5	36.9
15	Jammu & Kashmir	76.8	26.8
16	Jharkhand	52.0	8.0
17	Karnataka	66.0	32.9
18	Kerala	95.1	61.2
19	Lakshadweep	91.9	66.4
20	Maharashtra	67.6	32.4
21	Manipur	77.0	33.9
22	Meghalaya	53.3	23.5
23	Mizoram	65.7	38.5
24	Nagaland	24.9	2.4
25	Odisha	64.1	23.1
26	Pondicherry	80.6	55.6
27	Punjab	75.6	30.7
28	Rajasthan	63.0	9.7
29	Sikkim	76.2	39.0
30	Tamil Nadu	64.0	45.0
31	Telangana	83.1	42.2

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32	Tripura	66.4	7.6
33	Uttarakhand	53.5	11.5
34	West Bengal	54.9	21.8
35	India	58.6	21.0

According to the UN report on Maternal Deaths released in 2014, India accounts for the maximum number of maternal deaths in the world — 17% or nearly 50,000 of the 2.89 lakh women who died worldwide as a result of complications due to pregnancy or childbearing in 2013. Nigeria is the second with nearly 40,000 deaths. The report also states that despite India progressing noticeably in curbing the maternal mortality rate (MMR) — 65 per cent drop has been reported since 1990 — the country is lagging behind the UN-mandated Millennium Development Goal (MDG) of bringing a 75 per cent decline in the MMR till 2015.

For addressing the issue of maternal mortality, National Health Mission has implemented a program called **Reproductive Maternal New Born Child and Adolescent Health**. Under this program several initiatives has been taken and out of these, quality antenatal care (ANC) is an important one. It includes minimum of four ANCs including early registration and first ANC in first trimester along with physical and abdominal examinations, HB estimation and Urine investigation, two doses of TT immunization and consumption of Iron Folic Acid (IFA) tablets (6 months during ANC and 6 months during postnatal care).

But the statistics of NFHS-4 paints a grim picture of the state even after implementation of this program. The survey reveals that only 11.4% of the women get full antenatal care (ANC) in the state--about 8.3% in the rural areas and 19.5 % in the urban areas. The average during NFHS-3 (2005) was at 4.7%. In the latest survey, Bihar shows the worst ANC scene with only 3.3% beneficiaries and Tripura follows with 7.7%.

The data of the districts Shows that serious intervention is required in terms of maternal health. Districts like Sidhi (1.8%), Panna (2.5%) and Sagar (3.2%) have extremely poor ANC achievements.

This data can be disaggregated in terms of antenatal checkups in first trimester, IFA, tetanus immunization etc.

The first trimester data shows that only 53.1% of the mothers had antenatal check up during this period. In rural areas the percentage is 47.9 % and in urban areas it is 66.5%. One of the reasons of this low percentage of ANC is that there is a myth in the community that myth if the pregnancy is declared in first trimester there is a chance of abortion.

Interestingly, in urban areas people are much aware about the check up provisions because they are in touch with media including TV and radio. Also they have more exposure as compared to rural areas. The predominant reason for urban women not availing antenatal checkups is the perception that it is not necessary. It is likely that some women perceive that checkups are needed only if something is wrong.

S No.	District	Mothers who had antenatal check-up in first trimester (%)	Mothers who had at least 4 antenatal care visits (%)	Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	Mothers who had full antenatal care (%)	Pregnant women age 15-49 years who are anaemic (%)
1	Alirajpur	29.8	21.1	12.7	4.8	64.1
2	Anuppur	45	35.1	30.7	15.5	58.4
3	Ashoknagar	68.3	38.5	18.1	5.1	39.7
	Balaghat	60.2	37.7	33.2	16	62.2
4	Badwani	42.7	26.3	20	7.9	68.9
6	Betul	62	39.8	26.8	14.4	59.7
7	Bhind	55.3	28	23.3	7.5	65.8
8	Bhopal	77.2	56.6	37.1	22.3	37.8
9	Burhanpur	52.5	40.8	28.8	14.2	64.5
10	Chhatarpur	36.3	19.5	16.5	4.6	43
11	Chhindwara	56.6	41.9	37.5	19.1	55.9
12	Damoh	31.2	24.3	21.1	8.2	46.7
13	Datia	49.6	29.5	16.3	5.1	56
14	Dewas	66.4	41.3	25.2	15	60.2

<b>15</b>	<b>Dhar</b>	61.7	29.6	14.1	4.1	63.7
<b>16</b>	<b>Dindori</b>	44.9	23.5	18.9	5.1	59.3
<b>17</b>	<b>Guna</b>	60.7	31.9	21.2	8.4	55
<b>18</b>	<b>Gwalior</b>	53.8	36.4	33.3	14.6	49.4
<b>19</b>	<b>Harda</b>	55.9	39.9	21.6	11.8	51.8
<b>20</b>	<b>Hoshangabad</b>	55.2	46.3	26.7	13.6	53
<b>21</b>	<b>Indore</b>	81.8	76.1	34.6	27.5	53.6
<b>22</b>	<b>Jabalpur</b>	59.7	57.5	43.3	30.5	57.3
<b>23</b>	<b>Jhabua</b>	29.4	20.9	19.5	5.3	74.2
<b>24</b>	<b>Katni</b>	36.6	32.7	29.4	12.4	55.2
<b>25</b>	<b>Khandwa</b>	73	48.5	34.4	19.1	62.9
<b>26</b>	<b>Khargone</b>	64.1	38.8	24	11.9	59.3
<b>27</b>	<b>Mandla</b>	56.1	44.7	27.6	15.4	69.8
<b>28</b>	<b>Mandsaur</b>	45.5	34.8	14.6	7.3	47.7
<b>29</b>	<b>Morena</b>	69	41.2	18.2	7.4	52.6
<b>30</b>	<b>Narsinghpur</b>	43.8	34.4	33.5	15.3	42
<b>31</b>	<b>Neemach</b>	47.7	33	22.8	10.6	57.1
<b>32</b>	<b>Panna</b>	39.9	13.8	16	2.5	42.8
<b>33</b>	<b>Raisen</b>	65.4	52.1	23.2	13.8	54.3
<b>34</b>	<b>Rajgarh</b>	52.2	35.9	17.2	5.9	62.5
<b>35</b>	<b>Ratlam</b>	54.1	38.1	23.1	12.4	70.8
<b>36</b>	<b>Rewa</b>	40.2	24.4	13.7	3.6	44.1
<b>37</b>	<b>Sagar</b>	35.3	16.7	17.5	3.2	40.9
<b>38</b>	<b>Satna</b>	50.1	23.1	17.1	7.6	54.1
<b>39</b>	<b>Sehore</b>	65.1	40.9	20.4	9.2	58.2
<b>40</b>	<b>Seoni</b>	55.2	42	37.4	18.7	49.9
<b>41</b>	<b>Shahdol</b>	33	21.9	20.4	7.2	68.9
<b>42</b>	<b>Shajapur</b>	70.6	56.5	28.6	18.7	57.7
<b>43</b>	<b>Sheopur</b>	36.7	18.7	21.7	7.2	56.3

<b>44 Shivpuri</b>	58.5	26	16.5	7.2	53.5
<b>45 Sidhi</b>	27.7	11.2	10.2	1.8	43.5
<b>46 Singrauli</b>	29.2	20.9	18.9	10.1	41.2
<b>47 Tikamgarh</b>	33.7	18.9	14	3.2	41.8
<b>48 Ujjain</b>	56.4	40.5	19.1	9.6	52.2
<b>49 Umaria</b>	51.8	18.1	16.4	6.5	72.9
<b>50 Vidisha</b>	29.6	16.9	15.2	4.5	55.5
<b>MP</b>	<b>53.1</b>	<b>35.7</b>	<b>23.6</b>	<b>11.4</b>	<b>54.6</b>

A look at the district level data suggests Sidhi (27.7%), Singrauli (29.2%), Jhabua (29.6%) are the worst performing districts in terms of percentage of women who had antenatal checkups up in first trimester. These districts are tribal dominated districts. Indore (81.8%), Bhopal (77.2%) and Shajapur (70.6 %) are the districts with good performance. Out of these Indore and Bhopal are the districts that have the big cities of MP.

As for the data on the four antenatal care visits – it is only 35.7 % in state meaning only one third pregnant women go for these visits. This is a marginal increase from NFHS-3. It clearly means that government has reached only around 10% more as compared to last NFHS (3), when the figure was at 22.3%. The data of 4 antenatal care visits in the districts shows that districts like Sidhi (11.2%), Panna (13.8%), Vidisha (16.9%) are the worst while Indore (76.1%), Bhopal (56.6%) and Jabalpur (57.5%) are performing best.

The ANC also covers the consumption of Iron folic Acid (IFA tablets) for women. Pregnant women require additional iron and folic acid to meet their own nutritional needs as well as that of the developing foetus. The data of NFHS-4 shows that 54.6 % of the pregnant women aged 15-49 years are anaemic. IFA helps to reduce the risk of iron deficiency and anaemia in pregnant women. Daily oral iron and folic acid supplementation is recommended as part of the antenatal care to reduce the risk of low birth weight, maternal anaemia and iron deficiency.

According to the NHFS-4 statistics only 23.6 percent of the pregnant women are consuming IFA for 100 days or more. In urban areas it is slightly more than in rural areas - 31.6 % against 20.5%. The consumption is low because women feel nausea or occasional vomiting after eating it and have complaints of black stool, constipation etc. Thus while giving these tables; it is responsibility of the service provider to give advice on its benefits and about ignoring the harmless symptoms. But from the data it can be estimated that

either the women are not getting the medicines or they are not getting proper advice for consumption of these medicines. The availability of IFA is also a major concern which is questionable and needs to be checked.

In districts sidhi (10.2%), Rewa (13.7) and Alirajpur (12.7), IFA consumption is found to lowest. Like other best performing districts in terms of indicators of maternal health, Bhopal (37.1%), Jabalpur (43.3%) and Chhindwara (37.5%) are found to be highest in consumption of IFA tablets.

### 3. Breastfeeding and Complementary Feeding

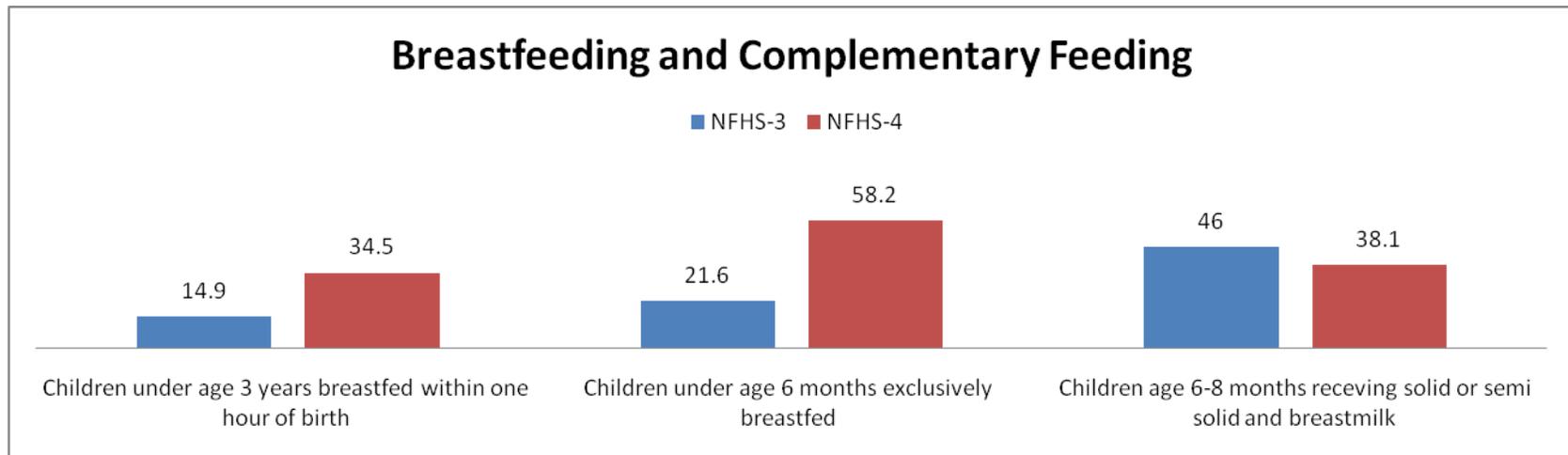
S No.	District	Children under age 3 years breastfed within one hour of birth (%)	Children under age 6 months exclusively breastfed (%)	Children age 6-8 months receiving solid or semi solid food and breast milk (%)	Breastfeeding children age 6-23 months receiving an adequate diet (%)	Institutional Births	Institutional births in Public facility
		Total	Total	Total	Total		
00	MP	34.5	58.2	38.1	6.9	80.8	69.5
1	Alirajpur	25.5	58	37.1	3.5	50.5	46
2	Anuppur	43.8	61.3	0	9.1	77.1	70.2
3	Ashoknagar	32.8	30.2	0	6.4	82.3	75.9
4	Balaghat	52.2	67.6	0	8.2	83.7	73.4
5	Badwani	34.8	71.4	26.1	3.6	50.7	46.1
6	Betul	49.2	--	--	7.3	76	62.7
7	Bhind	44.1	33.3	--	2.6	85.6	78.3
8	Bhopal	18.3	--	--	7.1	91.7	68
9	Burhanpur	42.2	48.7	15.7	2.4	76.2	58.8
10	Chhatarpur	37.9	68.9	--	11.6	81.4	73.4
11	Chhindwara	37.4	60.8	--	11.6	86.1	79.2
12	Damoh	46.5	69.6	--	6.3	70	63
13	Datia	32	63.9	--	4.4	84.5	73.1
14	Dewas	25.3	64.7	--	11.6	92.4	73.8
15	Dhar	20.9	72.1	47.8	17.8	78	65.4
16	Dindori	36.8	35.5	--	1.9	55.8	53.4
17	Guna	41	52.5	16.8	2.1	90.1	86.1
18	Gwalior	26.9	26.4	40.7	2.7	88	68.4

19	Harda	30.3	51.2	--	0.7	79.7	66.3
20	Hoshangabad	36.7	36.5	26.8	1.6	88.8	77.6
21	Indore	21.9	61.3	60.9	12	94.7	50.6
22	Jabalpur	49.2	47.7	49.2	7	88.3	68
23	Jhabua	21	55.8	26.8	4.8	74.5	66
24	Katni	47	72	--	18	78.4	68.2
25	Khandwa	30.6	46.1	36	3	81.8	76.4
26	Khargone	17.8	62.8	40.1	5.7	74.3	64.7
27	Mandla	53	66.5	--	3.2	59.2	53.9
28	Mandsaur	36.4	95.1	19.6	2.5	88.2	79.8
29	Morena	38.5	36.6	27.3	4.4	93.5	81.9
30	Narsinghpur	30.9	84.3	--	10.3	85.8	67.3
31	Neemach	21.4	60.3	--	7.9	86.7	73.2
32	Panna	32	55.5	30.5	13.1	74.4	69.3
33	Raisen	41.9	52.4	22.5	4.5	84.7	72.5
34	Rajgarh	35.5	51.4	--	--	88.6	77.5
35	Ratlam	19.1	72.3	--	11.8	86.2	78.3
36	Rewa	44.8	46.3	45.6	4.6	81.6	75.6
37	Sagar	25.5	60.4	--	5.7	77.6	69.8
38	Satna	33	55.7	--	4.4	80.7	72.6
39	Sehore	31.1	43.1	--	8.1	88.3	77.7
40	Seoni	46.3	64.6	--	10.8	86	76.9
41	Shahdol	56.6	--	--	8.3	71.9	70.1
42	Shajapur	22.7	53.9	--	0.8	96.1	88.4
43	Sheopur	44	63.5	21.4	0.4	77.2	70.8
44	Shivpuri	41.9	69.9	--	6.8	86.9	83.2
45	Sidhi	49.3	72.7	30.4	8.4	61.2	57.5
46	Singrauli	33.5	59.8	39.3	11.7	43.5	38.4
47	Tikamgarh	32.3	59.8	--	2.8	81	68.6

48	Ujjain	19	57.6	39.4	8	88.9	74.4
49	Umaria	37.2	36.9	--	9	84.5	80
50	Vidisha	46.6	71.7	--	8.8	73.7	68.5

According to The Lancet series on maternal and child under nutrition, 2008, breastfeeding promotion alone contributes to an 11.6% reduction in IMR and 13% reduction in under-five mortality in children. The impact of early initiation and exclusive breastfeeding on infant and child survival, therefore, is too enormous to ignore but the low figures for early initiation of breastfeeding is a matter of concern. The Lancet report notes that infants aged 0–5 months who are not breastfed have a significantly greater risk of dying from diarrhea and pneumonia compared to infants who are exclusively breastfed.

Interventions like Infant young child feeding (IYCF) practices are run to improve child survival, growth and intellectual development. IYCF are a simple set of recommendations for appropriate feeding of newborn and children less than two years of age. It includes practices like early initiation of breastfeeding, exclusive breastfeeding for the first six months and complementary feeding.



According to NFHS-4, 34.5% of the children under the age of three years were breastfed within one hour and over 41.8% are not exclusively breastfed in Madhya Pradesh. However only 38.1% of children of age 6-8 months are receiving solid, semi solid food along with breast milk, which is around 8% less than NFHS-3.

One more important factor that needs to be discussed is the linkage between institutional delivery and breastfeeding within one hour of birth. The data shows that institutional birth in MP is 80.8% and the institutional birth in Public facility is 69.5%. But the percentage of breastfeeding within one hour of birth is only 34.5%. The data clearly shows that IYCF guidelines are not been followed which says that breastfeeding can be promoted by three main actions- at health facility, during community outreach and during community and home based care.

Experts says that difference in institutional deliveries and low breastfeeding within one hour is because the newborn children might have post natal complications due to which they are referred to Sick New Born Care units, away from mothers. Children who are born from c- section are generally referred to SNCU, but this is only a small number. Also the babies who have low birth weight are referred to SNCU.

Besides all these the difference in the data of institution delivery and low breastfeeding within one hour raises the question on medical staff present in the labour room and the counseling done during ANC.

Looking at the percentage decrease in complementary feeding compared to NFHS-3, it can be surmised that the message regarding introduction of complementary feeding at right

time has not reached the parents. It has been perceived by the families that the mother's milk is sufficient for the baby, which is not true. The child needs semi solid food after the 6 months for proper development which includes development of brain.

<b>Children under age 3 years breastfed within one hour of birth and Institutional Deliveries (%)</b>		
<b>Worst districts (Early Initiation of Breast Feeding)</b>		<b>Institutional Deliveries</b>
<b>Khargone</b>	17.8	74.3
<b>Bhopal</b>	18.3	91.7
<b>Ujjain</b>	19	88.9
<b>Ratlam</b>	19.1	86.2
<b>Dhar</b>	20.9	78
<b>Top 5 district</b>		
<b>Shahdol</b>	56.6	71.9
<b>Mandla</b>	53	59.2
<b>Balaghat</b>	52.2	83.7
<b>Sidhi</b>	49.3	61.2
<b>Betul</b>	49.2	76
<b>Jabalpur</b>	49.2	88.3

<b>Institutional Birth</b>	
<b>Worst Performing</b>	
<b>Singrauli</b>	43.5
<b>Alirajpur</b>	50.5
<b>Balaghat</b>	50.7
<b>Dindori</b>	55.8
<b>Mandla</b>	59.2
<b>Better Performing</b>	
<b>Shajapur</b>	96.1
<b>Indore</b>	94.7
<b>Morena</b>	93.5
<b>Dewas</b>	92.4
<b>Bhopal</b>	91.7

## 4. Women aged 15-24 years who use hygienic methods' of protection during their menstrual period

States	Women age 15-24 years who use hygienic methods' of protection during their menstrual period (%)			
	NFHS - 4			NFSH-3
	Urban	Rural	Total	Total
Andhra Pradesh	77.6	63	67.5	NA
A & N Islands	93.8	87.9	90.3	NA
Arunachal Pradesh	78.6	71.1	73.3	NA
Bihar	55.6	27.3	31	NA
Chandigarh	NA	NA	92.1	NA
Chhattisgarh	72.7	39.4	47.1	NA
Dadra & Nagar Haveli	66.4	50.9	57.1	NA
Daman & Diu	79.1	61.9	73.2	NA
Delhi	90.3	NA	90.2	NA
Goa	94.1	81.7	89.3	NA
Gujrat	70.0	53.5	60.3	NA
Haryana	82.5	75.9	78.4	NA
Himachal Pradesh	90.0	83.7	84.3	NA
Jammu & Kashmir	85.0	60.2	66.5	NA
Jharkhand	76.0	64.7	67.2	
Karnataka	81.6	62.1	70.3	NA
Kerala	91.7	88.5	90.0	NA
Lakshadweep	97.0	98.4	97.1	NA
Madhya Pradesh	65.4	26.4	37.6	NA

<b>Maharashtra</b>	77	55.7	66.1	NA
<b>Manipur</b>	80.5	73.3	76.1	NA
<b>Meghalaya</b>	85.2	57.1	63.7	NA
<b>Mizoram</b>	96.3	88.6	93.4	NA
<b>Nagaland</b>	82.0	66.1	72.6	NA
<b>Odisha</b>	70.0	42.8	47.4	NA
<b>Puducherry</b>	96.5	97.8	96.9	NA
<b>Punjab</b>	91.2	80.7	84.4	NA
<b>Rajasthan</b>	78.8	47.9	55.2	NA
<b>Sikkim</b>	92.7	80.8	84.6	NA
<b>Tamil Nadu</b>	93.5	89.5	91.4	NA
<b>Telangana</b>	86.7	67.2	76.3	NA
<b>Tripura</b>	56.5	38.6	43.5	NA
<b>Uttarakhand</b>	78.9	65	69.9	NA
<b>West Bengal</b>	73	47.6	55	NA
<b>India</b>	77.5	48.2	57.6	NA

Menstrual hygiene practices depend upon individual's socioeconomic status, local traditions and belief, access to water and sanitation. It is an important issue that affects healthy adolescent girls and pre-menopausal adult women monthly. The NFHS-4 data shows that in Madhya Pradesh only 37.6 percent of women use hygienic methods of protection during menstrual period. The figure is lowest as compared to other states.

Generally girls and women use cloths as protective method during the menstrual cycle. They wash and reuse these cloths rather than using disposable pads. These cloths are not often washed with soap and with clean water. Also they are not dried in sunlight as there are social taboos linked with it. Unhygienic practices are found more in rural areas as compared to urban areas. In rural areas as much as 73.6 percent of women and in urban area 34.6 percent of women are not using hygienic method during menstrual cycle.

In rural areas it is so because they don't have the purchasing capacity for sanitary pads. Also such pads are not available in their area. Apart from this, menstrual hygiene methods are also likely to be affected by contextual factors such as access to places where

women can manage menstruation-related washing in privacy and comfort. These factors are influenced by having access to water, hygiene and sanitation facilities at the household.

Besides all these the issue of lack of underwear, the environment issue of the disposable napkins, and the availability of cotton cloths is still a challenge.

Poor menstrual hygiene may increase a woman's susceptibility to reproductive tract infections (RTI) and Urinary tract infection (UTI).

The National Rural Health Mission programme provides sanitary napkins at subsidized prices to adolescent girls but the provision is up to year 2016 only. The Udita project, which is a state program of Women and Child Development Department that includes the menstrual hygiene component, is running in few districts of states. The quality of the sanitary napkins being provided under UDITA project is also questionable.