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Ministry of Health and Family Welfare
Government of India

Health and Living Conditions in Eight Indian Cities

National Family Health Survey (NFHS-3) India 2005-06

International Institute for Population Sciences
Deonar, Mumbai – 400 088

NATIONAL FAMILY HEALTH SURVEY (NFHS-3)
INDIA
2005-06

HEALTH AND LIVING CONDITIONS IN EIGHT INDIAN CITIES

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ABSTRACT

This report analyzes health and living conditions in eight large Indian cities (Chennai, Delhi, Hyderabad, Indore, Kolkata, Meerut, Mumbai, and Nagpur). The report is based on data from India's 2005-06 National Family Health Survey (NFHS-3). A special feature of NFHS-3 is that the sample was designed to allow separate estimates of population, health, and nutrition indicators to be generated for each of these eight cities, as well as for the residents of slum and non-slum areas in these cities. In addition, a wealth index was constructed for households in urban India as a whole, using NFHS-3 data on household assets and housing characteristics. For the purposes of this report, the urban poor population is defined as those persons belonging to the lowest quartile on this wealth index.

The study examines the living environment, socioeconomic characteristics of households and the population, children's living arrangements, children's work, the health and nutrition of children and adults, fertility and family planning, utilization of maternal health services, knowledge of HIV/AIDS, attitudes of adults toward schools providing family life education for children, and other important aspects of urban life for the eight cities by slum/non-slum residence and for the urban poor

The analysis shows that more than half of the population in Mumbai lives in slums, whereas the slum population varies widely in the other seven cities. Major differences in the estimation of the size of the slum population are found depending on how slum areas are defined (according to the 2001 Census designation or observation of the area by the NFHS-3 team supervisor at the time of the fieldwork). The poor population in these cities varies within a narrower range, from 7 percent in Mumbai to 20 percent in Nagpur. The analysis finds that a substantial proportion of the poor population does not live in slums and that a substantial proportion of slum dwellers are not poor (that is, they do not fall into the bottom quartile on the NFHS-3 wealth index). In some cities, the poor are mostly concentrated in slum areas, whereas the reverse is true in other cities.

Although slum dwellers are generally worse off than non-slum dwellers, this pattern is not consistently true for all indicators in every city, and the differentials are quite small in some cases. However, there are large disparities in health and living conditions between the poor and the non-poor in these cities. Although there is an obvious need to improve living conditions and the health of slum dwellers, it is equally apparent that programs that focus solely on slum areas will not be able to address the urgent needs of the large poor population not living in slums.

ABOUT NFHS-3

The 2005-06 National Family Health Survey (NFHS-3) is the third in the NFHS series of surveys. The first NFHS was conducted in 1992-93 and the second (NFHS-2) was conducted in 1998-99. All three NFHS surveys were conducted under the stewardship of the Ministry of Health and Family Welfare (MOHFW), Government of India. The MOHFW designated the International Institute for Population Sciences (IIPS), Mumbai, as the nodal agency for the surveys. Funding for NFHS-3 was provided by the United States Agency for International Development (USAID), the United Kingdom Department for International Development (DFID), the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and the Government of India. Technical assistance for NFHS-3 was provided by ICF Macro, Calverton, Maryland, USA. Assistance for the HIV component of the survey was provided by the National AIDS Control Organization (NACO) and the National AIDS Research Institute (NARI), Pune.

The survey provides trend data on key indicators of family welfare, maternal and child health, and nutrition, and includes information on several new topics such as use of the Integrated Child Development Services (ICDS) programme, HIV prevalence, attitudes toward family life education for girls and boys, men's involvement in maternal care, high-risk sexual behaviour, and health insurance coverage. NFHS-3 collected information from a nationally representative sample of 124,385 women age 15-49 and 74,369 men age 15-54 in 109,041 households.

A special feature of NFHS-3 is the provision of separate estimates of population, health, and nutrition indicators for eight cities (Chennai, Delhi, Hyderabad, Indore, Kolkata, Meerut, Mumbai, and Nagpur) and for the slum and non-slum populations in each of these cities. Additional information on the security of tenure was collected in Kolkata and Mumbai. In order to have a sample large enough to provide reliable information, in each of the eight cities NFHS-3 selected a representative sample of approximately 2,000 households with about 1,000 households each from enumeration areas designated as slum and non-slum areas within the municipal corporation limits of these cities according to the 2001 Census. State weights correct for the oversampling, so that indicators based on these data are representative at the city level, as well as for slum and non-slum areas within the cities.

More information about the definitions of indicators included in this report is contained in Volume I of the NFHS-3 National Report, and the questionnaires and details of the sampling procedure for NFHS-3 are contained in Volume II of the NFHS-3 National Report (available at www.nfhsindia.org).

INTRODUCTION 1

Summary and Key Findings

- The urban population in India is expected to increase to more than 550 million by 2030.
- Currently, a sizable proportion of the population in most Indian cities lives in slum areas. The increasing slum population in Indian cities is seen an indication of worsening living conditions and increasing poverty in cities in India.
- The increasing concentration of population in slums and urban poverty have elicited a strong interest in urban health conditions in general and the health of slum dwellers and the urban poor in particular.
- Because of a strong interest in urban health in general and because of the need to track progress on the Millennium Development Goal on improving the lives of slum dwellers, NFHS-3 made special provisions to collect population, health, and nutrition information for the population in slum and non-slum areas and for the urban poor in Chennai, Delhi, Hyderabad, Indore, Kolkata, Meerut, Mumbai, and Nagpur.

This report provides information on a variety of topics including:

- The extent of poverty in the eight selected cities by slum/non-slum residence according to the census and NFHS-3 supervisor designation of these areas and by wealth status
- Demographic and socioeconomic characteristics of slum/non-slum residents and the urban poor
- Household living conditions
- Health and health care

Globalization of urbanization is seen as one of the most important social changes of the 20th Century. In 2007, the United Nations projected that 3.3 billion persons worldwide would be living in urban areas in 2008, constituting more than half of the world's population (UNFPA, 2007). There are marked differentials in the level of urbanization between developed and developing countries. More than three-quarters of the population in developed countries live in urban areas, compared with less than half of the population in developing countries. Nevertheless, by 2015 more than half of the population in developing countries is projected to live in urban areas. From 2000 to 2030, the world's urban population is projected to grow at an average annual rate of 1.8 percent, nearly double the rate expected for the total population (United Nations, 2005). Population growth will be particularly rapid in the urban areas of less developed regions, averaging 2.3 percent per year during this period, and almost all of the world's population growth is expected to take place in the urban areas of less developed regions.

Another prominent feature of urbanization in developing countries is the top-heavy urban hierarchy. Most large cities in the world are now located in developing countries. By 2015, 18 out of the 22 cities with a population of 10 million or more will be in developing countries. Most of these cities have grown rapidly over the past few decades due to their natural increase and to migration from rural areas and from smaller urban cities. This rapid population growth has caused a host of serious problems, including crowding, degradation of the environment, the development of slums, disparities in living conditions and access to services, and increasing vulnerability of the urban population, particularly the urban poor, to diseases and poor health. Poor people in urban areas of developing countries face a daily struggle to meet their basic needs for shelter, food, water, education, and health. Government authorities are hard pressed to cope with this 'new urban revolution', in light of the explosive growth of cities.

Until recently, urban health was not the main focus of public health policies in most developing countries since the majority of the population lived in rural areas. It was often assumed that the heavy concentration of health facilities and personnel in urban areas, particularly in the private sector, would automatically take care of the increasing urban population and its health needs. However, the rapid growth of cities in developing countries, together with the growth of the urban poor and inequities created within cities, made this position untenable (Rossi-Espagnet, 1984). The changing views regarding the provision of urban health services are reflected in the foreword to UN-HABITAT's report on cities (2006) by the then Secretary General Kofi Annan:

> "Governments and aid agencies have traditionally emphasized the improvement of rural areas, because that is where the vast majority of the world's poor live. But as rapid urbanization continues, similar energies are needed in urban areas. Current trends suggest that the number of urban-dwellers will rise to almost 5 billion by 2030, out of a world total of 8.1 billion people. The majority of the poor migrants from rural areas will be moving to towns and cities".

Overall, socioeconomic and health conditions tend to be better in urban areas than in rural areas. The urban population also has access to a wider range of health care options, particularly in large cities, due to the better-developed health infrastructure. However, accessibility to these services and the quality of the services vary greatly between cities and within cities (Poel, O'Donnell, and Doorslaer, 2007; Lalou and LeGrand, 1997). Tibaijuka argues that "there are two cities within one city -- one part of the urban population enjoys all the benefits of urban living, whereas the other part (slum dwellers) lives in worse conditions than their rural relatives" (United Nations Human Settlements Program, 2003). Improving health outcomes for urban populations is a challenge, particularly for residents of slum areas. In addition to the general level of poverty, unique factors contribute to poor health in urban slums and make the provision of health services in those areas more difficult. These include lack of regular employment, lack of tenure and the threat of eviction, migration, poor access to water and sanitation, extreme crowding, and a host of social issues including discrimination.

As cities grow, so do their slum populations. According to the Global Report on Human Settlements (United Nations Human Settlements Program, 2003), 924 million people in 2001 or almost 32 percent of the world's urban population, lived in slums, the majority of them in the developing world. The proportion of the urban population living in slums was about seven times as high in less developed countries (43 percent) as in more developed countries (6 percent). Although the concentration of slum dwellers is highest in African cities, in numbers alone Asia accounts for about 60 percent of urban slum residents in the world. The United Nations report estimates that if no serious action is taken, the number of slum dwellers worldwide will increase to about two billion over the next 30 years. Globally, the slum population is set to grow at the rate of 27 million per year during the period 2000-2020. In response to these projections, the Millennium Development Goals established a target to significantly improve the lives of at least 100 million slum dwellers by the year 2020 (Target 11) (United Nations Millenium Project, 2005).

A number of studies (Islam, Montgomery, and Taneja, 2006; Montgomery and Hewett, 2005; Fotso, Ezeh, and Oronje, 2008) conclude that the health of the urban poor is significantly worse than the health of the rest of the urban population and is often comparable to health conditions in rural areas. Slum dwellers were found to be disadvantaged in terms of maternal health services, compared with households residing in non-slum urban areas (Rutstein, Johnson, and Montana, 2005). In Nairobi, Kenya, the under-5 mortality rate in slums (151 per 1,000 live births) was 2.5 times as high as the average under-five mortality rate in the city. There is diversity among the Nairobi slums as well, with child mortality rates varying from 123 to 254 per 1,000 live births (African Population and Health Research Centre, 2002). Other intra-urban studies have found similar disparities (Garennne, 2003). Morbidity and mortality rates can vary dramatically between areas with inadequate services (e.g., water supply, sanitation, and health care) and better-equipped slum areas in the same city. Surveys in seven slum settlements in Karachi found that infant mortality rates varied from 33 to 209 per 1,000 live births (Bartlett, 2003). In countries such as Bangladesh, Ethiopia, Haiti, and India, child malnutrition in slums is comparable to that of rural areas (UN-HABITAT, 2006). For example,

in Ethiopia, child malnutrition in slums and rural areas is 47 percent and 49 percent, respectively, compared with 27 percent in non-slum areas. In Brazil and Côte d'Ivoire, child malnutrition is three to four times higher in slums than in non-slum areas.

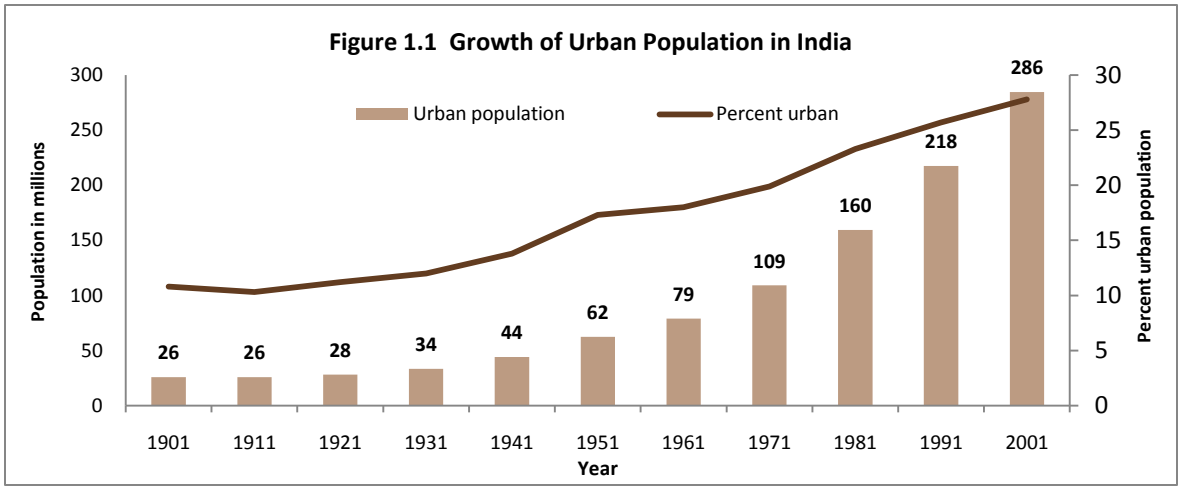
HIV prevalence is higher in urban areas than in rural areas in 20 of the 22 countries with HIV prevalence estimates from Demographic and Health Surveys (Mishra et al., 2009). In nine of those countries HIV prevalence is at least twice as high in urban areas as in rural areas. In urban areas, slum dwellers tend to be disproportionately affected, and women living in slums are also more likely to contract HIV/AIDS than their rural counterparts.

The increasing concentration of the urban population in slum areas is generally equated with increasing urban poverty. It is felt that slums represent the worst of urban poverty and inequality. Slums have the highest concentrations of poor people and the worst shelter and environmental conditions. Thus, it is thought that the increase in slum populations in third world cities is moving the locus of global poverty to cities, a process recognized as the urbanization of poverty. According to Anna Kajunuka Tibaijuka, Executive Director of the United Nations Human Settlements Programme, "Slums are a manifestation of the two main challenges facing human settlement development at the beginning of the new millennium—rapid urbanization and the urbanization of poverty". It is often argued that slums are visual manifestations of poverty and that slum dwellers are unequivocally worse off than non-slum dwellers. Many studies on urban poverty, however, show that a large percentage of the poor in cities live outside the slums, and hence health and other interventions that target only slum areas miss out on a large number of the urban poor living outside of slum areas.

1.1 URBANIZATION AND URBAN HEALTH IN INDIA

Like other developing countries, India has undergone rapid urbanization over the past fifty years. As per the 2001 Census (Office of the Registrar General and Census Commissioner, 2001), 28 percent of the population of India was living in urban areas. From 1951 to 2001, India's urban population grew almost fivefold, from around 62 million in 1951 to around 286 million in 2001 (Figure 1.1). After China, India has the largest urban population in the world.

In the post-independence period, the growth rate of the urban population in India has always remained higher than the growth rate of the rural population. The number of urban settlements increased from 2,843 in 1951 to approximately 5,100 in 2001. Many Indian cities have reached a very large population size. Between 1981 and 2001, the number of cities with over one million population nearly tripled, from 12 to 35. Four of these cities (Mumbai, Kolkata, Delhi, and Chennai) feature among the 20 largest cities in the world. The growth rates of most of these big cities have remained higher than the average growth rates of the urban population as a whole. According to the medium range projections of the United Nations, 41 percent of India's population will live in urban areas by 2030 (United Nations, 2005).



The size of the country's urban population is projected to increase to nearly 586 million by 2030. By 2015, more than 50 cities in India are expected to have a population of more than one million. It is estimated that urban population growth will account for over two-thirds of total population growth in India in the first quarter of the 21st Century. As elsewhere in the world, the growth rate of the slum population in most cities has been much higher than the growth rate of the non-slum population. For example, from 1991 to 2001, the population of India grew at an average rate of 2 percent per annum, the urban population grew at 3 percent, mega cities grew at 4 percent, and slum populations increased by 5 percent. Thus, slums remain the fastest growing segment of the urban population, with almost double the overall growth of the urban population.

Serious concerns have been raised about increasing disparities in health condition of the population between cities and among different groups of the population in the same city. Using data from India's National Family Health Surveys, a group of researchers at the Urban Health Resource Centre, a technical consultant group to the Ministry of Health and Family Welfare, Government of India, has brought into focus the sharp disparities that exist in health conditions between the urban poor and the better-off population in urban areas of several states. A study using NFHS-2 data showed that the under-five mortality rate was substantially higher for the urban poor in Madhya Pradesh (132) than for urban areas of Madhya Pradesh as a whole (83). Similar disparities were noted in complete immunization coverage by age 12 months; only 21 percent of children in households with a low standard of living were fully immunized by the age of one year, compared with 41 percent of all urban children (EHP, 2003). In NFHS-3, the under-five mortality rate was 73 for every 1,000 live births among the urban poor, compared with the average of 48 among all city dwellers in India.

Malnutrition levels are slightly higher among urban poor children (54 percent) than among children in rural areas (51 percent) (Urban Health Resource Centre, 2008). More than three out of five children in urban slums do not receive all childhood vaccinations (Ghosh and Shah, 2004). The reach and utilization of primary health services is poor in urban slum communities

in India. Primary health care facilities have not grown in proportion to the explosive growth of urban population, especially for the poor. Also, health facilities may not be in physical proximity to urban slum neighbourhoods. Among the urban poor in India, only 25 percent of mothers receive complete antenatal care during pregnancy (at least three ANC visits, iron and folic acid tablets for at least three months, and at least two tetanus toxoid injections). Among the urban poor, almost three-quarters of babies are delivered at home (Agarwal et al., 2007).

1.2 Definition of Slums

Defining both slums and the urban poor population raises several conceptual issues, making it difficult to precisely estimate the poor and slum population living in urban areas. Concepts and definitions of slums vary from country to country. Even in the same country, slum settlements may be known by different names.

> In 2002, the United Nations operationally defined slums as communities characterized by insecure residential status, poor structural quality of housing, overcrowding, and inadequate access to safe water, sanitation, and other infrastructure (United Nations Human Settlements Program, 2003).

The 2001 Census is the first census to provide independent estimates of the population in slum and non-slum areas. Slums were enumerated in 640 cities/towns that had more than 50,000 residents and that reported the existence of slums. For the 2001 Census, the following criteria were used to designate the area as slum or non-slum (Office of the Registrar General and Census Commissioner, 2005): " (i) all specified areas in a town or city notified as 'Slum' by State/Local Government and UT Administration under any Act including a "Slum Act"; (ii) all areas recognized as 'Slum' by State/Local Government and UT Administration, Housing and Slum Boards, which may have not been formally notified as slum under any act; and, (iii) a compact area of at least 300 population or about 60-70 households of poorly built congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities". The legal definition of slums in India, however, differs from state to state (Chandramouli, 2003). All notified slums are considered to be legal slums, which tend to be of a permanent nature. The municipal body is expected to provide all civic services to such areas. However, the slums included under category (iii) of the census are mostly non-notified slums and are inhabited by mainly temporary migrants, such as construction workers or other temporary workers, or new rural migrants who find it extremely difficult to get any formal housing within their paying capacity. These are called non-notified slums. These non-notified slums or poverty clusters generally have low reach of services and civic facilities.

In India, slums are declared legally and are to be notified by a competent administrative authority. The objective of declaring an area as a slum is basically to be able to allocate funding to extend or improve upon civic services. The Central Government enacted legislation in 1956 to tackle the problem of rising slums, particularly in the Union Territories. In accordance with that legislation, 'Slums' have to be declared under Section 3 of the Slum Areas (Improvement and Clearance) Act, 1956 (Act No. 96, 1956). As per this act, if the competent authority upon report from any of its officers or other information in its possession is satisfied as respect to any area that the buildings in that area: a) are in any respect unfit for human habitation; or b) are by reason of dilapidation, overcrowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets, lack of ventilation, light, sanitation facilities or any combination of these factors which are detrimental to safety, health and morals, it may, by notification in the official Gazette, declare such area to be a slum area.

However, slums were in existence even before the special statute was enacted for their improvement in India in 1956. In 1954, the Madras Slum Improvement (Acquisition of Land) Act (XI of 1954) was enacted with the intention of acquiring the lands for the purpose of the execution of improvement works in the areas lacking in basic needs such as sewerage, water supply, roads, and side drains. The preamble of the Act stated that "there are a number of slum areas in the city of Madras which are likely to become a source of danger to the public health and sanitation of the city" (Deopujari, 1989).

Over the past few decades, different government agencies, such as the National Building Organization (NBO), Town and Country Planning Organization (TCPO), National Sample Survey Organization (NSSO), and Registrar General of India, have provided estimates of the number of slum areas and the size of the slum population at different administrative levels, such as India as a whole, states, and some cities. In order to provide estimates of slum areas, these agencies collate information from urban local bodies, such as Municipal Corporations and state governments. From time to time these organizations undertake special surveys to provide estimates of slum areas and slum population, as well as socioeconomic characteristics and living conditions of the slum population. In addition to the government-recognized slums, these agencies include additional areas under the category of slums using some generic/basic characteristics such as dilapidated and infirm housing structures, poor ventilation, acute overcrowding, faulty alignment of streets, inadequate lighting, paucity of safe drinking water, water logging during rains, absence of toilet facilities, and non-availability of basic physical and social services. These may include unauthorized colonies, resettlement colonies, squatter settlements, etc.

Thus, all agencies take the legally recognized slums into consideration when providing estimates of slums or using them for the census or as a sample frame for conducting slum surveys. The number of slums that are identified by different agencies on the basis of basic living conditions also differs. For example, the National Sample Survey Organization considers a cluster as a slum if there is a lack of basic services and at least 20 households live in that area, which is different from the above-mentioned definition used in the 2001 Census.

1.3 Trends in the Size of the Slum Population

Before the 2001 Census, NSSO collected information on the economic condition of slum dwellers in two rounds of its survey, i.e., the 31st round in 1976-77 and the 49th round in 1993. NSSO also conducted a survey of slums in 2002. Along with providing information on socioeconomic and living conditions in slums, these surveys have provided estimates of the number of slums and slum households for India as a whole and for states and selected cities. According to the 2002 National Sample Survey (NSS), an estimated 8.23 million households in urban areas of the country were living in slums. However, unlike household surveys, where household information is collected from a responsible household member, these surveys collect information from knowledgeable persons in the community on households and their living conditions and on socioeconomic characteristics.

When the provisional census results on slums were released by the Registrar General of India, the Ministry of Housing and Urban Poverty Alleviation (MOHUPA) said that the census estimates were too low. Alternative estimates from the NSS for 1997 (70 million) and the TCPO for 2001 (61.8 million) were much higher than the census estimate (11th Five Year Plan). As per the Ministry of Housing and Urban Poverty Alleviation (MOHUPA), the number of people living in slums more than doubled from 27.9 million in 1981 to 61.8 million in 2001. According to UN-HABITAT, the slum population in India was approximately 169 million in 2005 and it is projected to increase to 202 million by 2020 (UN-HABITAT, 2006).

Thus, the estimates of the country's slum population differ widely, as do the definitions of slum areas and the methodologies used by different agencies in calculating the slum estimates. The 11th Five-Year Plan referred to the 2001 Census estimate of the slum population, but a full consensus on what estimate should be generally accepted has not yet been achieved.

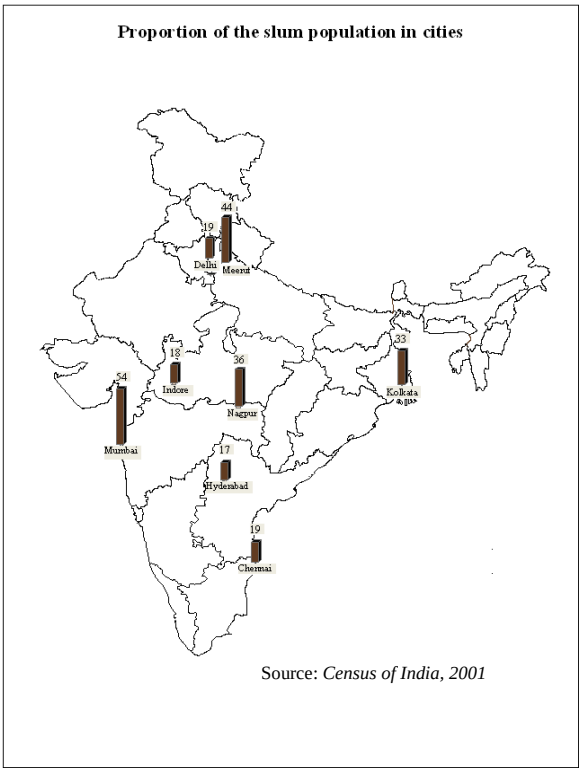
According to the 2001 Census, 42.6 million people lived in slums in 8.2 million households and 640 towns spread across 26 states and Union Territories in India. The slum estimates did not include towns below 50,000 population, as well as a few towns and cities with a population of 50,000 or more where local bodies did not recognize any slum area (136 towns in all, including such large cities as Lucknow) and a few northeastern states that did not have any urban centre with 50,000 or more population or that did not have any slum act (Office of the Registrar General and Census Commissioner, 2005).

1.4 The Selection of Eight Cities in NFHS-3 for the Study of Slum and Non-slum Areas

NFHS-2 provided separate estimates for slum and non-slum areas in Mumbai, but not in any other cities. Because of the strong interest in urban health in general and because of the need to monitor progress toward achieving the Millennium Development Goal on improving the lives of slum dwellers, it was decided to expand the study of slums to additional cities in NFHS-3. Eight cities were selected for this purpose (Chennai, Delhi, Hyderabad, Indore, Kolkata, Meerut, Mumbai, and Nagpur). The rapidly increasing slums in the four mega cities of

Mumbai, Delhi, Kolkata, and Chennai have drawn a great deal of attention from policymakers, planners, and researchers. However, many of the second-order metros in the country are also undergoing rapid social and economic transformation due in part to globalization. These cities are attracting big businesses and offering expanded employment opportunities. As a result, many of the smaller and medium-sized cities are also experiencing rapid population growth due to migration from all parts of the country (Agarwal et al., 2007). However, rapid population growth in many of these cities is a cause of serious concern as these cities tend to be markedly underserved when it comes to housing, transportation, piped water supply, waste disposal, health infrastructure, and other civic services. It has been argued that the mega cities have been receiving much of the development focus to the detriment of other cities where conditions have been deteriorating.

It has also been suggested that conditions may be worse in the recently established or rapidly growing slums in medium and large cities than in the better established slums in the mega cities. For this reason, at the planning stage of NFHS-3 it was decided to design the survey to provide estimates of population and health indicators separately for each of the four largest cities in India (which contribute fundamentally to the overall economic and social development of the country) and for each of four medium and large cities that are important regional metros (Hyderabad, Indore, Meerut, and Nagpur). A substantial proportion of the population in each of these eight cities lives in slum areas (see map). These eight cities together possessed nearly 30 percent of the total enumerated slum population of the country in 2001. The Greater Mumbai Municipal Corporation alone accounts for more than one-seventh (15.2 percent) of the total slum population of the country.



1.5 Slums and Urban Poverty

As elsewhere in the world, the increasing concentration of population in slums in urban areas in India is seen as an indication of increasing urban poverty. Recent data on the level and trend of poverty in India show that although there has been a decline in rural poverty at the national level, the urban poverty level has increased. In 1999-2000, about one-quarter of the population in rural areas (27 percent) and urban areas (24 percent) were living below the poverty line. According to the Planning Commission's estimates for 2004-05, 26 percent of the population in urban areas fell below the poverty line (Planning Commission, 2007). Therefore, poverty is no longer a rural phenomenon. Haddad et al. (1999) estimated that the urban poor population in India is as high as 90 million.

It is undoubtedly simplistic to assume that most of the urban poor live in slums or that slum dwellers in urban areas are necessarily poor. In cities like Delhi and Mumbai, most slum dwellers are likely to have income levels that put them way above the poverty line (Business Standard, 2001). A survey of nine slums in Howrah in West Bengal revealed that almost two-thirds of the people living in slums were above the poverty line (Sengupta, 1999). It has also been observed that poverty in urban areas is qualitatively very different from rural poverty and that it is multidimensional. Urban poverty presents some issues that are distinct from those addressed in the typical analysis of poverty, such as commoditization, environmental hazard, and social fragmentation (Baker and Schuler, 2004; Moser, Gatehouse, and Garcia, 1996). A recent study based on the analysis of NSSO data also concluded that contrary to popular perception, not all slum dwellers are poor. Non-slum residents are not unequivocally better off than slum residents. The study also suggests that the poorest non-slum residents are worse off than the poorest slum dwellers. Even in big cities, the poorest people do not all live in slums (Chandrasekhar and Mukhopadhyay, 2008).

The Ministry of Housing and Urban Poverty Alleviation, with the support of the United Nations Development Fund (UNDP), recently published a report on urban poverty in India (MOHUPA and UNDP, 2009). According to this report, urban poverty in India remains high (over 25 percent). The MOHUPA report accepts the NSSO estimate that over 80 million poor people live in the cities and towns in India.

The size of the urban poor population in India is almost twice the size of the slum population estimated in the 2001 Census (42.6 million). Even if we include all the houseless urban population in India (around 780,000 as per the 2001 Census) in the category of urban poor, the estimates of the urban poor are much higher than the estimates of the slum and houseless population. Thus, urban poverty is not indicated by the place of residence of a person (slum/non-slum), although slums remain the most visible manifestation of poverty.

Since the census is conducted only once every 10 years, census slum estimates may not accurately portray the situation during the intercensal period. The census frame for household listing is prepared at least two to three years in advance of the census using the previous

census list of urban and rural areas and including or excluding some settlements as urban on the basis of projections. The identification of slum and non-slum areas is also determined before the census is conducted. The most important criterion in the definition of a slum by the census or any authorized agency is the declaration of an area as a slum by a legal authority. However, cities are dynamic and they undergo significant physical changes over time. Areas that may be shown as open spaces or under any other land-use category may be encroached upon by new migrants for habitation, but may remain as open spaces in municipal records. The opposite is true when illegal residences are demolished. Private builders may also buy the land from slum dwellers and construct formal houses within slums, thus changing the physical appearance from a slum to a non-slum area. Also there is so far no process of denotification of a slum area to a non-slum area even if it has been upgraded (Business Standard, 2001). The census and NSSO also allow areas that are not officially notified as slums to be categorized as slums if they have slum characteristics, but in the majority of cases the official definition of slums prevails.

1.6 SAMPLE

Data and research on the health situation in individual cities in India are limited. Until recently, disaggregated data have not been widely available on population and health indicators for individual cities and different populations within cities (such as slum and non-slum populations or different socioeconomic groups such as disadvantaged populations). Commonly available health data that provide aggregate figures for rural and urban areas mask inequalities that exist within urban areas. This report examines several dimensions of the living environment and population and health conditions in slum and non-slum areas of eight cities using NFHS-3 data. The same information is also shown for the poor population in comparison with the city population as a whole.

NFHS-3 also includes an alternative definition of slums in the eight designated cities as identified by the interviewing team supervisor at the time of the fieldwork. The supervisor indicated whether or not each NFHS-3 enumeration area in the eight cities was a slum using the third census criterion (specified above), irrespective of whether or not the enumeration area was officially notified or recognized as a slum. This alternative definition is also explored in this report.

The sample was designed to include at least 1,000 households in each of 16 strata (slum and non-slum areas in each of the eight cities). Table 1.1 shows the number and percent distribution of surveyed primary sampling units (PSUs) and interviewed households in eight cities by the census and supervisor's designation of slum/non-slum areas and the overlapping of PSUs and households by the two definitions. The number of total surveyed PSUs ranges from 59 in Hyderabad to 104 in Delhi. By the census definition, the number of slum PSUs varies from 28 in Hyderabad to 39 in Kolkata. The percentage of slum PSUs ranges from 36 percent in Delhi to 47-48 percent in the other cities. The number and percentage of slum PSUs by the supervisor's definition, however, differ substantially from the number and percentage

as designated by the census in every city. The largest discrepancy in the number of slum PSUs is in Indore where only 5 PSUs were designated as slum PSUs by the supervisor, compared with 30 by the census. The percentage of slum households also varies substantially between the two definitions. According to the census definition, 38-52 percent of interviewed households across these cities were in slum areas, whereas the percentage of interviewed households in slum areas according to the supervisor's definition ranged from 8 percent in Indore to 54 percent in Mumbai. In six out of the eight cities, the proportion of households in slum areas is much lower according to the supervisor's definition than the census definition, particularly in Indore. By the supervisor's definition, only 8 percent of households in Indore were living in slum areas, compared with 52 percent of households by census definition. There are only small differences in the percentage of households in slum and non-slum areas by the census and supervisor's designation of the area in Nagpur, Chennai, and Mumbai.

The table also presents the matching of PSUs by the census and supervisor's designation of areas as slum or non-slum. The percentage of PSUs that were given the same designation according to both definitions can be calculated by adding the percentages that were designated as slums by both definitions and as non-slums by both definitions. The designations according to the two definitions are the same in 87-95 percent of PSUs in Delhi, Kolkata, and Nagpur. In the other cities, matching PSUs range from 56 percent in Meerut to 73 percent in Mumbai. The designation shifted in both directions for some PSUs in every city except Indore, where the only shifts were for PSUs that were slums according to the census but non-slums according to the supervisor. The largest shift in the number of PSUs from slums by the census definition to non-slums by the supervisor definition was in Indore (25), followed by Meerut (21). In contrast, the change from census non-slum PSUs to supervisor slum PSUs is highest in Mumbai and Chennai (12 each). These shifts are probably due to a real shift in the characteristics of the sample PSUs between the time of the census listing and the NFHS-3 fieldwork and incorrect designation in one or both of the data collection efforts.

1.7 Scope of the Report

The report includes the following four chapters:

Chapter 1 introduces the importance of urban health in the context of the increasing urban population and urbanization of poverty in the world, with a particular focus on India. The chapter also discusses more substantive issues related to slums and poverty.

Chapter 2 focuses on the extent of poverty in the eight selected cities and in their slum and non-slum areas. The chapter also examines the demographic and socioeconomic characteristics of the surveyed population and the living environment with respect to housing, the availability of services, and ownership of specified household assets. This basic information is shown according to the census and supervisor designated slum and non-slum definitions, as

well as for the poor population in each city. The tables also include estimates of the selected indicators for each of the eight cities.

Chapter 3 presents key indicators of the demographic and health situation of the population in census-identified slum and non-slum areas and for the poor in these cities. Since the patterns of most of the indicators discussed in Chapter 2 by the census and supervisor definitions were similar in almost all cities, for the sake of simplicity Chapter 3 includes only the estimates that are based on the census definition of slum and non-slum areas.

Chapter 4 presents salient conclusions of the study.

THE URBAN POOR: WHO THEY ARE AND HOW THEY LIVE 2

Summary and Key Findings

Poverty and slum/non-slum residence

- The use of three alternative approaches to analyzing the extent of poverty in eight cities shows that at the time of NFHS-3, the highest percentage of households in census-designated slum areas was in Mumbai (56%), followed by Meerut (43%). The percentage of households in supervisor-designated slum areas was similar to the percentage in census-designated slum areas in Mumbai, Delhi, Nagpur, and Kolkata. In Chennai and Hyderabad, the percentage of households in slum areas was much higher according to the NFHS-3 supervisor definition than according to the census definition. There are only two cities (Meerut and Indore) in which the supervisor estimates of slum households were much lower than the census estimates.

- A comparison of the proportion of slum households versus poor households reveals that in every city except Indore there are many more slum households than poor households.

- Poverty is more prevalent in slum areas than in non-slum areas in every city except Indore.

- The disparity in the proportion of poor between slum and non-slum areas is largest in Delhi by both the census definition and the supervisor definition.

- A large number of poor in these cities, particularly in Indore, Hyderabad, and Chennai live in non-slum areas. In the remaining cities, the majority of the poor live in slum areas. However, even in those cities, the proportions of the poor living in non-slum areas are substantial (21-47%).

Demographic and socioeconomic characteristics of slum/non-slum residents and the urban poor

- The age structure of the population is younger in slum areas than in non-slum areas in every city.

- Female headed households are more common among the urban poor than among other groups. In Chennai (26%) and Kolkata (22%), more than one in five poor households is headed by a woman.

- In all cities there is a higher concentration of households belonging to schedule castes (SC) and scheduled tribes (ST) in slum areas than in non-slum areas.

- In every city except Nagpur, the proportion of SC/ST households is largest among the poor.

- In every city, a much higher proportion of slum household heads have no education than non-slum household heads. At least 50 percent of the household heads in non-slum areas of every city have 10 or more years of education. Poor household heads have the worst educational level in every city. More than half of poor household heads in Hyderabad (61%), Meerut (56%), and Kolkata (51%) have no education.

- It is notable that even in these cities 29-43 percent of women continue to have little or no education. Slum/non-slum differentials in women's educational attainment are large in most of the cities. The education level of poor women is particularly low in these cities. The majority of poor women in every city have little or no education.

- In every city except Mumbai, poor women are more likely to be employed than women in any other group.

- The occupational structure of both women and men is quite diversified in these cities. In general, women workers in slum areas of every city are concentrated more in production and service activities, whereas women workers in non-slum areas are concentrated more in production and professional activities. Poor women workers are mostly engaged in service and production activities.

- With few exceptions, school attendance rates for children age 6-17 years are higher in non-slum areas than in slum areas. The school attendance rate for both boys and girls is much lower among the poor in every city. In Delhi, Meerut, and Kolkata, not even half of poor children age 6-17 years are attending school.

- Children in poor households are more likely than children in non-poor households to be engaged in paid work. However, only 2-8 percent of poor children are working for pay.

Household living conditions

- As expected, slums have much poorer housing conditions than non-slum areas whether we consider construction material, residential crowding, or ventilation of the dwelling. However, the poor have the worst housing conditions on all counts.

- There is not much difference between slum and non-slum households in access to piped drinking water, except in Meerut.

- The accessibility to improved toilet facilities is not very high in most of these cities. In almost all cities, the accessibility to proper sanitation facility is much worse in slum areas than in non-slum areas. In Chennai, Delhi, Mumbai, and Kolkata, not even one out of every four slum households use improved toilet facilities. Open defecation is highest among the poor in every city. About one-third to one-half of poor households in Delhi, Meerut, Indore, and Nagpur practice open defecation.

This chapter focuses on the extent of poverty and examines important demographic and socioeconomic characteristics of the population and living conditions of households in eight cities by residential and economic status. The chapter is divided into three sections. The first section deals with the size of the slum and non-slum population and the poor population in the eight cities. The second section examines selected demographic and socioeconomic characteristics. The final section focuses on some important aspects of living conditions of households in slum and non-slum areas and the poor.

2.1 POVERTY AND SLUM/NON-SLUM RESIDENCE

Slums are often equated with poverty and frequently the two words are used interchangeably in the urban context. According to the United Nations Human Settlements Program (2003), 'Slums and poverty are closely related and mutually reinforcing, but the relationship is not always direct or simple'. Research across many cities shows that there are often more poor people outside slum areas than within them (United Nations Human Settlements Program, 2003). For India, official estimates of the slum population do not reflect the true magnitude of urban poverty because of the 'unaccounted' for and unrecognized squatter settlements and other populations residing in inner-city areas, on constructions sites, in urban fringe areas, on the pavement, etc. (Agarwal and Sangar, 2005). On the other hand, not all slum dwellers are poor. Nevertheless, slums have the highest concentrations of poor people and often the worst living conditions.

In this chapter, we consider three alternative approaches to analyzing conditions among the urban poor in eight selected cities in India. The first approach examines the population living in slum areas designated by the 2001 Census. The other two definitions use information from the 2005-2006 National Family Health Survey (NFHS-3). The second approach is similar to the 2001 Census approach, but the slum definition is based on a determination of each enumeration area as a slum or a non-slum area through observation of the area by the interviewing team supervisor at the time of the survey fieldwork. The third approach is based on wealth rather than place of residence. NFHS-3 collected information at the household level on ownership of a number of household assets, as well as housing quality and important housing facilities. Using this information, a Wealth Index[1] was constructed to show the economic status of a household. Each of the items included in the wealth index was assigned a weight (factor score) generated through principal components analysis, and the resulting asset scores were standardized in relation to a normal distribution with a mean of zero and a standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for

[1] The NFHS-3 wealth index is based on the following 33 assets and housing characteristics: household electrification; type of windows; drinking water source; type of toilet facility; type of flooring; material of exterior walls; type of roofing; cooking fuel; house ownership; number of household members per sleeping room; ownership of a bank or post-office account; and ownership of a mattress, a pressure cooker, a chair, a cot/bed, a table, an electric fan, a radio/transistor, a black and white television, a colour television, a sewing machine, a mobile telephone, any other telephone, a computer, a refrigerator, a watch or clock, a bicycle, a motorcycle or scooter, an animal-drawn cart, a car, a water pump, a thresher, and a tractor.

each item, and the scores were summed to arrive at a total wealth score for each household. Individuals in the household were ranked according to the score of the household in which they reside. The sample was then divided into quartiles, with an equal number of persons in each quartile. For this report, a single wealth index was developed for the entire urban sample in the country as a whole. Thus, at the national level, 25 percent of the urban household population is in each wealth quartile, although this is not necessarily true at the city or state level. The bottom 25 percent of the population in urban areas of India as a whole are designated as the urban poor in this report. The proportion of the population in urban areas that is poor varies substantially by state, city, and slum/non-slum area.

The extent of poverty

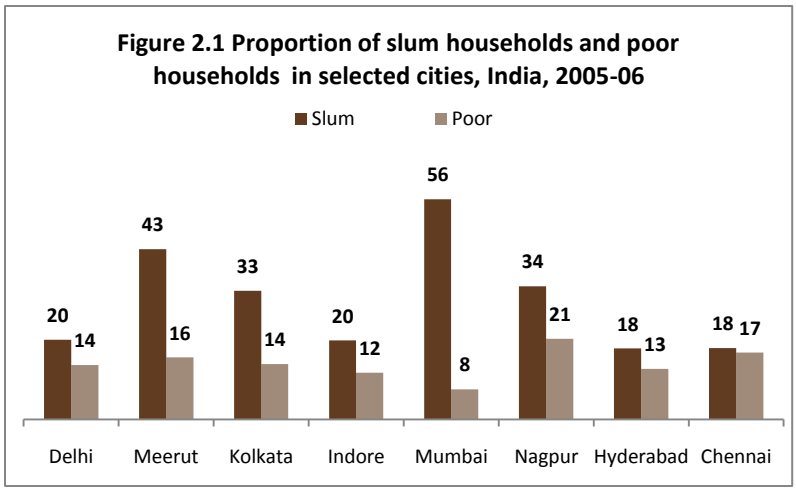
Table 2.1 presents the percentage of households and population according to each of the three definitions specified above. At the time of NFHS-3, the highest percentage of households in census-designated slum areas was in Mumbai (56 percent), followed by Meerut (43 percent). One-third of households in Nagpur and Kolkata and about one-fifth of households in Delhi, Indore, Hyderabad, and Chennai were in census-designated slum areas. The percentage of households in supervisor-designated slum areas was similar to the percentage in census-designated slum areas in Mumbai, Delhi, Nagpur, and Kolkata. In Chennai and Hyderabad, the percentage of households in slum areas was much higher according to the NFHS-3 supervisor definition than according to the census definition, perhaps reflecting in part an increase in slum households in those cities in the five years between the census and NFHS-3. There are only two cities (Meerut and Indore) in which the supervisor estimates of slum households were much lower than the census estimates.

In terms of rank of the cities, Mumbai had the largest proportion of households in slums according to both definitions and Nagpur came in third according to both definitions. However, all of the other six cities changed their rank. Chennai and Hyderabad had a much higher ranking in the supervisor estimates than the census estimates, whereas the reverse was true in the remaining cities.

Table 2.1 also shows the percentage of households and population in the lowest wealth quartile ('the poor') in these eight cities. The proportion of poor households in these eight cities ranges from 8 percent in Mumbai to 21 percent in Nagpur, much lower than the level of 25 percent for urban areas of India as a whole. In the other seven cities, poverty is less evident than it is in urban India. The situation in Mumbai is notable—only 8 percent of households in Mumbai are in the bottom wealth quartile, compared with 25 percent of households in urban India as a whole.

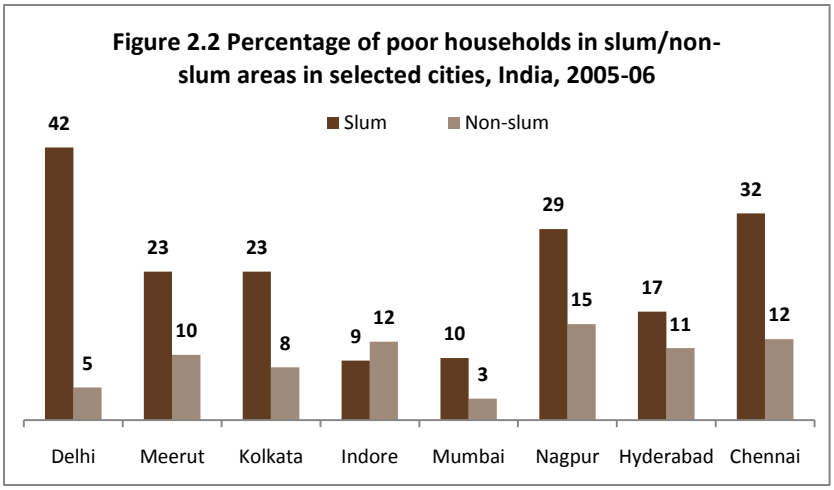
A comparison of the proportion of slum households versus poor households reveals that in every city except Indore there are many more slum households than poor households (Figure 2.1). In Indore, the proportion of poor households is lower than the proportion of census-designated slum households, but higher than the proportion of supervisor-designated slum

households. The overall results indicate clearly that a substantial proportion of households in slum areas are better off economically than the bottom quarter of urban households in India in terms of wealth status.



As expected, the proportion of households in slums and the proportion of poor households are quite similar to the proportions of the total population in the same categories. This indicates that the average household size is approximately the same in slum and non-slum areas and among poor and non-poor households. In every city except Meerut, poor households are smaller, on average, than non-poor households, although the differences are not large.

Table 2.2 provides information that is crucial in determining the extent to which the urban poor are concentrated in slums and the extent to which persons living in slums are poor. The table shows the proportion of population in slum and non-slum areas who are poor, as well as the percent distribution of the poor population in slum and non-slum areas in each city using the census and supervisors' definitions. As expected, the proportion of population in the lowest wealth quartile is generally much higher in slum than non-slum areas (Figure 2.2). The only exception is Indore, where non-slum areas have a slightly higher proportion of poor than slum areas. In Chennai and Delhi, a higher proportion of slum dwellers are poor in census-designated slums than in supervisor-designated slums. The reverse is true in Meerut, Kolkata, and Nagpur, but the differences are not large. The disparity in the proportion poor between slum and non-slum areas is largest in Delhi for both the census definition (37 percentage points) and the supervisor definition (26 percentage points). Chennai, Meerut, Nagpur, and Kolkata are the other cities where slum and non-slum differences in the proportion poor are particularly large.



Although a higher proportion of slum dwellers than non-slum dwellers are poor, Table 2.2 also shows that a substantial proportion of the non-slum population in these cities is poor (3-15 percent). Another way to examine the data is to analyze the percent distribution of the poor population by their place of residence (slum/non-slum), which is also shown in Table 2.2.

According to the census definition of slums, most poor people in Indore (84 percent), Hyderabad (76 percent), and Chennai (63 percent) live in non-slum areas (Figure 2.3).

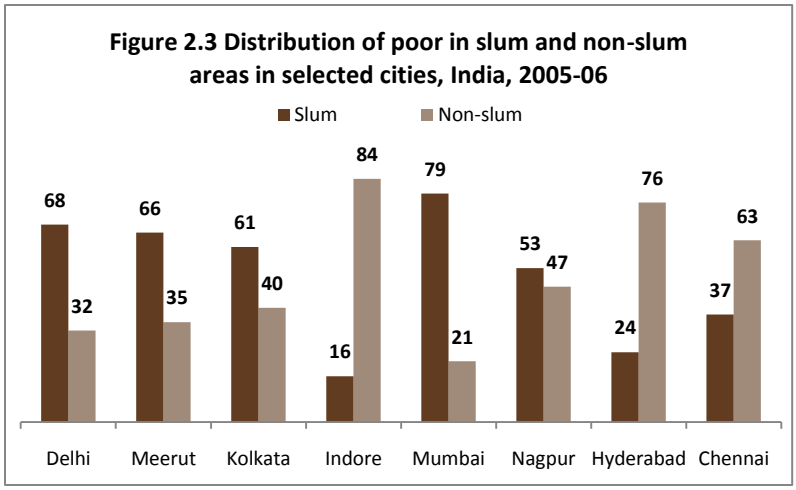


Figure 2.3 Distribution of poor in slum and non-slum areas in selected cities, India, 2005-06

In the remaining cities, the majority of the poor live in slum areas. However, even in those cities, the proportions of the poor living in non-slum areas are substantial (21-47 percent). In Mumbai, which has the largest proportion of slum dwellers in any of the eight cities, almost 80 percent of the poor live in slums. With few exceptions, a similar picture of the distribution of poor in slum and non-slum areas emerges when the supervisor designation of slum and non-slum areas is examined, although the proportion of the poor living in non-slum areas according to this definition is much lower than it is according to the census definition in Chennai, Hyderabad, and Nagpur, and much higher in Meerut, Delhi, and Indore. The results from NFHS-3 clearly show that any programmes that are targeted at the urban poor have to include the urban poor living outside of slum areas to successfully address urban poverty in a comprehensive manner.

2.2 Demographic and Socioeconomic Characteristics of Slum/Non-slum Residents and the Urban Poor

Below we discuss some important demographic and socioeconomic characteristics of the urban poor and of the slum and non-slum populations using the above three definitions. The indicators selected cover the age-sex distribution of the population, household composition, the educational attainment of the head of the household, living arrangements of children, current school attendance, and children's work, as well as the education, employment status, and migration status of interviewed women and men. This information is important in its own right, but it also sets the stage for the subsequent analysis of living conditions and the health situation in the eight cities.

Sex ratio

The overall sex ratios in urban areas, particularly in large cities, are strongly affected by migration. Large cities in India generally have low sex ratios (more males than females) due to the higher in-migration of unmarried males than females. Also, cities are expected to have a relatively high concentration of population in the working age groups due to age-selective in-migration, particularly for employment-related reasons. Table 2.3 presents the sex ratios (number of females per 1,000 males) and the age distribution of the population in three broad age-groups (0-14, 15-59, and 60 and above) in slum and non-slum areas and for the poor population in eight cities. The sex ratios range from 819 in Delhi to 982 in Chennai. The sex

ratios are also quite low in Indore (883), Mumbai (890), and Meerut (914). In the remaining four cities, the sex ratios are above the NFHS-3 urban sex ratio in the country as a whole (939), but well below the NFHS-3 total sex ratio of the population in urban and rural areas combined (1,000).

In general, the sex ratios are lower in slum areas than in non-slum areas irrespective of the census or supervisor designation of the area, but there are a few exceptions. In Chennai, for example, the sex ratio in supervisor-designated slums was in favour of females (1,017 females per 1,000 males). In Delhi, Meerut, Kolkata, and Mumbai, the sex ratios are much lower for the urban poor than for any other group. In Chennai, with a sex ratio of 1,109 among the urban poor, poor women outnumbered poor men by a wide margin, perhaps indicating higher in-migration of poor single women, higher out-migration of poor single men, or higher mortality among poor males in the city. The situation is just the reverse in Mumbai, where the sex ratio among the urban poor is highly in favour of males (556 women per 1,000 males), indicating that Mumbai attracts a large number of poor single males.

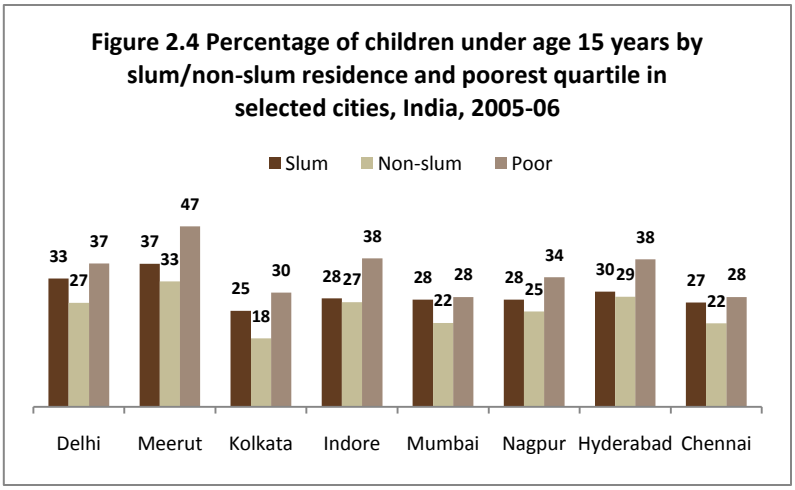
Age composition

The proportion of the population that is less than 15 years of age is less than 30 percent in each of these cities except Meerut, which is consistent with the declining fertility levels in these cities and the concentration of in-migrants in the 15-59 age group. In Meerut, 35 percent of the total population is in the 0-14 age group, consistent with the slower fertility decline in that city. The total fertility rate is 2.8 children per woman in Meerut, compared with 1.4-2.2 children per woman in the other cities (IIPS and Macro International, 2007). Kolkata has the lowest proportion of children less than 15 years of age (20 percent) and the lowest total fertility rate (1.4 children per woman).

The lowest proportion of the working age population (15-59) is in Meerut (59 percent). In the remaining cities, about two-thirds of the population is in the working age group. Due to the demographic dividend of a large working-age population in relation to the younger and older dependent population, these eight cities are poised to take advantage of this demographic window of opportunity if the economy can productively employ workers in the 15-59 age group.

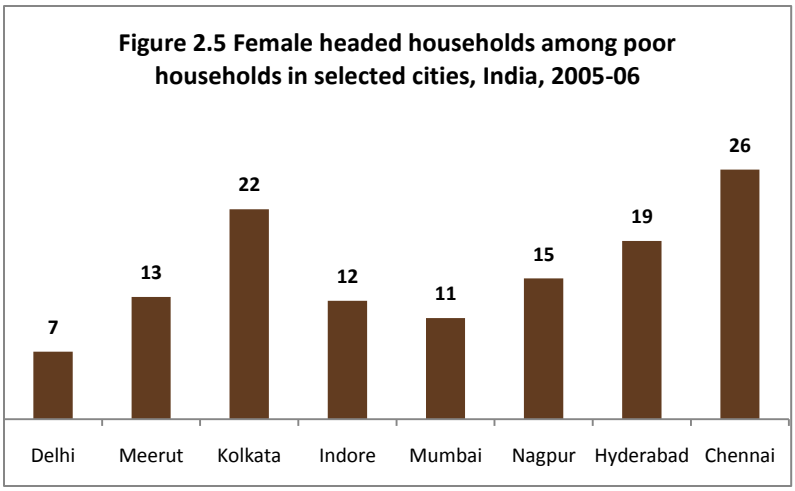
The proportion of the population age 60 and over is exceptionally high in Kolkata (12 percent), indicating the onset of aging of the population in that city, as well as the very low fertility rate. In other cities, the proportion of the population age 60 and over ranges between 7 and 9 percent. The age structure of the male and female population does not differ substantially in any of the cities. In all cities, for both the census or supervisor definition, slums have a younger age structure than non-slums; slums have a higher percentage of children and a lower percentage of the older population than non-slums.

The age structure of the urban poor is younger than the age structure of the other groups in these cities. In every city, the proportion of the child population is highest among the poor, ranging from 28 percent in Mumbai and Chennai to 47 percent in Meerut (Figure 2.4).



Household composition

Table 2.4 shows the percentage of female-headed households, average household size, and the distribution of households by household structure. The proportion of female-headed households in these cities varies from 9-10 percent in Indore and Delhi to 18 percent in Kolkata. In Chennai, one in every seven households is headed by a woman. In Delhi, Nagpur, Chennai, and Hyderabad, households with female heads are more common in slums than in non-slums. Nagpur has the largest disparity in the proportion of female-headed households between slum and non-slum areas. Nevertheless, slum and non-slum differences in headship are not very significant in other cities. With the exception of Mumbai and Delhi, poor households are more likely to be headed by women than non-poor households. In Chennai (26 percent) and Kolkata (22 percent), more than one in five poor households are headed by a woman (Figure 2.5).



The average household size ranges from a low of 3.8 in Chennai to a high of 5.4 in Meerut. In general, the average household size is similar in slum areas and non-slum areas, but households in slum areas in Nagpur and Kolkata have about half a person more than households in non-slum areas. Except in Meerut, the poor population has a slightly smaller average household size than the non-poor population.

A majority of households in every city are nuclear households irrespective of slum or non-slum residence or poor economic status[2]. The highest proportion of nuclear households is in Chennai (70 percent) and the lowest proportion is in Mumbai and Indore (59 percent each). In every city except Indore, the proportion of nuclear households does not vary substantially

[2] Nuclear households are defined in NFHS-3 as households that are comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered), with or without unrelated individuals.

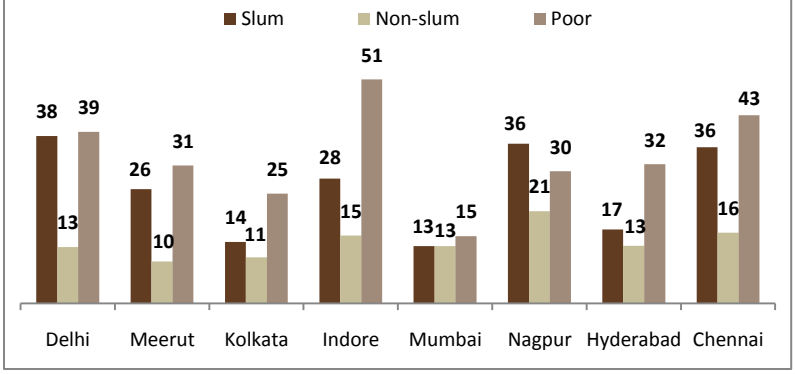
between slum and non-slum areas by either the census or supervisor's definition. In every city except Mumbai, the proportion of nuclear households is higher among the poor than the non-poor. In Meerut, Hyderabad, and Chennai, about three out of four poor households are nuclear households.

The percent distribution of household heads by caste/tribe of the head of the household is shown in Table 2.5. The table shows the percentage of household heads who belong to scheduled castes (SC) or scheduled tribes (ST), other backward classes (OBC), or other castes/tribes. In every city except Chennai, the largest proportion of household heads belong to the 'other' category. A large majority of the household heads in Kolkata (86 percent), Mumbai (72 percent), and Delhi (69 percent) do not belong to the SC, ST, or OBC categories. In Chennai, the majority of household heads belong to other backward classes (70 percent) and only 10 percent of heads belong to the 'other' category. In Meerut, Nagpur, Indore, and Hyderabad, 31-39 percent of household heads belong to other backward classes.

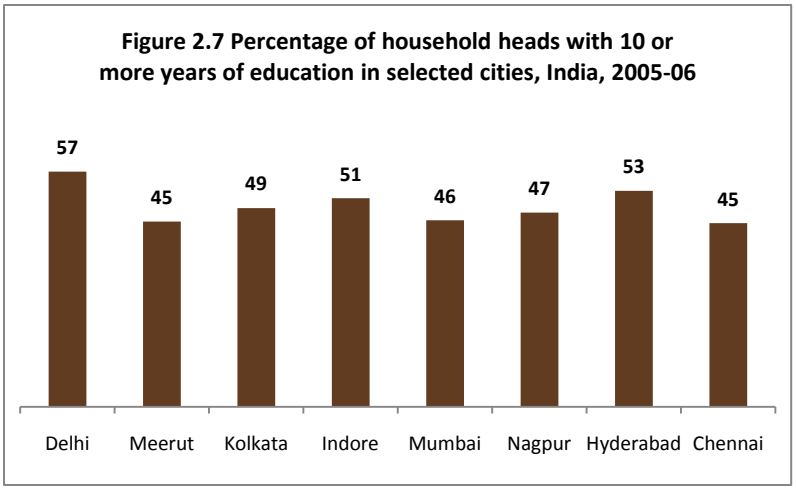
The proportion of SC/ST heads is highest in Nagpur (26 percent), followed by Chennai (20 percent). The proportion of SC/ST and OBC heads is lowest in Kolkata. In all cities, SC/ST heads are more concentrated in slum areas. The difference between slum areas and non-slum areas is largest in Delhi, Chennai, Meerut, and Nagpur. The proportion of OBC-headed households is higher in slum than in non-slum areas in most cities. Household heads belonging to the 'other' category are more concentrated in non-slum areas in every city, irrespective of whether the census or NFHS-3 supervisor definition of slums is used.

The proportion of household heads belonging to scheduled castes and scheduled tribes is much higher among the poor than among other groups, except in Nagpur (Figure 2.6). In Delhi, Meerut, Kolkata, Indore, Chennai, and Hyderabad, the proportion of SC/ST household heads is 2-3 times higher among poor groups than it is for all households in the city. The proportion of OBC heads among the poor is also much higher than the overall proportion in Delhi and Meerut. In six of the eight cities, heads belonging to the 'other' category are much less likely than others to be poor.

Figure 2.6 SC/ST household heads by slum/non-slum residence and the poorest quartile in selected cities, India, 2005-06



Educational status of the head of the household



The educational attainment of the household population and several other demographic and socioeconomic attributes of the household population are likely to be affected by the educational attainment of the household head. Table 2.6 presents the distribution of household heads by their educational attainment. The educational level has been classified into three broad categories, i.e., no education, 1-9 years of education completed, and 10 or more years of education completed. In these cities, the proportion of household heads with no education ranges from 12-13 percent in Indore, Chennai, Nagpur, and Mumbai to 22-24 percent in Hyderabad and Meerut. In Kolkata, almost one in five household heads has no education. Delhi, Hyderabad, and Indore are the only cities where more than half of household heads have at least 10 years of education, although almost half of household heads in all the remaining cities have that level of education (Figure 2.7).

Irrespective of the census or supervisor's definition of slums, there are substantial differences in the educational level of household heads between slum and non-slum areas. In every city, a much higher proportion of household heads in slums than in non-slum areas have no education. At least half of household heads in non-slum areas of every city have 10 or more years of education, but the percentage of household heads with 10 or more years of education is about 20-40 percentage points lower in slum areas of most of these cities. The slum/non-slum differentials in the proportion of heads with at least 10 years of education are particularly noticeable in Delhi and Nagpur.

Poor household heads have the worst educational attainment in every city. More than 50 percent of poor household heads in Hyderabad (61 percent), Meerut (56 percent), and Kolkata (51 percent) have no education. No more than 15 percent of household heads have 10 or more years of education among the poor in every city except Mumbai, where 23 percent of household heads have at least 10 years of education.

Living arrangements of children and the child/adult ratio

One important aspect of household composition is the co-residence of parents and children. NFHS-3 collected data on the living arrangements and orphanhood status of all children below 18 years of age. Table 2.7 presents the percent distribution of de jure children under age 18 by their living arrangements and the survival of their parents.

A large majority of children below 18 years of age in these cities (85-90 percent) live with both their parents. The percentage of children living with both their parents is slightly lower in slums than in non-slum areas in every city except Meerut and Indore. In every city except Meerut and Indore, a lower proportion of poor children than non-poor children live with both their parents. The proportion of children not living with either parent is 3-4 percent in every city except Kolkata, where 7 percent of children are not living with either parent. In Delhi, Hyderabad, Chennai, and Mumbai, a higher percentage of poor children are not living with either parent, but the reverse is true in the other four cities.

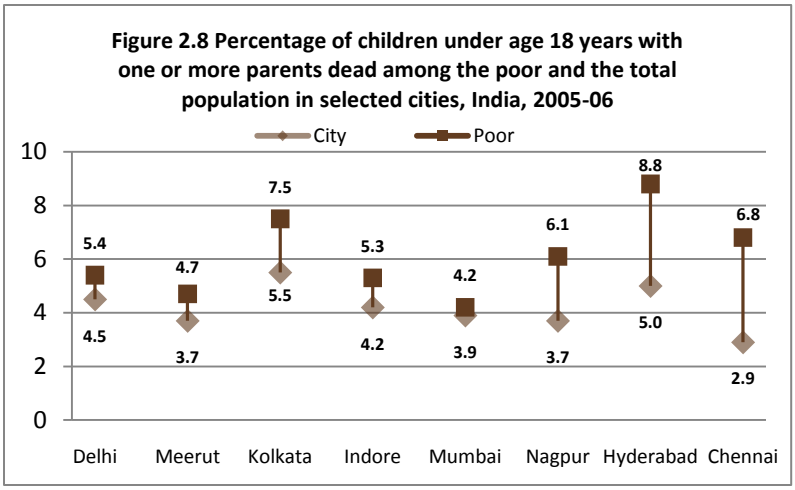


Figure 2.8 Percentage of children under age 18 years with one or more parents dead among the poor and the total population in selected cities, India, 2005-06

The percentage of children under age 18 who have experienced the death of one or both parents ranges from 3 percent in Chennai to 6 percent in Kolkata (Figure 2.8). In general, the percentage of children who have experienced the death of one or both parents is higher in slums than in non-slum areas, but there are several exceptions to this pattern. In every city, a higher percentage of poor children than non-poor children have experienced the death of one or both parents. The differential is particularly noticeable in Chennai and Hyderabad. Since both of these cities are in high HIV prevalence states, it is possible that a higher proportion of poor children have become orphaned in part as a result of parental death due to HIV or opportunistic infections.

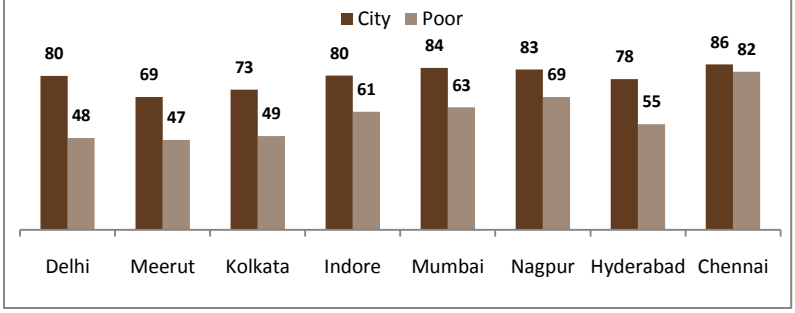
Since fertility is low in every city except Meerut, it is not surprising that the number of children age 0-14 per adult is less than 0.5 in every city except Meerut, where the ratio is 0.6. The ratio is lowest in Kolkata (0.3). In every city, the ratio is slightly higher in slum areas than in non-slum areas and is highest in poor households. In poor households in Meerut, there is almost one child under 15 years of age for each adult.

School attendance

NFHS-3 collected information for the household population age 5-18 years on school attendance at any time during the school year 2005-06. Table 2.8 shows the percentage of children age 6-17 years who were attending school (at any level from primary through higher levels of education).

More than two-thirds of children age 6-17 years in every city were attending school (Figure 2.9). School attendance was similar for boys and girls in every city. In every city, the percentage of children attending school decreases steadily as age increases, with a particularly sharp drop at age 15-17 years. At age 15-17 years, a higher proportion of boys were attending school than girls in every city except Delhi and Chennai, although the differences are generally not large. In Delhi, 65 percent of girls age 15-17 were attending school, compared with 57 percent of boys.

Figure 2.9 Percentage of children age 6-17 years who attended school in the 2005-06 school year for the poor and the total population of selected cities, India, 2005-06



With only one exception, school attendance for children in every age group was higher in non-slum areas than in slum areas. The difference in school attendance between slum and non-slum areas is particularly large in Delhi (19 percentage points for children age 6-17 years).

School attendance for both boys and girls age 6-17 was much lower among the poor in every city. In Delhi, Meerut, and Kolkata, less than half of poor children age 6-17 years were attending school. Only in Chennai were more than 80 percent of poor boys and girls age 6-17 attending school.

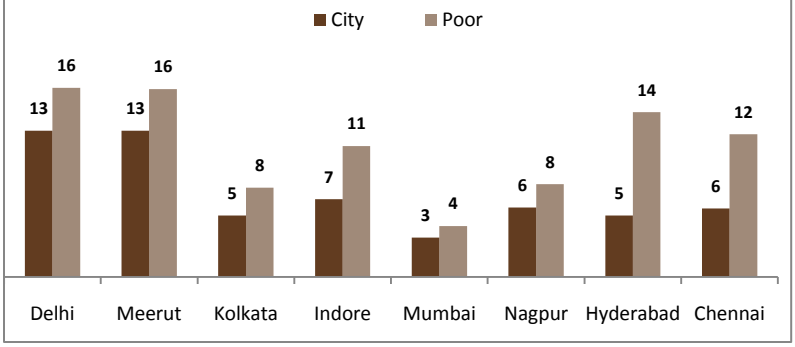
Universal education for children age 6-14 years has not been attained in any of the eight cities. Chennai and Mumbai come closest to that goal, with 95-96 percent of children in that age group attending school. However, many cities fall far short of the goal. At age 6-14 years, only 75 percent of children in Meerut and 82 percent of children in Kolkata attend school.

Children's work

In spite of legal restrictions, child labour in India remains a national challenge. To assess the extent to which children are working in India, NFHS-3 included a set of questions on the participation by each child age 5-14 years in the household in different types of work. A child worker is defined by UNICEF as any child age 5-11 who, in the seven days preceding the survey, worked for someone who is not a member of the household, with or without pay, or did household chores for 28 or more hours, or engaged in any family business, and any child age 12-14 years who, in the seven days preceding the survey, worked for someone who is not a member of the household, with or without pay, for 14 or more hours, or did household chores for 28 or more hours, or engaged in any other family work for 14 or more hours (IIPS and Macro International, 2007). Table 2.9 shows the percentage of de jure children age 5-14 years who were engaged in different activities in the seven days preceding the interview.

The percentage of children age 5-14 years working either for their own household or for somebody else is much higher in Delhi and Meerut (13 percent) than in the other six cities (3-7 percent). In every city, less than 3 percent of children are engaged in paid work. The proportion of children who are engaged in unpaid work for someone who is not a member of their household varies substantially, from less than 1 percent in Kolkata and Hyderabad to 6 percent in Meerut and 9 percent in Delhi. Only a small proportion of children in every city are engaged in household chores for 28 or more hours in a week or work in a family business. Since children may be involved in multiple activities, the total work participation rate in every city is less than the sum of the percentages of children engaged in each type of work. With few exceptions, the work participation rate of children is higher in slum areas than in non-slum areas, irrespective of whether the census or supervisor definition of slums is used. Slum and non-slum differences in children's work participation rates are particularly noteworthy in Meerut. The work participation rate of poor children is much higher than rate of non-poor children in every city (Figure 2.10). Poor children are also more likely to be engaged in paid work.

Figure 2.10 Percentage of children age 5-14 years who are working, among poor and the total population in selected cities, India, 2005-06



Educational attainment of the population

Education is one of the most important socioeconomic factors that influence individual behaviour and attitudes. It is also the most critical indicator of a country's level of human capital development. Table 2.10 shows the percent distribution of the de facto female and male population age six and over by level of education.

It is important to note that a substantial proportion of women in every city have little or no education, ranging from 13 percent in Nagpur to 30 percent in Meerut. The proportion of women with little (less than 5 years of education) or no education ranges from 3 out of 10 women in Chennai and Nagpur to more than 4 out of 10 women in Meerut (43 percent). At the same time, more than 30 percent of women in every city have completed 10 or more years of education. Delhi has the highest proportion of women with 10 or more years of schooling (41 percent). Interestingly, Delhi also has the second highest proportion of women with no education (22 percent) after Meerut (30 percent). The slum/non-slum differentials in women's educational attainment in all of the cities are large, irrespective of which criterion is used for designating slums. Delhi and Kolkata have the highest disparity in the proportion of women with no education between slum and non-slum areas (Figure 2.11). The proportion of women with at least 10 years of education in slum and non-slum areas also differs widely across these

cities, particularly in Delhi (32 percentage points according to the census slum definition). However, in every city a substantial proportion of women living in slum areas have 10 or more years of education (as high as one-third of women in slums in Hyderabad).

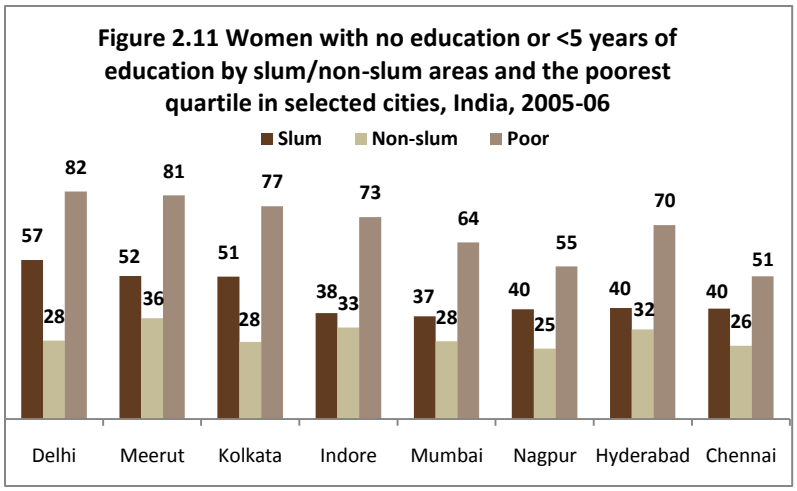


Figure 2.11 Women with no education or <5 years of education by slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06

The educational level of poor women is strikingly low in these cities. The majority of poor women in every city have little or no education. More than three-quarters of poor women in Delhi (82 percent), Meerut (81 percent), and Kolkata (77 percent) have little or no education.

While men have substantially higher educational attainment than women in every city and in every group, the variation in men's educational attainment across cities is similar to the variation in women's educational attainment. The proportion of men with 10 or more years of education is lowest in Meerut (36 percent). In the other cities, 43-48 percent of men have completed 10 or more years of schooling.

Employment status

Employment status and occupational characteristics of a population are important aspects of a country's level of development, particularly its economic development. Paid employment of women, in particular, has been recognized as important for achieving the goal of population stabilization in India (Government of India, 2000). NFHS-3 asked women and men several questions regarding their labour force participation. Persons who were not employed in the past seven days were asked if they were employed at any time in the 12 months preceding the survey. Employed persons were asked about their occupation and about the type of payment they received for their work. Table 2.11 gives the employment status of men and women and the type of payment they received for the work.

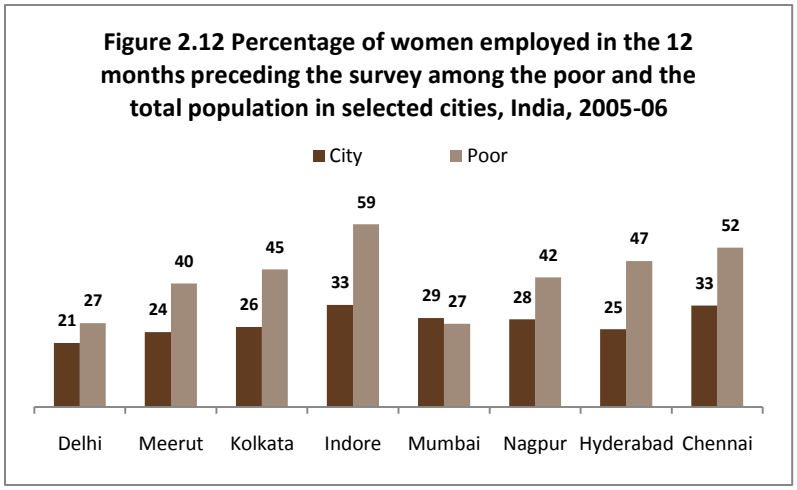


Figure 2.12 Percentage of women employed in the 12 months preceding the survey among the poor and the total population in selected cities, India, 2005-06

Almost all men in every city are employed or have been employed in the last 12 months, and almost all of them are paid in cash for their work. The percentage of currently married

women employed sometime in the 12 months preceding the survey is quite low, ranging from only 21 percent in Delhi to 33 percent in Indore and Chennai (Figure 2.12). With few exceptions, women in slums are more likely to be employed than women in non-slum areas although the differences are small in some cities. In every city except Mumbai, poor women are more likely to be employed than any other group of women. In Indore (59 percent) and Chennai (52 percent), more than half of poor women were employed. A large majority of employed women (84-96 percent) in these eight cities were working for cash. The percentage of employed women who were not paid for their work was highest in Meerut and Indore (11 percent each).

The occupational distribution of women and men who were employed in the 12 months preceding the survey is presented in Table 2.12. The occupational structure of both women and men is quite diversified in these cities. In Meerut, Indore, Nagpur, Hyderabad, and Chennai, women were more likely to be engaged in production work than any other type of occupation. In Kolkata and Mumbai, more women worked in service occupations than in any other type of occupation. Delhi is the only city where there are more professionals than any other type of worker (30 percent). In addition to Delhi, more than one in every four working women is engaged in professional activities in Kolkata, Indore, and Hyderabad. Meerut has an unusually high proportion of women working in agricultural activities (13 percent). Not many female workers (only 3-14 percent) are sales workers.

There are striking differences in the occupational distribution of female workers between slum and non-slum areas in these cities. In every city, female workers in slum areas are heavily concentrated in production and service occupations, whereas those in non-slum areas have a more varied occupational structure in professional, production, and service occupations. Poor working women are more likely to be engaged in service work than any other type of work in Delhi, Kolkata, Mumbai, and Chennai, whereas production work is most common among poor working women in Meerut, Nagpur, and Indore. More than one-third of poor working women in Meerut are engaged in agricultural work.

In every city, more men are engaged in production work than any other type of work, followed by sales work. Men in all of these cities are less likely than women to be engaged in professional occupations. Although the proportion of male workers in production and service activities differs between slum and non-slum areas, as well as among the poor, the majority of male workers in every group in every city are engaged in production and sales activities. The proportion of professional male workers is higher in non-slum areas than in slum areas, as well as among the poor, but even in slums, 5-15 percent of working men are engaged in professional occupations.

Migration status of adults

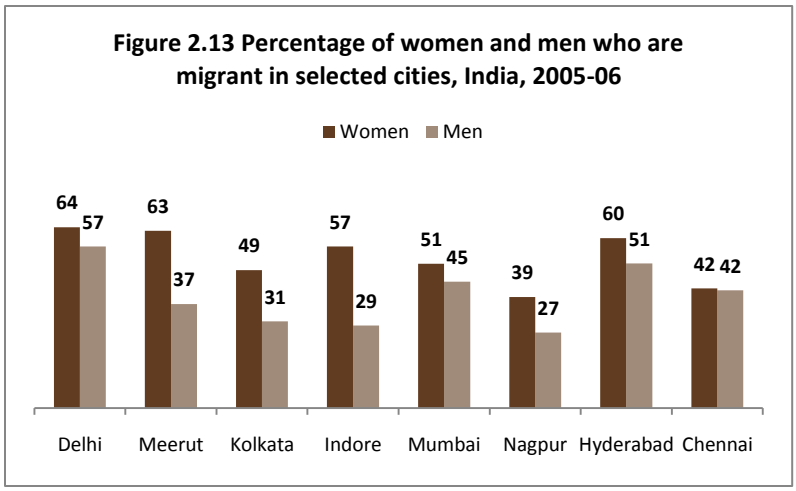
Traditionally in-migration, particularly from rural areas, has been the most important factor in the rapid growth of cities and the development of slums. Several studies (Majumdar, 1978; Gupta et al., 1992) show that poor rural migrants concentrate mainly in the slum areas of cities.

Although the collection of information on migration is not the focus of NFHS-3, all eligible women and men were asked the following question—'How long have you been living continuously in (NAME OF THE CURRENT PLACE OF RESIDENCE)?' Information collected through this question is used to determine the status of a respondent as a migrant or a non-migrant, as well as to determine his/her duration of residence at the place of enumeration. Persons who have always stayed at the place where they were enumerated are clearly non-migrants. Persons who have not always lived at the place of enumeration are considered to be migrants at their place of enumeration. The survey also collected information on visitors staying in each household the night before the survey.

Table 2.13 gives the percent distribution of women and men by their duration of residence at the place of enumeration. The proportion of migrants among women age 15-49 varied from 39 percent in Nagpur to 60-64 percent in Hyderabad, Meerut, and Delhi. In addition to these three cities, more than half of women in Indore (57 percent) and Mumbai (51 percent) are migrants. The pattern of concentration of female migrants in slum and non-slum areas is mixed. In Delhi, Kolkata, and Chennai, non-slum areas have a higher proportion of female migrants than slum areas. In Meerut, Mumbai, Nagpur, and Hyderabad, slum areas have a higher proportion of migrant women than non-slum areas, although the differences are not large. With few exceptions, the pattern of concentration of female migrants in slum and non-slum areas is similar irrespective of whether slums were identified by the census or the NFHS-3 supervisor. In every city, a substantial proportion of female migrants have lived in their current place of residence for 10 or more years (34-59 percent). On the other hand, a large proportion of female migrants (23-44 percent) are recent migrants (who have lived in their current place of residence for less than five years).

In every city, men are less likely than women to be migrants (Figures 2.13). The higher proportion of female migrants than male migrants in these cities is probably due mainly to marriage or family associated migration. As is the case for female migrants, Delhi has the highest proportion of male migrants. Hyderabad is the only other city where more than half of men are migrants. The concentration

Figure 2.13 Percentage of women and men who are migrant in selected cities, India, 2005-06



pattern of male migrants in slum and non-slum areas across these cities presents a mixed picture, as it did in the case of female migrants. Irrespective of the method of designating slums (census or supervisor), the proportion of male migrants in the total male population is higher in non-slum areas than in slum areas in Delhi, Meerut, and Chennai. The reverse is true in Indore, Mumbai, and Nagpur. In Hyderabad, the pattern differs depending on whether slums are determined from the census definition or by the NFHS-3 interviewer.

In Hyderabad, Delhi, and Mumbai, more than 40 percent of migrants have arrived within the past five years, whereas as in Kolkata and Meerut, most migrants arrived 10 or more years before the survey.

Poor men are more likely than non-poor men to be in-migrants in every city except Meerut. Poor women are generally more likely to be migrants than non-poor women, but Chennai and Hyderabad have the opposite pattern. In Delhi, more than 80 percent of poor men and women are migrants. The proportion of migrants among the poor is also quite high in Mumbai, where two-thirds of women and men are migrants.

2.3 HOUSEHOLD LIVING CONDITIONS

Housing, residential crowding, and ventilation

Poor housing and living conditions in the cities of developing countries, particularly in slums, is a matter of great concern. Dilapidated and infirm housing and lack of such basic services as safe drinking water, improved toilet facilities, and clean cooking fuel expose slum residents to a variety of infections. This section examines some important indicators of housing and living conditions in slum and non-slum areas and in poor households. Information on household characteristics is based on questions answered by respondents to the NFHS-3 household questionnaire and, in the case of the type of housing, is based on interviewer observations.

Information on the quality of housing, ventilation, and the number of rooms used for sleeping is provided in Table 2.14. A large majority of households in slum and non-slum areas of every city live in *pucca* houses that are built with high quality materials. The percentage of households that live in a *kaccha* or semi-*pucca* house is low, varying between 2 percent in Mumbai and 17 percent in Nagpur. In Meerut and Indore, 14-15 percent of households live in *kaccha* or semi-*pucca* houses. In all cities except Indore, a higher proportion of households in slum than non-slum areas live in *kaccha* or semi-*pucca* houses, irrespective of whether slums are designated by the census or the NFHS-3 supervisor. The largest differentials between slum and non-slum areas in the percentage of households living in *kaccha* or semi-*pucca* houses are in Nagpur.

In every city, the percentage of households living in *kaccha* or semi-*pucca* houses is much higher among the poor than among any other group. In Meerut, Indore, and Nagpur, a majority of poor households (61-67 percent) live in *kaccha* or semi-*pucca* houses.

Residential crowding in these cities can be studied by examining the average number of rooms per house that are used for sleeping, the average number of persons per sleeping room, and the distribution of persons per sleeping room (Table 2.14). In all of these cities, on average, less than two rooms per household are used for sleeping. Mumbai and Chennai have the smallest average number of sleeping rooms per household (less than 1.5). As expected, the average number of rooms used for sleeping is smaller in slum areas than in non-slum areas. The average number of rooms that poor households use for sleeping is around one in every city.

The average number of persons per room used for sleeping ranges from 1.8 in Indore and Chennai to 2.3 in Mumbai. However, the average number of persons per room masks the real picture of crowding within households. Crowding is least evident in Nagpur, Delhi, Kolkata, and Indore, where 40-45 percent of households have less than three persons per sleeping room and less than one-quarter of households have five or more persons per sleeping room. In Mumbai, only 22 percent of households have less than three persons per sleeping room and 39 percent of households have five or more persons per sleeping room. One in every eight households in Mumbai have seven or more persons per sleeping room. In Meerut and Kolkata, more than 10 percent of households also have seven or more persons per sleeping room. Thus, Mumbai has the highest degree of residential crowding whether we consider the average number of rooms per household that are used for sleeping (1.3), the average number of persons per sleeping room (2.3), or the proportion of households with 7 or more persons per room (13 percent).

As expected, in general slum areas have more crowded conditions than non-slum areas, and residential crowding is particularly high among poor households (Figure 2.14). In four cities (Meerut, Delhi, Kolkata, and Mumbai), residential crowding among poor households is extremely high (more than one in five poor households in these cities have at least seven persons per sleeping room). The disparity in residential crowding between slum and non-slum areas is particularly prominent in Delhi and Kolkata.

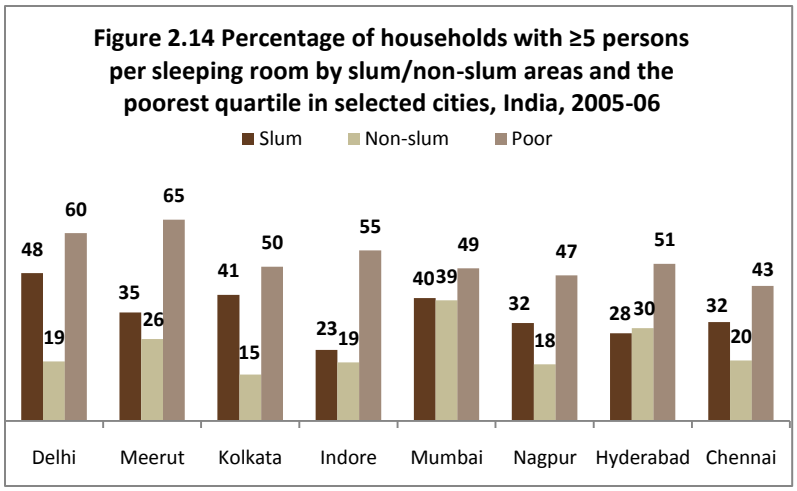
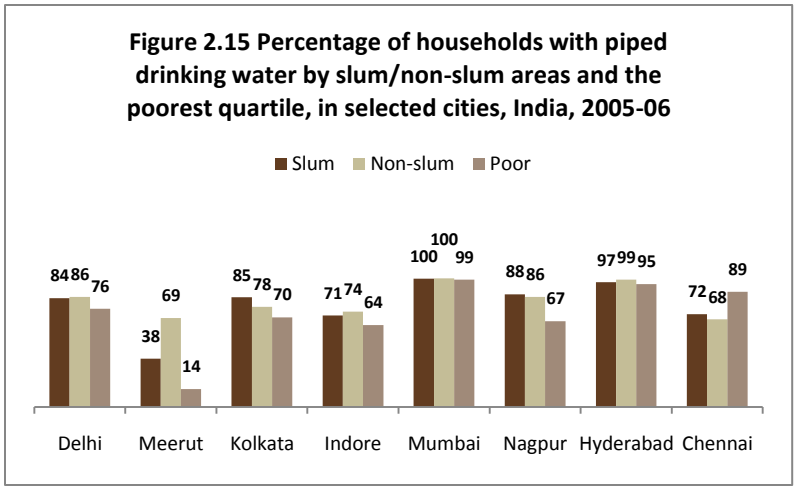


Figure 2.14 Percentage of households with ≥5 persons per sleeping room by slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06

As most of the houses in slums are very small and are located close to other buildings, they often lack proper ventilation. NFHS-3 collected information on whether or not each household has any windows in their residence and the types of windows. In the eight cities, 84-91 percent of the households live in houses that have at least one window, but windows are a lot less common in slum areas than in non-slum areas. However, even in slums, more than 80 percent

of households live in houses with at least one window, except in Delhi where less than 60 percent of slum households have windows.

The percentage of households with a window in the house is particularly low for poor households in every city, ranging from only 26 percent in Delhi to 56 percent in Hyderabad. Hyderabad, Chennai, and Nagpur are the only cities where more than half of poor households have a window in their house.



In the Household Questionnaire, NFHS-3 collected a variety of data related to environmental health indicators, such as the source of drinking water, the type of sanitation facilities, the availability of a separate kitchen in the house, and the main type of cooking fuel used. Table 2.15 shows that almost all households in Mumbai and Hyderabad use piped drinking water (in the house, in the yard or plot, or elsewhere), even in slum areas. In Nagpur, Delhi, and Kolkata, more than 80 percent of households also use piped drinking water. The lowest percentage of households using piped drinking water is in Meerut (55 percent). According to the census definition of slums, there is almost no difference between slum and non-slum households in the source of drinking water in Delhi, Mumbai, Hyderabad, Indore, and Nagpur. Kolkata and Chennai present an interesting picture (Figure 2.15). In both cities, a higher percentage of slum households than non-slum households use piped drinking water. The largest difference in the use of piped drinking water between slum and non-slum households is in Meerut (where less than 4 in 10 households in slums use piped drinking water, compared with almost 7 in 10 households in non-slum areas).

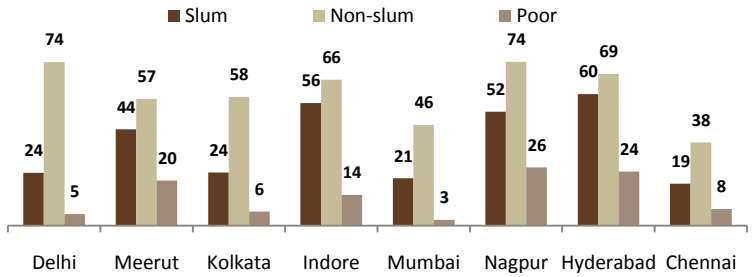
With the exception of Chennai, the use of piped drinking water is the lowest for poor households. In Chennai, piped drinking water is used more frequently by poor households (89 percent) than households in other subgroups (68-72 percent). In Meerut, only 14 percent of poor households get their drinking water from private or public taps or standpipes.

The use of non-hygienic toilet facilities is a major cause of the spread of some infections. In NFHS-3, household respondents were asked what kind of toilet facility members of the household usually use. The use of improved toilet facilities that are not shared with other households is not very high in most of the cities. Only about one-third of households in Mumbai and Chennai and only about half of households in Meerut and Kolkata use improved private toilet facilities. In the other four cities (Hyderabad, Nagpur, Delhi, and Indore), about two-thirds of households use improved private toilet facilities.

The lack of proper sanitation is also clear from the percentage of households that have no toilet facility and whose members defecate in the open. In Meerut, Nagpur, Delhi, and Indore, 5-10 percent of households have no toilet facility and defecate in the open. Although the proportion of households with no toilet facility in Mumbai, Hyderabad, Chennai, and Kolkata is negligible (1 percent or less), this still means that there is a lot of open defecation because of the large population size of these cities.

In every city, the use of improved sanitation facilities is much worse in slum areas than in non-slum areas, irrespective of whether the slum areas were designated by the census or the NFHS-3 supervisors. According to the census definition, in four cities (Chennai, Delhi, Mumbai, and Kolkata), not even one out of every four slum households use improved toilet facilities (Figure 2.16). In slums in Meerut, Delhi, and Nagpur, the members of about one in six households defecate in the open.

Figure 2.16 Percentage of households that use an improved toilet facility that is not shared*, for slum/non-slum areas and the poorest quartile, in selected cities, India, 2005-06



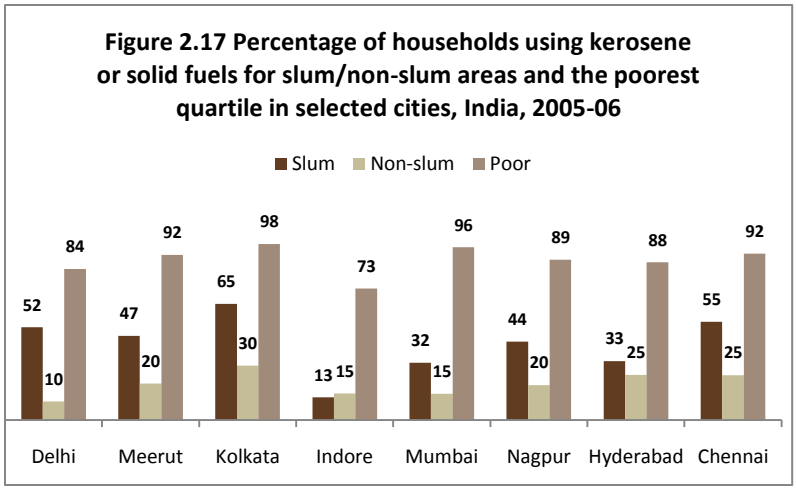
** Includes flush/pour flush toilet to piped sewer system, pit latrine, or other improved sanitation facility that is not shared*

Once again, the poor in these cities suffer from the worst environmental conditions. For example, in Mumbai, Delhi, Kolkata, and Chennai, not even 10 percent of poor households use improved toilet facilities. In the other four cities, the proportion of poor households that use improved toilet facilities is also low—less than 30 percent. In Meerut, Indore, Nagpur, and Delhi, 35-47 percent of poor households have no toilet facility at all.

A majority of households in Chennai, Delhi, Indore, Hyderabad, and Nagpur (63-74 percent) have a separate room for cooking in their house. Compared with non-slum households, a much lower proportion of slum households have a separate room for cooking in all cities, irrespective of the method of determining slum areas. The difference in the availability of a separate kitchen between slum and non-slum households is particularly large in Delhi where more than 70 percent of non-slum households have a separate kitchen, compared with only about one in three slum households.

The percentage of households cooking outside the home varies substantially across these cities, ranging from 2 percent in Indore and Mumbai to 21 percent in Meerut. Although there are differences in the percentage of households cooking outside the home in slums and non-slum areas, the differences are not very large. In fact in Kolkata, by both definitions, a slightly higher proportion of non-slum households than slum households cook outside the home.

Poor households in all cities have the worst cooking facilities. No more than one in six poor households have a separate kitchen except in Nagpur (where 32 percent of poor households have a separate kitchen) and Indore (where 23 percent have a separate kitchen). A much higher percentage of poor households than other households cook outside the home. In Meerut, 60 percent of poor households cook outside the home.



The availability of a separate kitchen is particularly crucial if the household uses solid fuel for cooking, since smoke from solid cooking fuels poses a serious health hazard. Fortunately, most households in these eight cities use clean-burning gas (especially LPG), and some households use electricity. The use of LPG, natural gas, electricity, or biogas ranges from 59 percent in Kolkata to 86 percent in Indore. However, differentials in the use of clean cooking fuels between slum and non-slum areas are quite large in every city except Indore, irrespective of whether the census or supervisor designation of slums is used. In every city, use of LPG, other gas, or electricity is very low in poor households. The majority of poor households in Mumbai, Kolkata, Chennai, and Hyderabad use kerosene, coal, or charcoal. The percentage of households which use kerosene or solid fuels is very high in poor households in almost every city (Figure 2.17).

Household possessions

In order to assess the living standard of the population, NFHS-3 collected information on household ownership of 19 different types of durable goods and four different means of transportation, as well as possession of a bank account and coverage by health insurance or a health scheme. Households were also asked if they had a Below Poverty Line (BPL) card, which is issued by the government and identifies households below the official poverty line. Information was also obtained on whether households had a mosquito net that can be used for sleeping. Table 2.16 presents information on several of these items.

The percentage of households that own a house varies from 49 percent in Chennai to 91 percent in Meerut. Except in Kolkata and Indore, differentials in the ownership of a house between slum and non-slum areas are small and do not show any consistent pattern. In Kolkata, slum households are much less likely than non-slum households to own a house, whereas the reverse is true in Indore. In every city, poor households are somewhat less likely to own a house than non-poor households. However, household ownership is widespread even among the poor, ranging from 38 percent in Hyderabad to 87 percent in Meerut.

Hyderabad and Chennai are the only cities where less than 50 percent of poor households own a house.

Means of transportation

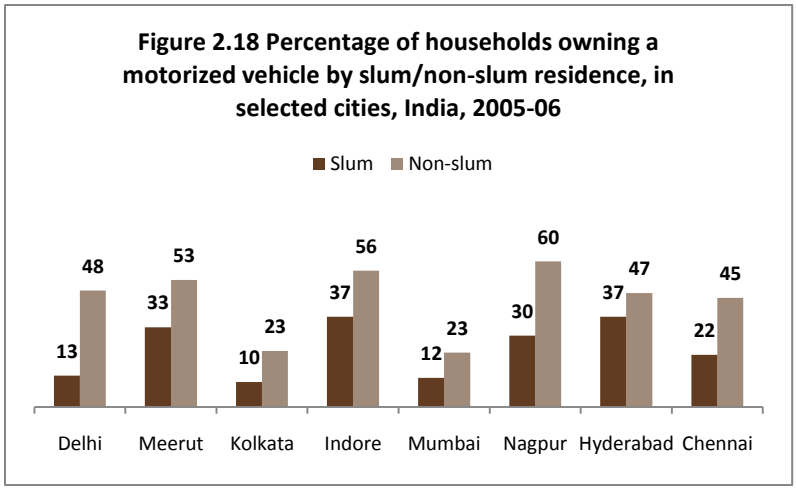


Figure 2.18 Percentage of households owning a motorized vehicle by slum/non-slum residence, in selected cities, India, 2005-06

As most of these cities are geographically large and have inadequate public transport, it is important to know the extent of ownership of means of transportation. A majority of households in Nagpur (73 percent), Meerut (65 percent), and Indore (63 percent) own a bicycle. Almost half of households in Chennai own a bicycle. In all other cities except Mumbai, about one-third of households own a bi differentials cycle. Bicycle ownership is very low (14 percent) in Mumbai. The highest percentage of households owning a motorized vehicle (motorcycle, scooter, or car) is in Indore (53 percent), followed closely by Nagpur (50 percent). In Hyderabad, Meerut, Delhi, and Chennai, 41-45 percent of households own a motorized means of transportation. As was the case for bicycle ownership, Mumbai has the lowest proportion of households that own a motorized vehicle (only 17 percent). This may be because of the availability of a more extensive public transportation system in Mumbai than in other cities. In every city, slum households are much less likely than non-slum households to own a motorized vehicle (Figure 2.18). However, even in slums, a substantial proportion of households own a vehicle in most cities (around one-quarter to one-third of slum households in Hyderabad, Meerut, Chennai, Nagpur, and Indore).

Ownership of a bicycle or a motorized vehicle is lowest among poor households. Almost no poor household owns a motorcycle, a scooter, or a car (less than 3 percent in every city). Poor households are less likely to own a bicycle, except in Meerut and Nagpur, where more than half of poor households own a bicycle. In Mumbai, only 6 percent of poor households own a bicycle.

Agricultural land

Ownership of any agricultural land is highest in Mumbai (22 percent) and Delhi (20 percent). In other cities, only 5-15 percent of households own agricultural land. In most cities, slum households are more likely to own agricultural land than non-slum households. However, in Nagpur, Hyderabad, and Chennai, the percentage of slum households with agricultural land is slightly lower than the percentage of non-slum households. In Mumbai and Kolkata, the

percentage of slum households possessing agricultural land is about twice as high as the percentage of non-slum households.

A mixed pattern of the possession of agricultural land by poor households is observed in these cities. In some cities (Delhi, Kolkata, and Mumbai), the likelihood of possessing agricultural land is higher among poor households than non-poor households, whereas the opposite pattern is observed in the other cities.

Bank account

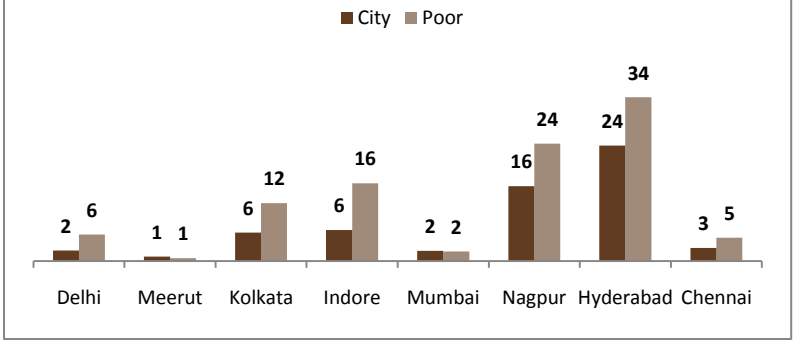
In every city, a majority of households have a bank account or an account with the post office. In every city except Hyderabad and Chennai, more than 60 percent of households have a bank or post office account. Irrespective of whether the census or supervisor designation of slums is used, slum households are much less likely than non-slum households to have an account with a bank or post office.

In every city, poor households are least likely to have a bank or post office account. The percentage of poor households that have a bank or post office account is particularly low in Hyderabad (7 percent) and Chennai (12 percent).

Health scheme coverage

Only a small proportion of households in these cities (7-20 percent) have any household members that are covered under any health scheme or health insurance. The percentage of households covered under any health scheme or health insurance is particularly low in Meerut, Nagpur, and Chennai (7-10 percent). Only a very small proportion of households in slum areas and only a negligible proportion of poor households in these cities are covered under any health scheme or health insurance.

Figure 2.19 Percentage of households possessing a BPL card among the poor and for the total population in selected cities, India, 2005-06



BPL card

With the exception of Hyderabad (24 percent) and Nagpur (16 percent), only a small proportion of households (6 percent or less) have a BPL card (Figure 2.19). In all cities, slum households are somewhat more likely than non-slum households to have a BPL card, but the differences are small except in Nagpur and Hyderabad. A higher percentage of poor

households than other households have a BPL card (except in Mumbai and Meerut), but a large majority of poor households in every city do not have a BPL card.

Mosquito net ownership

The proportion of households that have a least one mosquito net that can be used while sleeping varies substantially, from only 5 percent in Chennai to 68 percent in Kolkata. In most cases, slum households are less likely to have at least one mosquito net than non-slum households. With the exception of Mumbai, poor households are less likely than non-poor households to own a mosquito net. In Mumbai, poor households are slightly more likely to have a mosquito net than other households, but the differences are quite small.

Security of tenure

At the request of UN-HABITAT, a series of special questions on the security of tenure of the household's dwelling was added to the NFHS-3 questionnaire in Kolkata and Mumbai. The questions refer to the house that the household is living in, not to any house that the household owns, so the ownership percentages in Table 2.17 are substantially lower than the percentages who own any house that are shown in Table 2.16.

Almost three-quarters of households in Mumbai (73 percent) own the house they are living in, compared with only 55 percent of households in Kolkata. A larger percentage of households in non-slum areas than in slum areas own their house, but the differentials are a lot smaller in Mumbai than in Kolkata. In both cities, the poor are much less likely to own their house than the non-poor. However, slightly more than half of poor households in Mumbai and 38 percent of households in Kolkata own their house. Among those who say that they own their house, 95 percent of households in Mumbai have a document to prove ownership, compared with 83 percent in Kolkata. Even in slum areas of Mumbai, more than 9 in 10 households that own their house say they have a document to prove ownership, but only about two-thirds of house owners in slums in Kolkata have a document to prove ownership.

Four out of 10 households in Kolkata and one out of four households in Mumbai pay rent for their house or live there as part of a work agreement. Slum households are more likely to pay rent for their house than non-slum households in both cities, but the differentials are much smaller in Mumbai. Among those who rent, only 54 percent of households in Kolkata and 68 percent of households in Mumbai have a written rental contract.

UN-HABITAT estimates that up to one-third of the world's urban population is constantly threatened by forced evictions and insecurity of tenure (United Nations Human Settlements Program, 2007). Given the fact that many owners and renters in Kolkata and Mumbai do not have any documents to prove their ownership or their rental terms, it is not surprising that NFHS-3 found that about one-quarter of households do not feel secure from eviction. Slum dwellers and the poor are less likely than others to feel secure from eviction.

HEALTH AND HEALTH CARE OF THE URBAN POPULATION 3

Summary and Key Findings

Fertility and family planning

- With the exception of Meerut, fertility levels in these cities are already at the replacement level or well below the replacement level. Nevertheless, the TFR is higher by 0.2-0.5 children in slum areas than in non-slum areas in every city except Nagpur. In general, the poor have much higher fertility rates than the non-poor.
- Teenage fertility does not vary much across cities (from 5-8 percent). Teenage fertility is generally much higher among slum women than non-slum women, and highest among poor women.
- In the eight cities, 59-77 percent of currently married women are using a method of family planning. In seven of the cities, the contraceptive prevalence rate is lower in slum areas than in non-slum areas.
- The contraceptive method mix differs substantially between slum and non-slum areas of these cities. Women in slum areas are much less likely to use modern spacing methods but are generally more likely to use permanent methods. The use of modern methods of contraception is generally lowest among poor women.

Infant and child mortality

- The infant mortality rate (IMR) varies widely across these cities, ranging from 28 per 1,000 live births in Chennai to 63 per 1,000 live births in Meerut. Differentials by slum/non-slum residence do not show a consistent pattern.

Child health

- In every city, at least 90 percent of children of age 12-23 months have received some vaccinations. However, the proportion of children who have received all basic vaccinations is not very high in any of the cities, ranging from 43 percent in Meerut to 78 percent in Chennai.
- In every city except Chennai, vaccination coverage is higher for children in non-slum areas than in slum areas for almost every vaccination.
- In Delhi, Kolkata, and Nagpur, the coverage of each vaccination is much lower for poor children than it is for other children. In Chennai, however, vaccination coverage is slightly higher among poor children than among non-poor children for each vaccination.

Maternal care

- Although the utilization of antenatal care services differs substantially among the cities and between their slum and non-slum areas, in almost all cases poor women are the least likely to receive antenatal care services.

- At least 60 percent of deliveries took place in health facilities, except in Meerut where only 46 percent of deliveries were conducted in health facilities. Institutional deliveries were nearly universal in Chennai, and were almost as high (92 percent) in Hyderabad.
- All indicators of delivery and postnatal care were consistently better in non-slum areas than in slum areas in all cities except Indore and Chennai.
- The utilization of delivery and postnatal services was lowest among poor women in all cities except Chennai, where these services are almost universal in every group. The differences are particularly striking in Meerut and Delhi.

Nutritional status and anaemia among children

- The proportion of children who are underweight ranges from 20-23 percent in Hyderabad, Kolkata, and Chennai to 39 percent in Indore. Slum children generally have poorer nutritional status than non-slum children.
- Anaemia is widespread among children in these cities (49-68 percent of children ages 6-59 months). Except in Kolkata, anaemia among children is more widespread in slum areas than in non-slum areas, but even in non-slum areas, anaemia is very high, ranging from 47 percent in Mumbai to 67 percent in Meerut. Anaemia is higher among poor children than non-poor children in every city.

Nutritional status and anaemia among adults

- In every city, poor women and men are more likely to be abnormally thin than non-poor women and men. At least one out of four poor women and men are undernourished.
- Overweight and obesity are notable problems among adults in all eight cities. Women and men in non-slum areas are much more likely to be overweight or obese than those in slums. Even in slum areas of Hyderabad and Chennai, about one-third of women are overweight or obese.
- At least 4 in 10 women are anaemic in both slum and non-slum areas in every city.
- The private medical sector is the primary source of health care for every group except for poor women in Chennai.
- In most cities, the three most commonly reported reasons for not using government facilities are the poor quality of care, excessive waiting times, and the lack of government facilities.

City comparisons

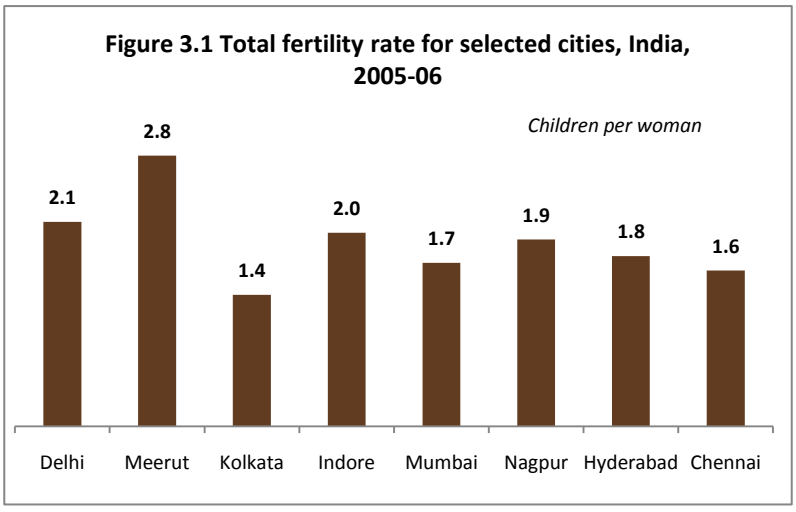
- Meerut ranks in last place or next-to-last place on almost every health indicator. Delhi also makes a poor showing on many health indicators, but has the lowest rates of domestic violence and underweight adults.
- Chennai ranks first or second on most health indicators, far surpassing any other city, but it has the highest rates of domestic violence, overweight women, and alcohol consumption. Hyderabad and Indore also rank near the top on many health indicators, although they do poorly on a few indicators.

The physical health of any society is affected by such factors as the life style and health-related behaviour of the population, environmental conditions, access to health services, and the effectiveness of health interventions. The health-seeking behaviour of the population is in turn conditioned by their awareness of health services and their concern about their own health and the health of household members. NFHS-3 collected information on key indicators of the health of adults and children and important concomitants of health conditions. This chapter presents findings on a wide range of topics, including fertility, family planning, infant and child mortality, child health, coverage and utilization of the Integrated Child Development Services (ICDS) programme, use of maternal and child health services, nutrition, prevalence of diseases, knowledge of tuberculosis and HIV/AIDS, use of tobacco and alcohol, prevalence of spousal violence, and attitudes toward family life education. The results are shown for each of eight selected cities, for slum and non-slum areas in these cities, and for the poor population in these cities.

3.1 Fertility and Family Planning

Fertility

NFHS-3 provides detailed information on the fertility and family planning behaviour of women. NFHS-3 found that for India as a whole the urban fertility level has already come down to the replacement level (with a total fertility rate of 2.1 children per woman). Table 3.1 presents information on the total fertility rate (TFR), teenage pregnancy and motherhood, and the percentage of women with third or higher order births.



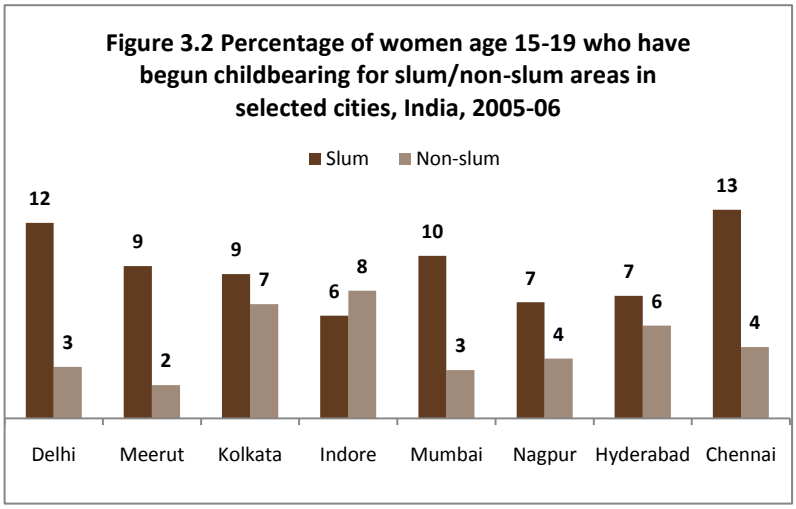
With the exception of Meerut, the fertility levels in these cities are already at the replacement level or well below the replacement level. The TFR is lowest in Kolkata (1.4) and highest in Meerut (2.8) for the city as a whole (Figure 3.1). Even in slum areas and for the poor, the TFRs are below the replacement level in Kolkata, Mumbai, Nagpur, Chennai, and Hyderabad. Nevertheless, the TFR is higher by 0.2-0.5 children in slum areas than in non-slum areas in every city except Nagpur. Except for Hyderabad, the poor have much higher fertility rates than the non-poor. The TFR for poor women in Delhi and Meerut is four children per woman.

Teenage pregnancy and motherhood

Teenage pregnancy and motherhood in India continue to be high, particularly in rural areas and among the poorer and less educated population. Early childbearing can result in

numerous health, social, economic, and emotional problems. Childbearing at young ages leads to a relatively high risk of pregnancy complications and can negatively affect maternal and infant health. Moreover, an early start to childbearing greatly reduces the educational and employment opportunities of women and is associated with higher overall levels of fertility.

Table 3.1 shows the percentage of women age 15-19 who have had a live birth, the percentage who are pregnant with their first child, and the percentage who have begun childbearing (which is the sum of the previous two percentages). In every city, at least five percent of women age 15-19 were already mothers or were pregnant at the time of survey. The percentage of women who have already begun childbearing does not vary much across cities (from 5-8 percent). Teenage fertility, however, was much higher among slum women than non-slum women in every city except Indore (Figure 3.2). Teenage fertility is generally highest among poor women in these cities. For example, in Delhi one out of every four poor women age 15-19 were already mothers and another 4 percent were pregnant at the time of the survey.



Birth order

Another important measure of fertility is the percentage of recent births that are of higher birth orders. Table 3.1 shows the percentage of births in the three years before the survey that are of birth order 3 or higher. The percentage of third or higher order births is lowest by far in Chennai (10 percent) and is highest by far in Meerut (43 percent). Just over one-quarter of births are of third or higher order in Kolkata, Indore, Mumbai, and Hyderabad. One out of every three births in Delhi and one out of every five births in Nagpur are third or higher order births.

Current use of contraceptive methods

The contraceptive prevalence rate (CPR), which is defined as the percentage of currently married women age 15-49 years who are currently using any contraceptive method or whose husbands are using any contraceptive method, is one of the principal determinants of fertility and is also an indicator of the success of the family planning programme. The contraceptive prevalence rate is 11 percentage points higher in urban areas (64 percent) than in rural areas (53 percent) at the national level (IIPS and Macro International, 2007).

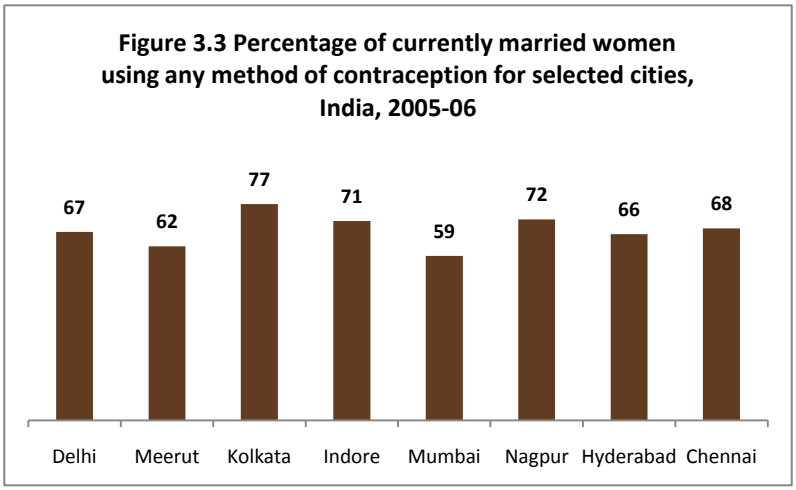


Table 3.2 shows the current use of different methods of family planning among currently married women. In every city, more than half of currently married women are using a family planning method. The contraceptive prevalence rate among currently married women ranges from 59 percent in Mumbai to 77 percent in Kolkata (Figure 3.3). However, since traditional method use is very high in Kolkata (32 percent), the use of modern family methods of family planning is lower in Kolkata (46 percent) than in any of the other cities. Around two-thirds of currently married women in Indore, Nagpur, Hyderabad, and Chennai (65-70 percent) are using a modern method of family planning. The majority of women in Hyderabad, Chennai, and Nagpur use permanent methods of family planning (female or male sterilization). In Hyderabad and Chennai, more than 80 percent of current contraceptive users are using sterilization. In contrast, half of contraceptive users in Delhi are using modern spacing methods. Except for Chennai, contraceptive prevalence rates are somewhat lower in slum areas than in non-slum areas. The contraceptive method mix also differs substantially between slum and non-slum areas of these cities. In every city, the use of modern spacing methods is lower in slum areas than in non-slum areas. In general, use of permanent methods is higher in slum areas than in non-slum areas.

In Chennai and Kolkata, the highest use of modern methods is among poor women. In the other six cities, the use of modern methods of contraception is the lowest among poor women. In Chennai, almost four out of five poor women (78 percent) are using a modern method of family planning. In contrast, in Mumbai, Delhi, and Meerut, only 36-39 percent of poor women use any modern method of family planning.

3.2 Infant and Child Mortality

The infant mortality rate (IMR), which measures the probability of a child's dying in the first year of life, ranges from 28 per 1,000 live births in Chennai to 63 per 1,000 live births in Meerut (Figure 3.4). In the remaining six cities, the IMR varies from 30-43 per 1,000, which means that 3-4 percent of children in those cities die before reaching their first birthday. Differentials by slum/non-slum residence do not show a consistent pattern. In Delhi, Meerut, Indore, Nagpur, and Chennai, the infant mortality rate is much higher in slum areas than in non-slum areas. In

the other three cities, the IMR is considerably higher in non-slum areas than in slums. In every city, the infant mortality rate and the under-five mortality rate are higher among the poor children than any other group. These mortality differentials should be interpreted with caution, however, because the confidence intervals around the mortality rates are often quite large.

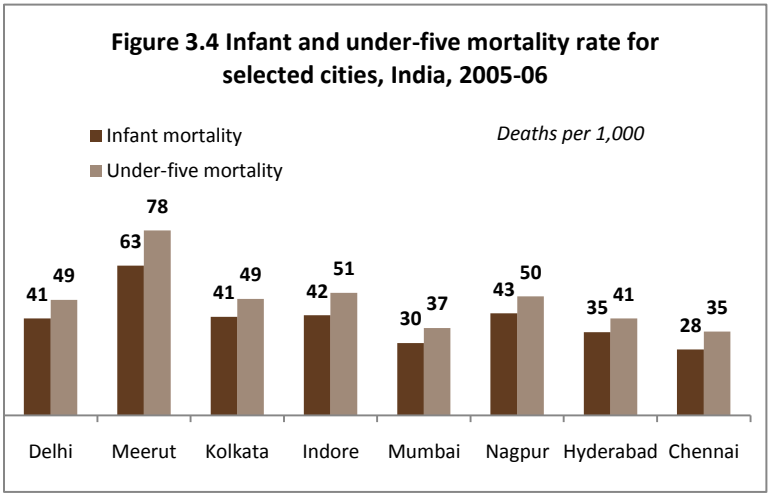


Figure 3.4 Infant and under-five mortality rate for selected cities, India, 2005-06

3.3 CHILD HEALTH

Since the First Five Year Plan (in 1951-56), the Government of India has initiated several programmes to strengthen maternal and child health services in India. Over the years, these programmes have focused on several dimensions of maternal and child health including the Oral Rehydration Therapy (ORT) programme, the establishment of Regional Institutes of Maternal and Child Health in states with high infant mortality rates, the Universal Immunization Programme, and the Maternal and Child Health Supplemental Programme within the Postpartum Programme (Ministry of Health and Family Welfare, 1992). Since 1996 all these programmes have been integrated into the Reproductive and Child Health Programme. In 1975, the Department of Women and Child Development in the Ministry of Human Resource Development initiated the Integrated Child Development Services (ICDS) programme. Under this programme, *anganwadi* centres provide health, nutrition, and education services to children from birth to six years of age and nutritional and health services to pregnant and breastfeeding women.

Vaccination of children

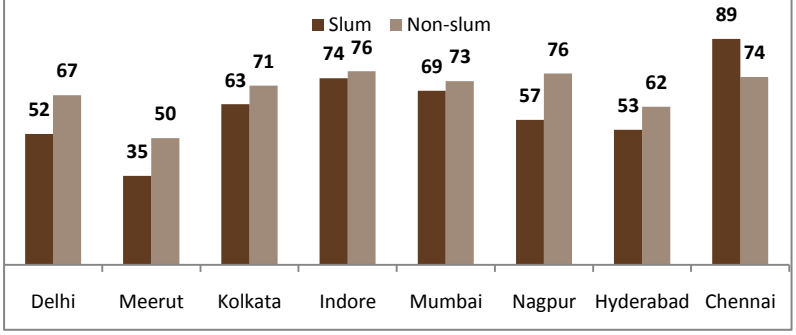
The Universal Immunization Programme provides children with vaccinations against six vaccine-preventable diseases, i.e., tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles. According to the guidelines developed by the World Health Organization, children are considered to be fully vaccinated when they have received a vaccination against tuberculosis (BCG); three doses of diphtheria, whooping cough (pertussis), and tetanus (DPT) vaccine; three doses of polio vaccine; and one dose of measles vaccine by the age of 12 months. In NFHS-3, vaccination coverage estimates are based on the age group 12-23 months, the age by which children should have received all basic vaccinations. Table 3.4 presents the coverage levels of these vaccines for children age 12-23 months at the time of the survey based on a written vaccination card (if available) or on the mother's recall.

In every city, at least 90 percent of children of age 12-23 years have received some vaccinations. Surprisingly, Delhi has the highest proportion of children who have not received any vaccinations (10 percent), followed by Kolkata (5 percent). However, the proportion of children who have received all basic vaccinations is not very high in any of these eight cities,

ranging from 43 percent in Meerut to 78 percent in Chennai. About three-quarters of children or more in every city have received a BCG vaccination and three doses of polio vaccine. The proportion of children receiving three doses of DPT vaccine was lower than the proportion receiving three doses of polio vaccine in Meerut (50 versus 91 percent), Delhi (72 versus 79 percent), Indore (87 versus 90 percent), Kolkata (77 versus 83 percent), and Mumbai (77 versus 82 percent). Noticeably, the vaccination situation with regard to three doses of DPT and polio vaccines was the reverse in Nagpur, Hyderabad, and Chennai. The proportion of children receiving a measles vaccination was lowest in Meerut (53 percent) and highest in Chennai (95 percent).

In Chennai, vaccination coverage is somewhat better in slum areas than in non-slum areas for every vaccination. In all the other cities, vaccination coverage is higher for children in non-slum areas than in slum areas for almost every vaccination (Figure 3.5).

Figure 3.5 Percentage of children age 12-23 months who received all basic vaccinations at any time before the survey for slum/non-slum areas in selected cities, India, 2005-06



In Delhi, Kolkata, and Nagpur, the coverage of each vaccination is much lower for poor children than it is for other children. In Chennai, however, coverage of each vaccination is higher among poor children than among non-poor children.

Child morbidity and treatment

NFHS-3 collected information on the occurrence of three important childhood diseases, i.e., acute respiratory infection, fever, and diarrhoea, in the two weeks preceding the survey for children under five years of age. For children who were ill with these diseases, information was collected on treatment-seeking behaviour. In Table 3.5, estimates are provided on the prevalence of each of the three diseases and contacts with health services during the illness.

The prevalence of ARI among children in the two weeks before the survey varied from 1 percent in Indore and Hyderabad to 8 percent in Meerut and Nagpur. In general, in these eight cities a higher percentage of slum children than non-slum children had symptoms of ARI (cough and short rapid, breathing or difficulty breathing that is chest related and not due only to a blocked or runny nose). The difference in the prevalence of ARI among slum and non-slum children is particularly noticeable in Meerut (11 percent and 5 percent, respectively). However, in most cities, poor children had about the same prevalence of ARI as other children. In every city for which there are enough cases of ARI to analyze, a large majority of children with ARI symptoms were taken to a health facility or a health provider.

In every city and in every subgroup, fever among children was more prevalent than ARI in the two weeks before the survey. The proportion of children with fever ranged from 5 percent in Hyderabad to around 20 percent in Meerut and Nagpur. Except for Delhi, fever was more prevalent among children in slum areas than non-slum areas. With the exception of Chennai and Kolkata, fever was less prevalent among poor children than other children. A large majority of children with fever were taken to a health facility or health provider irrespective of residence or economic status.

Diarrhoea is less prevalent than fever in every city except Indore. The prevalence of diarrhoea is much higher in Meerut and Indore (12-13 percent) than in other cities (4-8 percent). The prevalence of diarrhoea among children is generally higher in slum areas than in non-slum areas but the differences are not large. Differences in the prevalence of diarrhoea between the poor and non-poor populations are also quite small in most cases. With the exception of Kolkata, a majority of children with diarrhoea were taken to a health facility or health provider for advice or treatment.

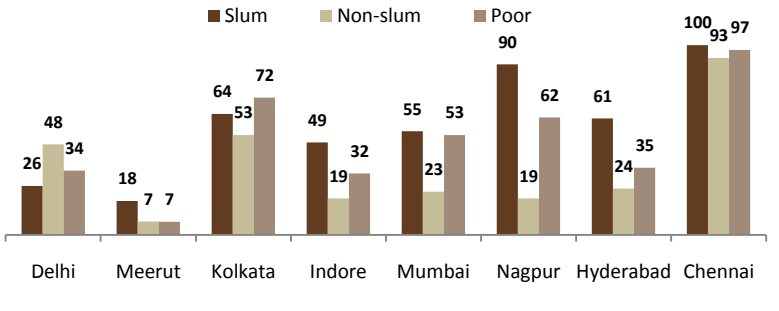
Coverage and utilization of ICDS services

Established in 1975, India's Integrated Child Development Services (ICDS) programme provides a range of health, educational, and nutritional services to pregnant women, lactating mothers, and children under six years of age. The programme is implemented through a network of community-level *anganwadi* centres (AWC). Over the years the coverage of ICDS has steadily increased. According to a recent report, the programme is operational in almost every block, and the country currently has more than 700,000 *anganwadis* (Citizens' Initiative for Rights of Children under Six, 2006). However, NFHS-3 shows that utilization of ICDS services is quite limited, particularly in urban areas (IIPS and Macro International, 2007).

In NFHS-3, information on the coverage of the ICDS programme was collected by the supervisor of each interviewing team from community leaders or other knowledgeable persons in the community. For each child under age six years, NFHS-3 asked the mother questions regarding the receipt of supplementary food, immunizations, health check-ups, and early childhood care or preschool education from an AWC in the 12 months preceding the survey. The mother was also asked whether the child had been weighed at an AWC during that period and whether counselling was provided after the child was weighed. Information was also obtained on the frequency with which each service was obtained. Table 3.6 shows the proportion of all children age 0-71 months that are in areas that are covered by an AWC and the proportion that received services from an AWC.

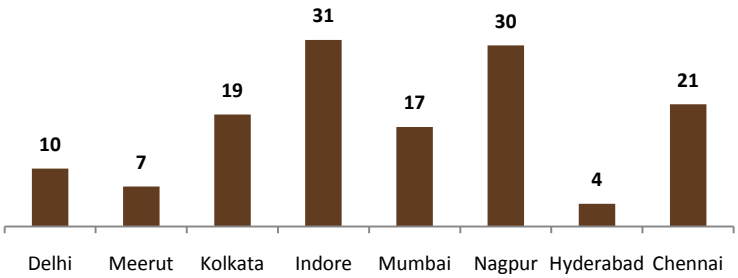
The percentage of children that are covered by an AWC varies substantially across these cities (Figure 3.6). In Meerut, only 12 percent of children in Meerut are in areas that are covered by an AWC, whereas in Chennai almost all children (95 percent) are in areas that are covered by an AWC. Kolkata is the only other city where more than half of children (57 percent) are in areas covered by an AWC. Except for Delhi, in every city a higher percentage of children in slums than non-slums are in areas covered by an *anganwadi* centre. The difference is most prominent in Nagpur, where 90 percent of slum children are in area covered by an AWC, compared with only 19 percent of non-slum children.

Figure 3.6 Percentage of children age 0-71 months in areas covered by an *anganwadi* centre by slum/non-slum areas and the poorest quartile for selected cities, India 2005-06



Not only is the coverage of children by an *anganwadi* centre relatively low in these cities, but also in every city only a small proportion of children age 0-71 months received any services from an *anganwadi* centre in the year preceding the survey (Figure 3.7). Even in Chennai, where almost all children are in enumeration areas that are covered by an *anganwadi* centre, only one in five children received any services from an AWC. A higher proportion of children in slums than non-slum areas have received services from an AWC. The same difference is found between poor and non-poor children, except in Delhi and in Indore, where the urban poor are less likely than the non-poor to utilize AWC services.

Figure 3.7 Percentage of children age 0-71 months who received any service from an *anganwadi* centre for selected cities, India, 2005-06



3.4 Maternal Care

In India, the Reproductive and Child Health Programme of the Government of India aims to provide key maternal and child health services to women during the antennal period, during delivery, and during the postnatal period. Antenatal care (ANC) refers to pregnancy-related health care, which is usually provided by a doctor, an ANM, or another health professional. It is recommended that women receive at least three antenatal check-ups during pregnancy. The antenatal check-up should include a weight and blood pressure check, abdominal examination, immunization against tetanus, iron and folic acid prophylaxis, as well as anaemia management (Ministry of Health and Family Welfare, 2005). The first antenatal check should

take place during the first trimester of the pregnancy. The programme also recommends that all deliveries should be conducted in institutions or under the supervision of a health professional. All women should receive a postnatal check-up within two days of delivery.

In NFHS-3, information on antenatal care was collected on the most recent birth in the last five years, whereas information on delivery and postnatal care was obtained for all births during the five years preceding the survey. However, in this report only selected indicators of antenatal, delivery, and postnatal care are discussed.

Table 3.7 provides information on important antenatal care indicators: the percentage of women who had at least three antenatal care visits; the percentage of women with an ANC visit in the first trimester of pregnancy; the percentage of women who had two or more tetanus toxoid (TT) injections during the pregnancy; and the percentage of women who took iron and folic acid (IFA) tablets for at least 90 days.

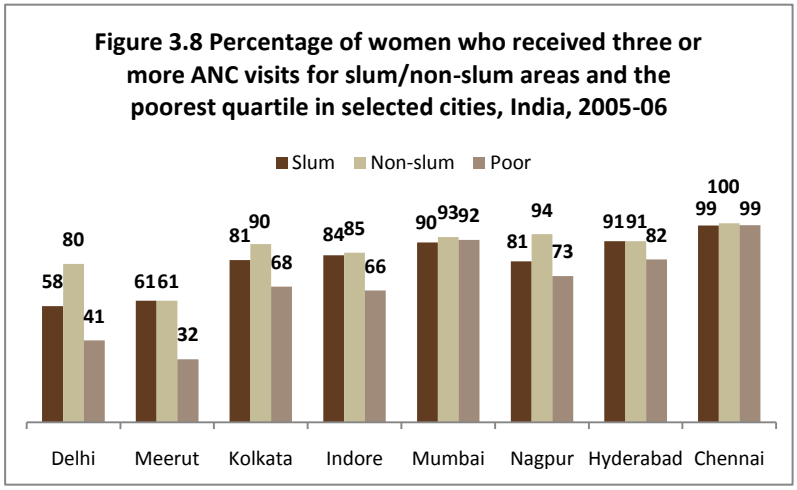


Figure 3.8 Percentage of women who received three or more ANC visits for slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06

In every city except Meerut, more than three-quarters of women had at least three antenatal care visits for their most recent birth during the five years before the survey. Almost all women in Chennai had at least three antenatal care visits, followed by Mumbai and Hyderabad (91 percent each). The proportion of women who received three or more antenatal care visits is lower in slum areas than in non-slum areas, but the difference is only marginal (less than 3 percentage points) in Meerut, Chennai, Hyderabad, Indore, and Mumbai (Figure 3.8). Delhi has the largest difference in antenatal care visits between slum and non-slum areas (more than 20 percentage points).

The percentage of women who received antenatal care in the first trimester of their pregnancy ranges from 58 percent in Kolkata to 88 percent in Chennai. In Indore, Nagpur, Hyderabad, and Mumbai, about 70 percent of women received their first antenatal check-up during the first trimester. In every city, a higher proportion of women in non-slum areas than in slum areas had their first antenatal check-up in the first trimester, although the difference was only marginal in Indore. Again, Delhi has the largest differential (18 percentage points) between slum and non-slum areas.

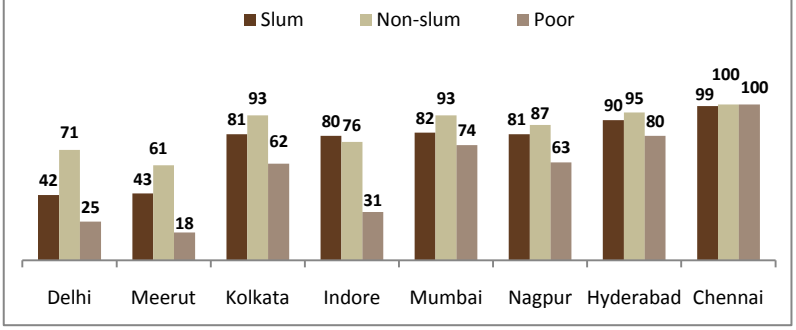
Ninety percent of women or more received at least two tetanus toxoid injections during their most recent pregnancy in all cities except Meerut, where 83 percent got two or more TT injections. With the exception of Indore, in all cities the proportion of women receiving two TT

injections during their most recent pregnancy was lower in slum areas than in non-slum areas. However, the differentials were small in most of the cities.

In Chennai and Hyderabad, slightly more than half of women consumed iron and folic acid (IFA) tablets during their pregnancy for at least 90 days. In the other six cities, the percentage following the standard recommendation ranged from only 29 percent in Mumbai and Meerut to around 40 percent in the other four cities. As was the case for other antenatal care indicators, the consumption of IFA tablets for at least 90 days was lower among slum women than non-slum women. The largest difference between slum and non-slum women was in Delhi and Nagpur (22-23 percentage points) and smallest difference was in Mumbai, Indore, and Kolkata (3-4 percentage points). Although the utilization of antenatal care services differs substantially among the cities, in almost all cases poor women are the least likely to receive the antenatal care services shown in the table.

Table 3.8 shows the percentage of births delivered in a health facility, the percentage of deliveries assisted by health personnel, and the percentage of women with any postnatal check-up and a postnatal check-up within two days of birth. At least 60 percent of deliveries in these cities took place in health facilities, except in Meerut where only 46 percent of deliveries were conducted in health facilities. Institutional deliveries were nearly universal in Chennai, and were almost as high (92 percent) in Hyderabad. Similarly, the percentage of deliveries assisted by health personnel varied from 53 percent in Meerut to almost 100 percent in Chennai. Even among the poor in Chennai, almost all deliveries were institutional and were assisted by health personnel (Figure 3.9). In most other cities, at least three-quarters of all deliveries were assisted by health personnel. In Delhi and Meerut, about 6 out of every 10 women received a postnatal check-up within two days of the delivery. In the remaining cities, at least two-thirds of women received a postnatal check-up within two days after birth, including Chennai, where prompt postnatal check-ups were almost universal.

Figure 3.9 Percentage of live births in the five years preceding the survey delivered with assistance from health personnel for slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06



All indicators of delivery and postnatal care were consistently better in non-slum areas than in slum areas in all cities except Indore, where institutional deliveries and deliveries by health personnel were more common in slum areas than in non-slum areas, and Chennai, where there was essentially no difference in the utilization of postnatal care.

The utilization of delivery and postnatal services was lowest among poor women in all cities except Chennai. The differences are particularly striking in Meerut and Delhi, where less than

4 in 10 poor women received a postnatal check-up, less than one-quarter of poor women had health personnel assisting at the delivery, and less than 2 in 10 poor women delivered in a health facility.

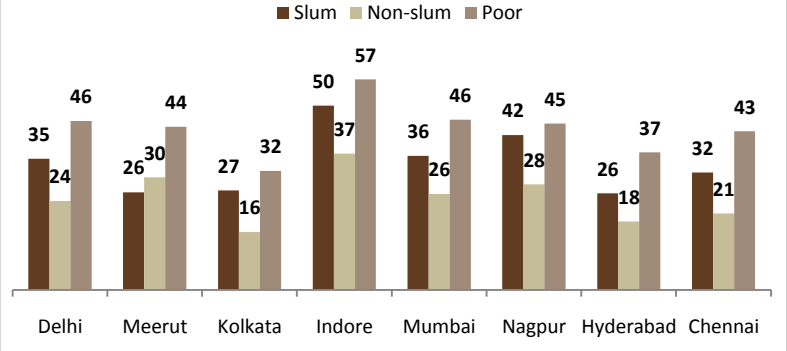
3.5 Nutritional Status and Anaemia Among Children

Malnutrition continues to be an important risk factor for child deaths in developing countries, including India. Research shows that mortality rates among children with severely acute malnutrition is 5-20 times higher than it is among well-nourished children (UNICEF, 2008). According to the Human Development Report (UNDP, 2006), India has the highest proportion of undernourished children in the world, along with Bangladesh, Ethiopia, and Nepal.

Children are considered to be malnourished if they fall more than 2 standard deviations below the median of the WHO international growth standards on their height-for-age (stunting), weight-for-height (wasting), and weight-for-age (underweight). Each index provides different information about growth and body composition, which is used to assess nutritional status. Stunting is a chronic condition that is indicative of a failure to receive adequate nutrition over a long period of time. The weight-for-height index measures body mass in relation to body length. Abnormally low weight-for-height is a measure of acute malnutrition since it represents a failure to receive adequate nutrition in the recent past. Weight-for-age is a composite index that takes into account both acute and chronic malnutrition.

NFHS-3 found that in India the nutritional status of children in urban areas is much better than the nutritional status of children in rural areas (IIPS and Macro International, 2007). However, levels of malnutrition among children continue to be very high even in urban areas. Table 3.9 presents estimates of the three standard indices of undernutrition for children below age 5 years. At least one out of four children under age five in every city is stunted, indicating that they have been undernourished for some time. The highest proportion of stunted children is found in Mumbai (45 percent), followed by Meerut (44 percent) and Delhi (41 percent). Wasting, which may result from inadequate recent food intake or a recent illness, is also quite noticeable in these cities. The proportion of children who are wasted ranges from 9-10 percent in Hyderabad and Meerut to 29 percent in Indore. The proportion of children who are underweight ranges from 20-23 percent in Hyderabad, Kolkata, and Chennai to 39 percent in Indore. In general, on all three indices, slum children have poorer nutritional status than non-slum children in these cities. Figure 3.10 shows that the largest differentials in the

Figure 3.10 Percentage of children under age five years who are underweight for slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06

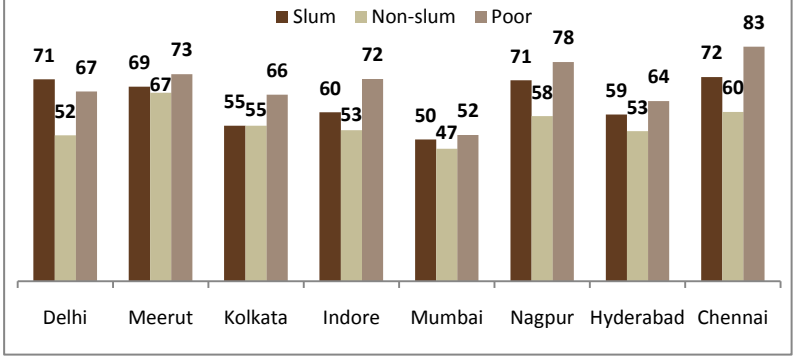


proportion of underweight children between slum and non-slum areas are found in Indore and Nagpur (13 percentage points).

Anaemia among children

Anaemia, which has several adverse health consequences, is widely prevalent in India, particularly among children. In the eight cities, 49-68 percent of children ages 6-59 months are anaemic (Table 3.10). Anaemia prevalence is the highest in Meerut, where 26 percent of children have mild anaemia (with a haemoglobin level of 10.0-10.9 grams/decilitre), 39 percent of children have a moderate degree of anaemia (7.0-9.9 g/dl), and 4 percent are severely anaemic (less than 7.0 g/dl). Except in Kolkata, anaemia among children is more widespread in slum areas than in non-slum areas (Figure 3.11). Anaemia is higher among poor children than non-poor children in every city. For example, in Chennai 83 percent of poor children are anaemic, including 56 percent with a moderate level of anaemia and 4 percent with severe anaemia. In Nagpur, 78 percent of poor children are anaemic, including 49 percent who have moderate to severe anaemia.

Figure 3.11 Percentage of children age 6-59 months have anaemia by slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06



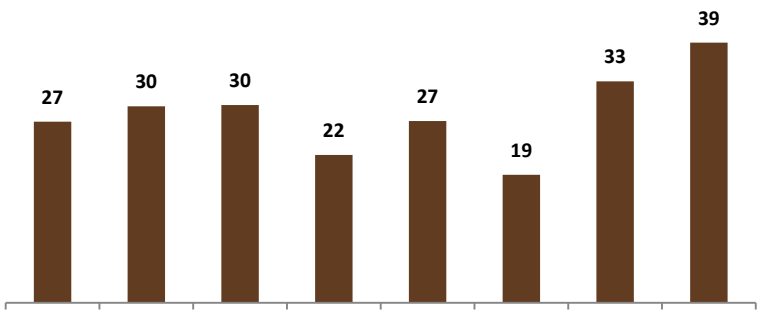
3.6 Nutritional Status and Anaemia Among Adults

Malnutrition is widespread even among adults in India. Urban areas of India are undergoing a nutritional transition wherein undernutrition and overnutrition coexist in the same population groups. Obesity has assumed serious dimensions in urban areas of many states. NFHS-3 measured the height and weight of women age 15-49 and men age 15-54. The height and weight measurements were used to calculate the body mass index (BMI), which is defined as weight in kilograms divided by height in metres squared (kg/m^2). Table 3.11 shows the body mass index for women and men age 15-49, excluding women who were pregnant at the time of the survey and women who gave birth during the two months preceding the survey. A cut-off point of 18.5 is used to define thinness or acute undernutrition and a BMI of 25 or above indicates overweight or obesity.

The proportion of women in these cities who are too thin varies from 14 percent in Delhi to 31 percent in Nagpur. In addition to Nagpur, at least one in five women in Indore, Meerut, Mumbai, and Hyderabad are underweight. In every city except Indore, men are slightly more likely to be underweight than women. The proportion of underweight women and men is higher in slum than non-slum areas in every city, but the differences are usually small.

Overweight and obesity are notable problems among adults in all eight cities. The proportion of overweight or obese women ranges from 19 percent in Nagpur to 39 percent in Chennai (Figure 3.12). In addition, about one-third of the women in Hyderabad, Kolkata, and Meerut are overweight or obese. The proportion of overweight or obese men ranges from 13 percent in Nagpur to 23-25 percent in Chennai and Hyderabad. In these two cities, 11-12 percent of women and 4 percent of men are obese (with a BMI of ≥30). Women in every city are much more likely than men to be overweight or obese. In every city, women and men in non-slum areas are much more likely to be overweight or obese than those in slums. In non-slum areas, overweight and obesity among women ranges from 23 percent in Indore and Nagpur to 41 percent in Chennai. Even in slum areas of Hyderabad and Chennai, about one-third of women are overweight or obese. In the other six cities, 14-25 percent of women in slum areas are overweight or obese. In Hyderabad and Chennai, one out of four men in non-slum areas is overweight or obese. Even in slum areas of those two cities, 18-22 percent of men are overweight or obese.

Figure 3.12 Percentage of women age 15-49 who are overweight or obese in selected cities, India, 2005-06



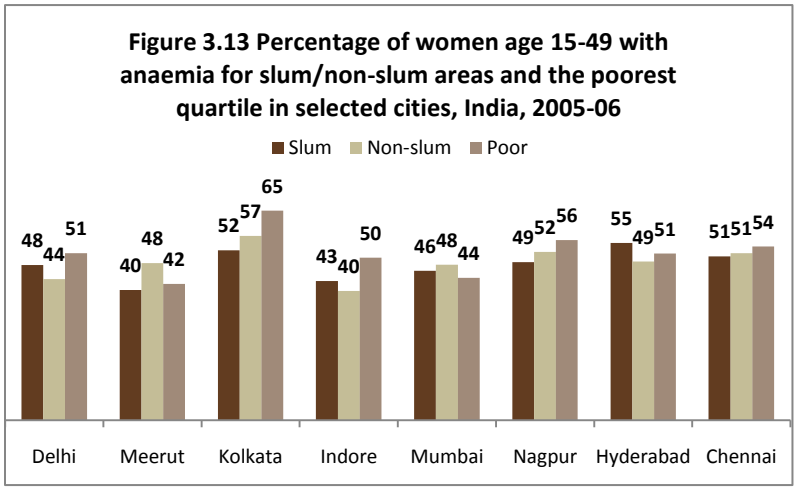
In every city, poor women and men are much more likely to be abnormally thin than non-poor women and men. At least one out of four poor women and men are undernourished. Nagpur has the highest proportion of undernourished poor women (45 percent) and poor men (52 percent). In Indore, 43 percent of poor women are undernourished.

Anaemia among adults

Table 3.12 shows the percentage of women and men with any anaemia, according to three levels of the severity of anaemia: mild anaemia (10.0-10.9 g/dl for pregnant women, 10.0-11.9 g/dl for nonpregnant women, and 12.0-12.9 g/dl for men), moderate anaemia (7.0-9.9 g/dl for women and 9.0-11.9 g/dl for men), and severe anaemia (less than 7.0 g/dl for women and less than 9.0 g/dl for men). Appropriate adjustments in these cutoff points were made for respondents living at high altitudes and for respondents who smoke.

Anaemia is widespread among women in every city, ranging within a narrow band from 40 percent in Indore to 55 percent in Kolkata. A large majority of women who are anaemic have mild anaemia, but 17-28 percent of anaemic women in these cities have a moderate level of anaemia. Another indication of the widespread prevalence of anaemia is the fact that at least 4

in 10 women are anaemic in both slum and non-slum areas in every city (Figure 3.13). The anaemia level among men varies from 11 percent in Indore to 20 percent in Kolkata. There is a tendency for anaemia to be more widespread among poor than non-poor women and men, but the differentials are not very large. Poor men in Delhi stand out as having a much higher prevalence of anaemia (32 percent) than men in any other city or subgroup.



3.7 Prevalence of Diabetes, Asthma, Goitre or Other Thyroid Disorders, and Tuberculosis

Urban dwellers are more prone to some diseases, such as diabetes, asthma, and goitre and other thyroid disorders. Interviewed women and men were asked if they have any of these diseases. The household respondent was asked whether anyone in the household suffers from tuberculosis. The prevalence of these diseases is presented in Table 3.13 and summarized below.

Diabetes

Diabetes, commonly known as 'sugar' illness, is often related to a sedentary lifestyle, obesity, and stress. It is fast emerging as an important health problem in urban areas. A person has diabetes when the body fails to produce or properly use insulin to convert sugar, starch, etc., into energy. NFHS-3 shows that diabetes is more prevalent in urban areas than in rural areas (IIPS and Macro International, 2007). In general, the prevalence of diabetes in the eight cities is higher than the national average both among women age 15-49 (881 per 100,000) and men age 15-49 (1,051 per 100,000). In these cities, the prevalence of diabetes among women varies from 1,124 per 100,000 in Meerut to 3,874 per 100,000 in Chennai. Kolkata and Hyderabad are the other cities where more than 2 percent of women suffer from diabetes. The prevalence of diabetes among men ranges from 430 per 100,000 in Indore to 2,815 per 100,000 in Hyderabad.

With few exceptions, the prevalence of diabetes is higher among the non-slum population than the slum population. For example, the prevalence of diabetes among women (1,598 per 100,000) and men (1,509 per 100,000) in non-slum areas of Meerut is 2-3 times as high as the prevalence for women (524 per 100,000) and men (657 per 100,000) in slum areas.

The prevalence of diabetes among poor women and men is the lowest in every city, probably because they are less likely to have sedentary lifestyles or to be overweight or obese.

Nevertheless, in Chennai, even among poor women, 2,666 women per 100,000 suffer from diabetes and in Hyderabad 1,758 poor men per 100,000 suffer from diabetes.

Asthma

Asthma, a chronic respiratory disease, is often mistaken for tuberculosis because the symptoms are similar. Among the four diseases covered in NFHS-3, with few exceptions, asthma is the first or second most common health problem in these cities. The prevalence of asthma among women varies from 591 per 100,000 in Delhi to 3,133 per 100,000 in Kolkata, followed by Nagpur (2,845 per 100,000). Among men, the prevalence of asthma is also very high in Kolkata and Nagpur (3,269 and 3,275 per 100,000, respectively). The slum/non-slum situation with respect to prevalence of asthma is mixed in these cities. In Delhi and Kolkata, the prevalence of asthma among both women and men is higher in non-slum areas than in slum areas, whereas the reverse is true in Mumbai, Hyderabad, and Chennai. The prevalence of asthma among the poor in these cities does not show a consistent pattern.

Goitre or other thyroid disorders

Goitre is usually caused by an iodine deficiency, which leads to an enlargement of the thyroid gland. The only symptom in many cases is a swelling in the neck. As shown in Table 3.13, the prevalence of goitre is much higher among women than men in every city. Among men, the prevalence of goitre or other thyroid disorders is highest in Kolkata (730 per 100,000). The prevalence of goitre among women ranges from 482 per 100,000 in Indore to as high as 4,199 per 100,000 in Kolkata. In Chennai, almost 3 percent of women suffer from goitre or other thyroid disorders. There are far greater differences in the prevalence of goitre or other thyroid disorders between slum and non-slum areas among women than men. The prevalence of goitre or other thyroid disorders is exceptionally high among women in non-slum areas of Kolkata (5,139 per 100,000). In almost every case, poor men and women are less likely than other men and women to have goitre or other thyroid disorders.

Tuberculosis

The extreme crowding conditions, lack of proper sanitation, and environmental pollution in very large cities exposes residents, particularly slum dwellers, to a high risk of contracting tuberculosis, which is a highly contagious disease. In recent years, tuberculosis has re-emerged as a major public health problem in many parts of the world, often as an opportunistic illness related to HIV/AIDS. The disease spreads through droplets that can travel through the air when a person with the infection coughs, talks, or sneezes. In NFHS-3, the household respondent was asked whether any usual resident of the household has tuberculosis. For each household member with reported tuberculosis, the household respondent was asked whether the person received medical treatment for the TB.

The prevalence of TB could be underestimated if the household respondent is not aware that a household member has TB. On the other hand, the prevalence of TB may be overestimated if

the household respondent incorrectly reports cases that are not tuberculosis as TB. To reduce the effects of overestimating prevalence based on reports of the household respondent, for each household member identified as suffering from TB, the household respondent was asked whether the persons has received medical treatment for the tuberculosis. Since 94 percent of persons reported as having TB in India as a whole actually received medical treatment for the TB, the extent of overestimation is not likely to be of concern (IIPS and Macro International, 2007).

Table 3.13 presents the prevalence of medically treated TB, i.e., the number of de jure females and males of all ages per 100,000 suffering from medically treated TB. The number of females suffering from medically treated TB varies from a low of 93 per 100,000 in Hyderabad to a high of 667 per 100,000 in Mumbai. Indore is the only other city where the prevalence of medically treated TB among females (161) is less than 200 per 100,000. With the exception of Meerut, the prevalence of medically treated TB among women is higher in slum than in non-slum areas in every city.

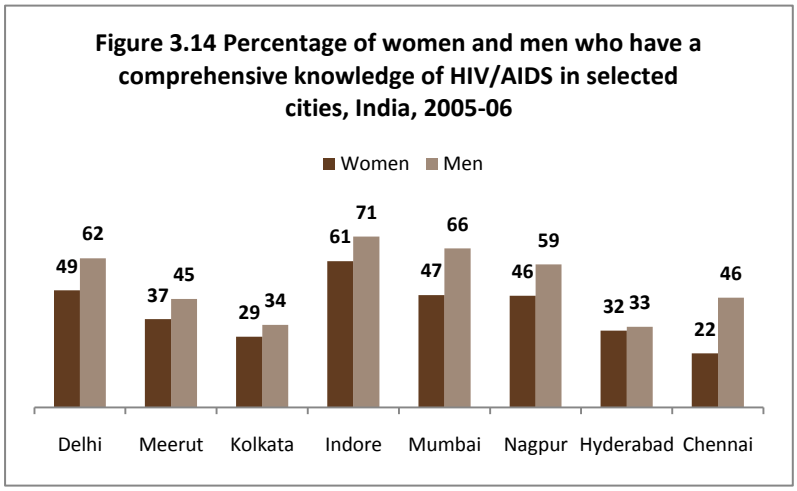
These cities present a mixed picture about sex differentials in the prevalence of TB. In Meerut, Hyderabad, and Chennai, the prevalence of TB is higher among males than females, but the reverse is true in Delhi, Kolkata, Indore, Mumbai, and Nagpur. In every city except Hyderabad, the prevalence of medically treated TB among males is higher in slum areas than in non-slum areas. Unlike poor females, poor males in every city have a much higher prevalence of medically treated TB than other males. The prevalence of TB among poor males is highest in Chennai (1,752 per 100,000). In Meerut and Mumbai, almost 1 percent of poor males have TB.

3.8 KNOWLEDGE OF TUBERCULOSIS AND HIV/AIDS

NFHS-3 collected information from individual men and women about their knowledge and awareness of tuberculosis (TB) and HIV/AIDS. Table 3.14 presents the percentage of women and men who have heard about TB and AIDS and who have a comprehensive knowledge of HIV/AIDS. With the exception of Hyderabad, knowledge of TB is nearly universal in both slum and non-slum areas in these cities. In Hyderabad, only 84 percent of women and men have heard of TB. In general, the poor in these cities are less knowledgeable about TB than other groups.

The Government of India has been making extensive use of mass media, especially electronic media, to increase awareness of AIDS and methods of avoiding HIV/AIDS. Men's knowledge of AIDS is nearly universal in every city. In every city except Meerut, 89-99 percent of women have heard about AIDS. Slum/non-slum differentials in the knowledge of AIDS among men are small in every city. Among women, knowledge of AIDS is consistency lower in slum areas than in non-slum areas, although the differences are small in many cities. Poor people, particularly poor women, are least aware of AIDS in these cities. In Meerut, less than 50 percent of poor women have heard about AIDS.

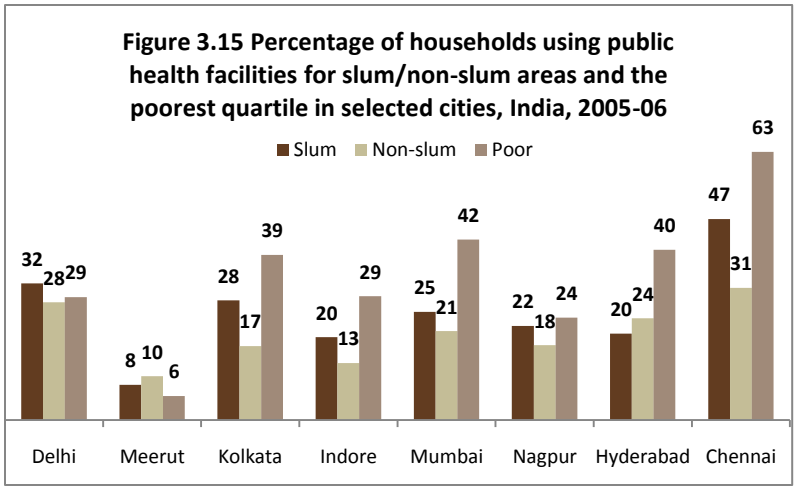
Table 3.14 also provides an assessment of the level of comprehensive knowledge of HIV/AIDS prevention and transmission in these cities. A comprehensive knowledge is defined as: 1) knowing that condom use and limiting sex to one uninfected faithful partner can reduce the chance of getting HIV/AIDS; 2) being aware that a healthy-looking person can have HIV/AIDS; and 3) rejecting the two most common misconceptions in India—that HIV/AIDS can be transmitted through mosquito bites and by sharing food. The proportion of men and women who have a comprehensive knowledge of HIV/AIDS is low in these cities. The percentage of women who have a comprehensive knowledge of HIV/AIDS varies from 22 percent in Chennai to 61 percent in Indore. For men, this percentage ranges from 33 percent in Hyderabad to 71 percent in Indore (Figure 3.14).



Except for men in Meerut, a lower percentage of both women and men in slums than in non-slum areas have a comprehensive knowledge of HIV/AIDS. In every city, the comprehensive knowledge of HIV/AIDS is lowest among poor women and men (Figure 3.14). In Kolkata, Chennai, Hyderabad, and Meerut, only 9-11 percent of poor women and 15-26 percent of poor men have a comprehensive knowledge of HIV/AIDS.

3.9 Source Of Health Care

The availability of accessible health care services is important for promoting general community health. Respondents to the household interview were asked to identify the place where members of the household generally go when they get sick. The source of health care is categorized under three broad headings, namely (a) public medical sector, (b) private medical sector, and (c) other sources. Table 3.15 shows the distribution of households by the source of health care. The private medical sector is the primary source of health care for the majority of households in every city in slum and non-slum areas (Figure 3.15). With the exception of



Chennai, a majority of even poor households usually seek treatment from the private medical sector in case of illness of a household member. In Chennai, almost two-thirds of poor households (63 percent) seek treatment from the public medical sector. In most cities, public sector medical facilities are more likely to be utilized by poor households than slum households or other households.

Reasons for not using government facilities

In households that generally do not seek health care from government sources when household members fall sick, the household respondent was asked why household members do not generally use government health facilities. In almost all cases, the three most commonly reported reasons for not using government facilities are the poor quality of care, the lack of a nearby facility, and excessive waiting times at government facilities (Table 3.16). However, the order of importance of reasons differs across cities. For example, in Meerut, Indore, and Chennai, poor quality of care is the most important reason. In Mumbai, Nagpur, and Hyderabad, the lack of a nearby facility is mentioned most often, followed by poor quality of care and excessive waiting time. In Delhi and Kolkata, the long waiting time is the most important reason for not utilizing government health services. Aside from these three reasons, many respondents also mentioned that the timing that the facility is open is inconvenient. In general, the reasons stated by non-slum dwellers, slum dwellers, and the poor are similar. People who are poor generally show less concern about the long waiting times, but they are more likely to complain about the lack of a nearby facility. Thus, it is clear that in these cities many household use private health service providers because they are perceived to be providing better and more convenient services than government service providers.

3.10 Tobacco and Alcohol Consumption

A wide range of serious diseases, including several types of cancers and heart and lung diseases are associated with tobacco use. Tobacco use among women can cause a variety of reproductive health problems, such as difficulty in becoming pregnant and an increased risk of infertility, pregnancy complications, premature births, low-birth-weight babies, stillbirths, and infant deaths (United States Department of Health and Human Services, 2004). Similarly, frequent use of alcohol is related to several health and social-psychological problems.

Table 3.17 presents the proportion of women and men who smoke cigarettes or *bidis*, who use tobacco in any other form, and who consume alcohol. In India, tobacco is used in several forms, such as smoking of cigarettes or *bidis*, chewing of *paan masala* or *gutkha*, and applying tobacco to the teeth or gums. Smoking and tobacco use, particularly smoking cigarettes or *bidis*, is not common among women. Smoking of cigarettes or *bidis* is almost non-existent among women in every city except Delhi and Meerut, where 1 percent of women smoke. Use of any type of tobacco by women is more evident, but still very low, ranging from 1 percent in Chennai to 6-7 percent in Kolkata, Mumbai, and Nagpur. Tobacco use among men is much more widespread. In every city, more than one-third of men age 15-49 use tobacco in some form. The highest tobacco use among men is in Kolkata (67 percent), followed by Nagpur (54

percent) and Indore (51 percent). More than half of tobacco users smoke cigarettes or *bidis* in every city except Nagpur. In Kolkata, half of men smoke cigarettes or *bidis*. Use of tobacco among women and men is more prevalent in slum areas than in non-slum areas in all cities. In Kolkata, Nagpur, and Indore, at least 60 percent of men in slums use tobacco in one or more forms.

The use of tobacco is particularly high among poor women and men in these cities. In every city, at least one out of two poor men uses tobacco. In Kolkata and Indore, the proportion of poor men using tobacco is particularly high (76 and 87 percent, respectively). Ten percent or more of poor women in Mumbai (11 percent), Delhi (12 percent), Kolkata (14 percent), Nagpur (15 percent), and Indore (17 percent) use tobacco in some form.

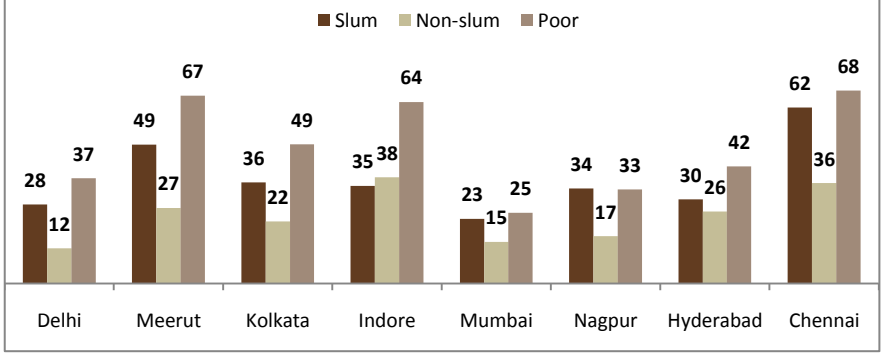
Alcohol use among women in these cities is negligible (less than 1 percent in every city except Hyderabad, where it is 3 percent). Alcohol consumption is far greater among men, ranging from 23-24 percent in Indore and Meerut to 45 percent in Chennai. As is the case for tobacco use, among men alcohol drinking is generally more prevalent in slum areas than in non-slum areas. Only in Kolkata is alcohol use among men slightly higher in non-slum areas than in slum areas. Alcohol use is particularly high among poor men in every city, especially Chennai (65 percent) and Indore (56 percent).

3.11 Spousal Physical or Sexual Violence

Table 3.18 shows the percentage of ever-married women age 15-49 who have ever experienced spousal physical or sexual violence and who have experienced physical or sexual violence in the past 12 months. The experience of spousal physical or sexual violence among ever-married women varies from 15 percent in Delhi to 41 percent in Chennai. In addition to Chennai, more than one-third of ever-married women in Meerut and Indore reported ever experiencing physical or sexual spousal violence. In every city, more than 1 in 10 ever-married women experienced spousal physical or sexual violence in the 12 months preceding the survey.

In every city except Indore, spousal violence is much more prevalent in slum areas than in non-slum areas (Figure 3.16). In Delhi, women in slum areas are more than twice as likely to have experienced spousal violence as women in non-slum areas. The differentials in the experience of spousal violence by women in slum and non-slum areas are almost as high in Meerut and Nagpur. In every city, poor women have

Figure 3.16 Percentage of ever-married women age 15-49 who have ever experienced physical or sexual violence committed by their husband for slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06



experienced particularly high levels of spousal violence, especially poor women in Chennai (68 percent), Meerut (67 percent), and Indore (64 percent). In Chennai, more than half of currently married poor women reported experiencing spousal physical or sexual violence in the 12 months preceding the survey.

3.12 Family Life Education

The spread of HIV/AIDS in India has brought into focus the importance of imparting accurate and comprehensive information on HIV/AIDS throughout the population. One way of imparting age-appropriate HIV/AIDS information is through the School AIDS Education Programme, implemented by the National AIDS Control Organization, in collaboration with various NGOs. Because of the importance of these efforts, in NFHS-3 it was decided to assess the acceptability of providing information on HIV/AIDS and related family life topics in the schools. NFHS-3 asked all respondents whether they thought that boys and girls should be taught in school about the following topics: moral values, changes in the bodies of boys and girls at puberty (including menstruation), sex and sexual behaviour, contraception, HIV/AIDS, and condom use to avoid sexually transmitted diseases. Women and men were asked these questions separately for boys and girls.

The findings are shown in Table 3.19. In the eight cities, there is widespread approval among both women and men age 15-49 of teaching several of these topics, including HIV/AIDS, in school. A majority of men in every city favour teaching boys and girls in school about sex and sexual behaviour, contraception, and HIV/AIDS. Women in every city are less likely to have favourable attitudes toward teaching various family life issues to boys and girls in school, but a substantial majority of women in every city think that both girls and boys should be taught about HIV/AIDS in school. In general, women and men in slum areas are less favourable than women and men in non-slum areas toward having each of these topics taught to boys and girls in school. Poor women and men are least likely to favour teaching HIV/AIDS and related family life topics to boys and girls in schools.

CONCLUSIONS 4

This report has analyzed urban health in eight large cities in India, focusing on living conditions, as well as population and health indicators. The following groups are highlighted in the analysis.

1. Slum and non-slum areas designated according to the 2001 Census.
2. Slum and non-slum areas designated by the NFHS-3 team supervisor at the time of the NHFS-3 fieldwork.
3. The urban poor, defined as population in the lowest wealth quartile for urban areas of India according to the NFHS-3 wealth index.

Our analysis shows that there are widespread disparities in the level of poverty across the eight cities and that the proportion of the population living in slums also varies widely from one city to another. Also in every city, the proportion of the population living in slums is much larger than the proportion of the population that is poor, indicating that not all slum dwellers are poor. This finding suggests that a large number of non-poor persons are forced to live in slum areas due to the non-availability or non-affordability of formal housing. As expected, poverty is more prevalent in slum areas than in non-slum areas, but it is crucial that there is a clear recognition that a very large number of poor persons in these cities do not live in slums. In fact, in Indore, Hyderabad, and Chennai, a large majority of poor persons do not live in slums. In the remaining five cities, 21-47 percent of poor persons do not live in slums.

The analysis of living conditions and the health of the population in cities by slum/non-slum residence and by economic condition exhibits the expected pattern. Most, but not all, of the selected indicators show that the population living in non-slum areas is better off than the population living in slums. Nevertheless, slum/non-slum differences in many of the indicators are not large. In general, the urban poor in every city are in the most disadvantaged position with respect to most of the selected indicators of living environment and health indicators, even in comparison with slum dwellers. The urban poor are particularly disadvantaged with respect to educational attainment, quality of housing, access to sanitary toilet facilities, antenatal and deliver care, and exposure to spousal violence.

In many cases, the inter-city disparities in the indicators are much sharper than the intra-city disparities by residence or by economic status. The health status of even slum dwellers and the poor in some cities in demographically and socially more advanced states is not only better than the health status of slum dwellers in cities in less developed states but is also better than the health of non-slum dwellers in these cities. The four large metro cities (Chennai, Delhi, Kolkata, and Mumbai) as a group are neither better off nor worse off than the smaller metro cities. Meerut consistently ranks low on almost all health indicators, but Delhi also does poorly

on many health indicators. Chennai ranks first or second on most health indicators, but Hyderabad and Indore also rank near the top of many health indicators.

Data and research on the health situation in individual cities in India are limited. Although NFHS-3 has provided disaggregated data for eight cities, there are many other large cities in the country. India's increasing urban growth and the emergence of many large cities have become one of the most critical development issues in the country. Indian cities are the hub of economic activities and centres of social development, but most cities have to cope with poor living conditions, increasing poverty, and a myriad of public health problems, particularly in slum areas. In the next 20 years, the size of the country's urban population is projected to increase to more than half a billion. The continued growth in the size of cities will produce further challenges to achieving the goal of providing adequate shelter, health, and civic services to this growing population. For evidence-based planning, it is important to have reliable disaggregated data on environmental and health conditions in individual cities and for different groups within these cities similar to the information provided in NFHS-3 for eight selected cities.

Most urban programmes undertaken by the Government of India since the 1960s have focused on improving living conditions in slum areas. Several policy documents such as the National Population Policy (Government of India, 2000), National Health Policy (Government of India, 2002), and Eleventh Five Year Plan (Planning Commission, 2008), focus on policies to improve infrastructure and living conditions in the cities, particularly in slum areas. In 2005, the government started the Jawaharlal Nehru National Urban Renewal Mission (JNNURM), which aims to facilitate reforms and fast track planned development in identified cities and to provide infrastructure and urban services to the population as a whole, as well as to the urban poor. Under this mission, the government has made a financial commitment of Rs. 50,000 crore during the period 2006-12.

Urban health has been stated as a thrust area for the Eleventh Five Year Plan. The plan document mentions the introduction of the National Urban Health Mission (NUHM) for inclusive growth. According to the plan document, the NUHM would cover all cities with a population of more than 100,000. It would cover slum dwellers and other marginalized urban dwellers. The existing Urban Health Posts and Urban Family Welfare Centres would continue under NUHM. An intersectoral coordination mechanism and convergence will be planned between the JNNURM and the NUHM (Planning Commission, 2008). The second phase of the Reproductive and Child Health Programme (RCH-II) clearly focuses on the health needs of the urban poor, particularly slum populations, and has recognized the bottlenecks in the existing public health system. Also, under the National Rural Heath Mission (2005-2012), a separate task force has been constituted to frame appropriate strategies for urban health care. The task force has submitted its report, and the Government of India may consider several of the task force recommendations as well as recommendations of other key stakeholders in drafting strategies for the proposed NUMH.

Early discussions of the NUMH have stressed the importance of targeting slum development, since slums are usually characterized by poor living conditions and slum households are on an average poorer and more disadvantaged than households in other urban areas. It may also be easier to organize programmes in slum areas than among poor people citywide. In addition, it is important to strive to achieve the Millennium Development Goal of significantly improving the lives of slum dwellers. Our analysis, however, clearly shows that a large proportion of the poor population in every one of the eight cities studied in NFHS-3 does not live in slums, and policies that focus only on slum areas will inevitably fail to reach the large poor population residing in non-slum areas. There is an imperative need to have a more inclusive policy that extends services to these groups as well. Because cities are geographically limited and they generally have better socioeconomic characteristics of the population and a high concentration of health services, they provide unique opportunities for cost-effective and innovative interventions to improve health and the quality of life. Continuing efforts to provide timely, high-quality information on health and living conditions among the poor in urban areas, as well as residents of slum and non-slum areas, will help to guide the design of effective policies and the implementation of enlightened programmes to tackle the most urgent problems in India's cities.

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Table 1.1 Primary sampling units and households

Number and percent distribution of primary sampling units (PSUs) and households by slum and non-slum status according to two definitions, selected cities, India, 2005-06

City	PSUs						Households						PSUs			
	Census definition			Supervisor observation			Census definition			Supervisor observation			Matching by census definition and supervisor observation			
	Slum	Non-slum	Total	Slum	Non-slum	Total	Slum	Non-slum	Total	Slum	Non-slum	Total	Slum/slum	Slum/non-slum	Non-slum/slum	Non-slum/non-slum
	Number															
Delhi	37	67	104	35	69	104	1,196	1,914	3,110	1,130	1,980	3,110	33	4	2	65
Meerut	33	36	69	21	48	69	1,017	1,110	2,127	710	1,417	2,127	12	21	9	27
Kolkata	39	43	82	34	48	82	1,104	1,187	2,291	977	1,314	2,291	33	6	1	42
Indore	30	33	63	5	58	63	980	897	1,877	150	1,727	1,877	5	25	0	33
Mumbai	36	40	76	39	37	76	1,104	1,083	2,187	1,175	1,012	2,187	27	9	12	28
Nagpur	36	40	76	32	44	76	1,001	1,204	2,205	960	1,245	2,205	29	7	3	37
Hyderabad	28	31	59	23	36	59	1,327	1,414	2,741	1,135	1,606	2,741	15	13	8	23
Chennai	32	36	68	33	35	68	940	1,097	2,037	996	1,041	2,037	21	11	12	24
	Percentage															
Delhi	36	64	100	34	66	100	38	62	100	36	64	100	32	4	2	63
Meerut	48	52	100	30	70	100	48	52	100	33	67	100	17	30	13	39
Kolkata	48	52	100	41	59	100	48	52	100	43	57	100	40	7	1	51
Indore	48	52	100	8	92	100	52	48	100	8	92	100	8	40	0	52
Mumbai	47	53	100	51	49	100	50	50	100	54	46	100	36	12	16	37
Nagpur	47	53	100	42	58	100	45	55	100	44	56	100	38	9	4	49
Hyderabad	47	53	100	39	61	100	48	52	100	41	59	100	25	22	14	39
Chennai	47	53	100	49	51	100	46	54	100	49	51	100	31	16	18	35

Note: This table is based on the unweighted sample.

Table 2.1 Households and population

Percentage of households and de jure population in slum areas by the census definition and supervisor observation and for the lowest wealth quartile, selected cities, India, 2005-06

	Households			Population		
Residence	Census	Supervisor	Poorest quartile	Census	Supervisor	Poorest quartile
Delhi	20.3	21.3	13.9	20.6	21.1	12.6
Meerut	43.3	32.2	15.8	45.5	32.4	15.8
Kolkata	32.7	30.5	14.1	35.5	33.6	13.3
Indore	20.1	3.1	11.9	19.9	2.8	11.4
Mumbai	56.0	56.2	7.7	56.9	57.4	6.8
Nagpur	33.9	34.9	20.5	36.4	37.1	20.0
Hyderabad	18.1	33.6	12.9	17.4	36.2	12.0
Chennai	18.2	40.4	17.0	18.9	40.9	16.1

Table 2.2 Place of residence of the poor population

Percentage of the de jure poor population in slum/non-slum areas, and percent distribution of the de jure poor population in slum/non-slum areas, selected cities, India, 2005-06

	Percentage poor				Percent distribution of poor					
	Census		Supervisor		Census			Supervisor		
Residence	Slum	Non-slum	Slum	Non-slum	Slum	Non-slum	Total	Slum	Non-slum	Total
Delhi	41.7	5.0	32.9	7.1	68.3	31.7	100.0	55.1	44.9	100.0
Meerut	22.7	10.0	24.1	11.8	65.5	34.5	100.0	49.5	50.5	100.0
Kolkata	22.7	8.1	24.2	7.8	60.5	39.5	100.0	61.3	38.7	100.0
Indore	9.1	12.0	9.0	11.5	15.9	84.1	100.0	2.2	97.8	100.0
Mumbai	9.5	3.3	9.1	3.8	79.0	21.0	100.0	76.5	23.5	100.0
Nagpur	29.2	14.7	34.6	11.3	53.2	46.8	100.0	64.4	35.6	100.0
Hyderabad	16.6	11.0	16.5	9.4	24.1	75.9	100.0	49.9	50.1	100.0
Chennai	31.6	12.4	25.8	9.3	37.2	62.8	100.0	65.6	34.4	100.0

Table 2.3 Age and sex structure

Percent distribution of the de facto household population by sex and age and the sex ratio for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Age of women					Age of men					Age of women and men					Sex ratio[1]
	0-14	15-59	60+	Missing	Total	0-14	15-59	60+	Missing	Total	0-14	15-59	60+	Missing	Total	
Delhi	28.9	63.5	7.6	0.0	100.0	27.6	66.2	6.2	0.0	100.0	28.2	65.0	6.8	0.0	100.0	819
Census slum	36.6	58.0	5.4	0.0	100.0	30.6	66.0	3.4	0.0	100.0	33.2	62.5	4.3	0.0	100.0	771
Census non-slum	27.0	64.8	8.2	0.0	100.0	26.8	66.3	6.9	0.0	100.0	26.9	65.6	7.5	0.0	100.0	831
Supervisor slum	34.0	59.9	6.2	0.0	100.0	28.8	67.3	3.8	0.0	100.0	31.1	64.1	4.8	0.0	100.0	768
Supervisor non-slum	27.6	64.4	8.0	0.0	100.0	27.2	65.9	6.9	0.0	100.0	27.4	65.2	7.4	0.0	100.0	832
Poorest quartile	46.1	49.6	4.4	0.0	100.0	31.5	66.1	2.4	0.0	100.0	37.1	59.7	3.2	0.0	100.0	628
Meerut	33.4	59.7	6.9	0.0	100.0	35.5	57.8	6.7	0.0	100.0	34.5	58.7	6.8	0.0	100.0	914
Census slum	36.4	57.7	5.9	0.0	100.0	37.5	56.2	6.3	0.0	100.0	37.0	56.9	6.1	0.0	100.0	902
Census non-slum	31.0	61.3	7.7	0.0	100.0	33.8	59.1	7.1	0.0	100.0	32.5	60.2	7.4	0.0	100.0	933
Supervisor slum	34.8	58.8	6.4	0.0	100.0	38.4	55.7	5.9	0.0	100.0	36.7	57.1	6.2	0.0	100.0	877
Supervisor non-slum	32.8	60.0	7.1	0.0	100.0	34.1	58.8	7.1	0.0	100.0	33.5	59.4	7.1	0.0	100.0	933
Poorest quartile	45.4	49.5	5.0	0.0	100.0	47.7	47.5	4.8	0.0	100.0	46.7	48.4	4.9	0.0	100.0	861
Kolkata	20.6	66.7	12.6	0.1	100.0	19.8	68.3	11.9	0.0	100.0	20.2	67.5	12.2	0.1	100.0	946
Census slum	25.2	65.5	9.3	0.1	100.0	24.4	67.5	8.1	0.0	100.0	24.8	66.5	8.7	0.0	100.0	886
Census non-slum	18.2	67.3	14.3	0.1	100.0	17.2	68.8	14.0	0.0	100.0	17.7	68.1	14.2	0.1	100.0	980
Supervisor slum	27.3	64.3	8.4	0.0	100.0	24.9	67.5	7.7	0.0	100.0	26.0	66.0	8.0	0.0	100.0	880
Supervisor non-slum	17.4	67.8	14.6	0.1	100.0	17.1	68.8	14.1	0.0	100.0	17.3	68.3	14.3	0.1	100.0	981
Poorest quartile	30.9	59.5	9.3	0.2	100.0	28.5	66.1	5.5	0.0	100.0	29.6	63.1	7.2	0.1	100.0	838
Indore	26.9	63.7	9.3	0.0	100.0	27.7	64.0	8.4	0.0	100.0	27.3	63.9	8.8	0.0	100.0	883
Census slum	27.9	64.2	7.9	0.0	100.0	28.3	65.6	6.1	0.0	100.0	28.1	65.0	6.9	0.0	100.0	845
Census non-slum	26.7	63.6	9.7	0.0	100.0	27.5	63.5	9.0	0.0	100.0	27.1	63.6	9.3	0.0	100.0	893
Supervisor sum	31.0	63.0	6.0	0.0	100.0	32.5	63.0	4.2	0.3	100.0	31.8	63.0	5.0	0.2	100.0	800
Supervisor non-slum	26.8	63.8	9.4	0.0	100.0	27.5	64.0	8.5	0.0	100.0	27.2	63.9	8.9	0.0	100.0	886
Poorest quartile	39.2	52.6	8.2	0.0	100.0	37.7	54.6	7.7	0.0	100.0	38.4	53.6	8.0	0.0	100.0	875

Continued…

Table 2.3 Age and sex structure —*Continued*

City/residence/wealth status	Age of women					Age of men					Age of men and women					Sex ratio[1]
	0-14	15-59	60+	Missing	Total	0-14	15-59	60+	Missing	Total	0-14	15-59	60+	Missing	Total	
Mumbai	25.5	66.6	7.9	0.0	100.0	24.7	68.4	6.9	0.0	100.0	25.1	67.5	7.4	0.0	100.0	890
Census slum	29.1	64.8	6.2	0.0	100.0	26.5	68.0	5.6	0.0	100.0	27.7	66.5	5.8	0.0	100.0	875
Census non-slum	20.9	68.9	10.2	0.0	100.0	22.4	68.9	8.6	0.0	100.0	21.7	68.9	9.4	0.0	100.0	911
Supervisor slum	29.1	65.6	5.3	0.0	100.0	27.0	68.2	4.9	0.0	100.0	28.0	67.0	5.1	0.0	100.0	845
Supervisor non-slum	20.9	67.8	11.2	0.0	100.0	21.6	68.7	9.7	0.0	100.0	21.2	68.3	10.5	0.0	100.0	954
Poorest quartile	30.5	62.0	7.5	0.0	100.0	27.3	68.8	3.9	0.0	100.0	28.4	66.4	5.2	0.0	100.0	556
Nagpur	25.7	65.5	8.8	0.0	100.0	25.8	65.8	8.4	0.0	100.0	25.8	65.6	8.6	0.0	100.0	974
Census slum	27.9	64.6	7.5	0.0	100.0	27.5	65.6	6.8	0.0	100.0	27.7	65.1	7.2	0.0	100.0	994
Census non-slum	24.5	66.0	9.5	0.0	100.0	24.9	65.8	9.3	0.0	100.0	24.7	65.9	9.4	0.0	100.0	963
Supervisor slum	28.8	64.1	7.1	0.0	100.0	29.6	64.3	6.1	0.0	100.0	29.2	64.2	6.6	0.0	100.0	966
Supervisor non-slum	23.9	66.3	9.8	0.0	100.0	23.6	66.7	9.8	0.0	100.0	23.7	66.5	9.8	0.0	100.0	980
Poorest quartile	33.8	60.4	5.8	0.0	100.0	33.3	60.7	6.0	0.0	100.0	33.5	60.6	5.9	0.0	100.0	968
Hyderabad	28.5	64.6	6.9	0.0	100.0	28.9	64.8	6.3	0.0	100.0	28.7	64.7	6.6	0.0	100.0	973
Census slum	30.2	63.6	6.2	0.0	100.0	29.4	64.4	6.2	0.0	100.0	29.8	64.0	6.2	0.0	100.0	977
Census non-slum	28.2	64.8	7.1	0.0	100.0	28.8	64.9	6.4	0.0	100.0	28.5	64.8	6.7	0.0	100.0	971
Supervisor slum	31.7	62.5	5.8	0.0	100.0	32.2	62.1	5.7	0.0	100.0	32.0	62.3	5.7	0.0	100.0	960
Supervisor non-slum	26.7	65.7	7.6	0.0	100.0	27.0	66.3	6.7	0.0	100.0	26.9	66.0	7.1	0.0	100.0	981
Poorest quartile	38.2	57.0	4.8	0.0	100.0	38.3	57.6	4.1	0.0	100.0	38.2	57.3	4.5	0.0	100.0	989
Chennai	22.2	68.5	9.2	0.0	100.0	23.0	68.5	8.5	0.0	100.0	22.6	68.5	8.9	0.0	100.0	982
Census slum	26.0	66.5	7.5	0.0	100.0	28.1	66.5	5.4	0.0	100.0	27.0	66.5	6.4	0.0	100.0	975
Census non-slum	21.4	69.0	9.7	0.0	100.0	21.8	69.0	9.2	0.0	100.0	21.6	69.0	9.4	0.0	100.0	983
Supervisor slum	23.0	68.2	8.8	0.0	100.0	25.3	68.0	6.7	0.0	100.0	24.1	68.1	7.7	0.0	100.0	1017
Supervisor non-slum	21.7	68.7	9.6	0.0	100.0	21.5	68.8	9.7	0.0	100.0	21.6	68.8	9.6	0.0	100.0	957
Poorest quartile	26.6	63.5	9.8	0.0	100.0	30.4	63.9	5.6	0.0	100.0	28.4	63.7	7.8	0.0	100.0	1109

[1] Females per 1,000 males.

Table 2.4 Household characteristics

Percentage of households headed by women, average household size, and percent distribution of households by household structure for slum and non-slum residents and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Female headed households	Average household size	Household structure[1]		
			Nuclear	Non-nuclear	Total
Delhi	9.7	4.5	62.0	38.0	100.0
Census slum	9.9	4.6	64.6	35.4	100.0
Census non-slum	9.6	4.5	61.4	38.6	100.0
Supervisor slum	11.2	4.5	63.0	37.0	100.0
Supervisor non-slum	9.3	4.5	61.8	38.2	100.0
Poorest quartile	7.0	4.1	66.3	33.7	100.0
Meerut	11.4	5.4	61.4	38.6	100.0
Census slum	10.2	5.6	61.2	38.8	100.0
Census non-slum	12.3	5.2	61.5	38.5	100.0
Supervisor slum	9.6	5.4	62.6	37.4	100.0
Supervisor non-slum	12.3	5.4	60.8	39.2	100.0
Poorest quartile	12.7	5.4	75.9	24.1	100.0
Kolkata	17.5	4.2	59.8	40.2	100.0
Census slum	17.9	4.5	59.2	40.8	100.0
Census non-slum	17.4	4.0	60.1	39.9	100.0
Supervisor slum	17.0	4.6	57.9	42.1	100.0
Supervisor non-slum	17.8	4.0	60.6	39.4	100.0
Poorest quartile	21.8	4.0	63.3	36.7	100.0
Indore	8.9	4.7	58.7	41.3	100.0
Census slum	8.2	4.6	63.2	36.8	100.0
Census non-slum	9.1	4.7	57.6	42.4	100.0
Supervisor slum	5.3	4.2	73.3	26.7	100.0
Supervisor non-slum	9.1	4.7	58.3	41.7	100.0
Poorest quartile	12.3	4.5	68.0	32.0	100.0
Mumbai	14.4	4.5	58.8	41.2	100.0
Census slum	13.9	4.6	59.0	41.0	100.0
Census non-slum	15.0	4.4	58.5	41.5	100.0
Supervisor slum	14.3	4.6	58.8	41.2	100.0
Supervisor non-slum	14.5	4.4	58.8	41.2	100.0
Poorest quartile	10.5	4.0	52.5	47.5	100.0
Nagpur	12.5	4.6	63.7	36.3	100.0
Census slum	15.9	4.9	60.7	39.3	100.0
Census non-slum	10.7	4.4	65.3	34.7	100.0
Supervisor slum	15.1	4.9	63.3	36.7	100.0
Supervisor non-slum	11.0	4.4	64.0	36.0	100.0
Poorest quartile	14.6	4.5	68.2	31.8	100.0
Hyderabad	13.9	4.7	65.7	34.3	100.0
Census slum	14.3	4.6	66.8	33.2	100.0
Census non-slum	13.9	4.8	65.4	34.6	100.0
Supervisor slum	17.3	5.1	65.0	35.0	100.0
Supervisor non-slum	12.3	4.6	66.0	34.0	100.0
Poorest quartile	18.5	4.4	76.5	23.5	100.0
Chennai	15.0	3.8	70.1	29.9	100.0
Census slum	17.1	3.9	69.0	31.0	100.0
Census non-slum	14.6	3.7	70.3	29.7	100.0
Supervisor slum	17.3	3.8	71.2	28.8	100.0
Supervisor non-slum	13.5	3.7	69.3	30.7	100.0
Poorest quartile	25.9	3.6	73.0	27.0	100.0

[1] Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Table 2.5 Households by caste/tribe of the household head

Percent distribution of households by caste/tribe of the household head for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Scheduled caste/ scheduled tribe	Other backward class (OBC)	Other	Total
Delhi	18.0	13.4	68.6	100.0
Census slum	38.1	19.2	42.7	100.0
Census non-slum	12.8	11.9	75.2	100.0
Supervisor slum	36.5	17.9	45.6	100.0
Supervisor non-slum	12.9	12.2	74.9	100.0
Poorest quartile	39.1	23.8	36.8	100.0
Meerut	16.6	38.9	44.2	100.0
Census slum	26.0	42.7	30.7	100.0
Census non-slum	9.5	35.9	54.6	100.0
Supervisor slum	30.5	36.1	32.5	100.0
Supervisor non-slum	10.0	40.2	49.8	100.0
Poorest quartile	31.4	58.4	9.9	100.0
Kolkata	11.7	2.1	85.7	100.0
Census slum	14.0	2.6	82.7	100.0
Census non-slum	10.5	1.9	87.2	100.0
Supervisor slum	12.2	2.5	84.8	100.0
Supervisor non-slum	11.5	1.9	86.1	100.0
Poorest quartile	25.0	2.3	72.3	100.0
Indore	18.0	35.3	46.7	100.0
Census slum	28.4	34.6	37.0	100.0
Census non-slum	15.4	35.5	49.2	100.0
Supervisor slum	16.0	60.0	24.0	100.0
Supervisor non-slum	18.1	34.5	47.4	100.0
Poorest quartile	51.0	39.1	9.8	100.0
Mumbai	12.7	14.7	72.2	100.0
Census slum	12.9	15.6	70.9	100.0
Census non-slum	12.5	13.6	73.9	100.0
Supervisor slum	12.8	15.3	71.3	100.0
Supervisor non-slum	12.5	14.0	73.4	100.0
Poorest quartile	15.3	12.8	71.3	100.0
Nagpur	26.2	35.9	37.8	100.0
Census slum	36.4	33.3	30.4	100.0
Census non-slum	21.0	37.2	41.6	100.0
Supervisor slum	34.8	34.4	30.8	100.0
Supervisor non-slum	21.7	36.6	41.6	100.0
Poorest quartile	30.1	33.2	36.7	100.0
Hyderabad	13.8	30.6	55.5	100.0
Census slum	16.8	34.2	48.9	100.0
Census non-slum	13.1	29.8	56.9	100.0
Supervisor slum	14.6	33.9	51.2	100.0
Supervisor non-slum	13.9	27.4	58.7	100.0
Poorest quartile	31.7	33.4	34.9	100.0
Chennai	19.7	70.1	10.1	100.0
Census slum	35.6	61.4	2.9	100.0
Census non-slum	16.1	72.1	11.7	100.0
Supervisor slum	31.2	62.5	6.2	100.0
Supervisor non-slum	11.8	75.3	12.7	100.0
Poorest quartile	42.9	54.3	2.7	100.0

Note: Total includes households whose household heads don't know their caste/tribe and households with missing information on caste/tribe of the household head, which are not shown separately.

Table 2.6 Educational attainment of the household head

Percent distribution of household heads by highest number of years of education completed for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	No education	<10 years of education	10 or more years of education	Missing	Total
Delhi	15.7	26.8	57.4	0.1	100.0
Census slum	33.4	41.1	25.5	0.1	100.0
Census non-slum	11.2	23.1	65.5	0.2	100.0
Supervisor slum	30.6	38.7	30.6	0.1	100.0
Supervisor non-slum	11.6	23.6	64.6	0.2	100.0
Poorest quartile	45.8	38.8	15.0	0.4	100.0
Meerut	24.0	30.0	45.2	0.8	100.0
Census slum	27.2	37.0	35.1	0.7	100.0
Census non-slum	21.5	24.7	52.9	0.9	100.0
Supervisor slum	25.1	34.7	39.0	1.2	100.0
Supervisor non-slum	23.5	27.8	48.1	0.6	100.0
Poorest quartile	55.8	37.3	6.6	0.3	100.0
Kolkata	18.2	33.1	48.5	0.2	100.0
Census slum	29.5	38.9	31.2	0.4	100.0
Census non-slum	12.7	30.3	56.9	0.1	100.0
Supervisor slum	35.0	39.2	25.5	0.3	100.0
Supervisor non-slum	10.9	30.4	58.6	0.1	100.0
Poorest quartile	50.6	42.0	7.4	0.0	100.0
Indore	11.5	37.6	50.9	0.0	100.0
Census slum	16.0	46.9	36.9	0.1	100.0
Census non-slum	10.4	35.2	54.4	0.0	100.0
Supervisor slum	20.7	60.0	19.3	0.0	100.0
Supervisor non-slum	11.2	36.9	51.9	0.0	100.0
Poorest quartile	36.0	54.9	9.1	0.0	100.0
Mumbai	13.3	41.1	45.5	0.2	100.0
Census slum	15.4	46.5	37.8	0.4	100.0
Census non-slum	10.5	34.2	55.3	0.0	100.0
Supervisor slum	15.9	46.8	37.2	0.1	100.0
Supervisor non-slum	9.9	33.6	56.1	0.3	100.0
Poorest quartile	29.6	45.9	23.2	1.3	100.0
Nagpur	12.5	40.0	47.4	0.2	100.0
Census slum	18.1	54.9	26.7	0.3	100.0
Census non-slum	9.6	32.3	58.0	0.1	100.0
Supervisor slum	20.7	57.5	21.4	0.4	100.0
Supervisor non-slum	8.1	30.6	61.3	0.1	100.0
Poorest quartile	32.2	57.3	9.9	0.6	100.0
Hyderabad	22.2	25.0	52.7	0.1	100.0
Census slum	26.0	29.5	44.5	0.0	100.0
Census non-slum	21.4	24.0	54.5	0.1	100.0
Supervisor slum	32.9	29.2	37.8	0.2	100.0
Supervisor non-slum	16.8	22.9	60.3	0.1	100.0
Poorest quartile	60.5	27.5	11.9	0.0	100.0
Chennai	11.8	43.4	44.8	0.0	100.0
Census slum	20.0	59.1	20.9	0.0	100.0
Census non-slum	10.0	39.8	50.1	0.0	100.0
Supervisor slum	16.7	49.7	33.6	0.0	100.0
Supervisor non-slum	8.6	39.0	52.4	0.0	100.0
Poorest quartile	28.6	60.1	11.3	0.0	100.0

Table 2.7 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 years by their living arrangements, percentage with one or both parents dead, and the average number of children per adult for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Living with both parents	Living with mother but not with father	Living with father but not with mother	Not living with either parent	Missing information on father/ mother	Total	Percentage with one or both parents dead	Average number of children per adult[1]
Delhi	90.4	4.2	1.6	3.4	0.4	100.0	4.5	0.43
Census slum	88.3	5.2	2.6	3.5	0.4	100.0	6.5	0.53
Census non-slum	91.0	3.9	1.3	3.4	0.4	100.0	3.9	0.40
Supervisor slum	87.9	6.2	2.1	3.5	0.4	100.0	6.2	0.49
Supervisor non-slum	91.1	3.7	1.4	3.4	0.4	100.0	4.1	0.41
Poorest quartile	84.2	4.5	3.6	6.9	0.9	100.0	5.4	0.62
Meerut	89.2	7.2	1.0	2.6	0.1	100.0	3.7	0.58
Census slum	89.6	6.4	1.3	2.6	0.1	100.0	3.8	0.64
Census non-slum	88.8	7.9	0.6	2.6	0.1	100.0	3.7	0.53
Supervisor slum	90.8	6.6	0.7	1.8	0.1	100.0	2.4	0.63
Supervisor non-slum	88.3	7.4	1.1	3.0	0.1	100.0	4.4	0.56
Poorest quartile	88.9	7.8	1.3	1.9	0.1	100.0	4.7	0.96
Kolkata	84.6	6.4	2.4	6.6	0.0	100.0	5.5	0.30
Census slum	81.8	7.9	3.3	7.0	0.0	100.0	6.9	0.37
Census non-slum	86.7	5.2	1.8	6.3	0.0	100.0	4.4	0.26
Supervisor slum	81.8	7.6	3.3	7.3	0.0	100.0	7.1	0.40
Supervisor non-slum	86.8	5.5	1.7	6.0	0.0	100.0	4.3	0.25
Poorest quartile	81.5	10.4	2.4	5.8	0.0	100.0	7.5	0.47
Indore	89.6	5.1	1.1	4.1	0.0	100.0	4.2	0.43
Census slum	90.3	4.8	1.2	3.6	0.0	100.0	3.7	0.44
Census non-slum	89.5	5.2	1.1	4.3	0.0	100.0	4.3	0.42
Supervisor slum	91.1	4.1	1.2	3.7	0.0	100.0	4.1	0.50
Supervisor non-slum	89.6	5.1	1.1	4.2	0.0	100.0	4.2	0.43
Poorest quartile	90.1	5.7	2.2	1.9	0.0	100.0	5.3	0.71
Mumbai	88.3	6.9	1.9	3.0	0.0	100.0	3.9	0.37
Census slum	86.4	8.2	2.7	2.7	0.0	100.0	4.3	0.42
Census non-slum	91.5	4.6	0.6	3.3	0.0	100.0	3.2	0.31
Supervisor slum	88.0	6.9	2.3	2.8	0.0	100.0	3.4	0.41
Supervisor non-slum	89.0	6.7	1.1	3.2	0.0	100.0	4.7	0.31
Poorest quartile	82.1	6.1	4.8	6.9	0.0	100.0	4.2	0.42
Nagpur	89.3	6.3	1.0	3.3	0.0	100.0	3.7	0.39
Census slum	87.0	7.5	1.2	4.3	0.0	100.0	4.6	0.43
Census non-slum	90.9	5.5	0.9	2.6	0.1	100.0	3.2	0.37
Supervisor slum	87.7	6.7	1.2	4.4	0.0	100.0	4.2	0.45
Supervisor non-slum	90.5	6.0	0.9	2.5	0.1	100.0	3.4	0.35
Poorest quartile	86.7	8.7	1.7	3.0	0.0	100.0	6.1	0.56
Hyderabad	86.6	8.6	1.2	3.6	0.0	100.0	5.0	0.44
Census slum	86.2	9.3	1.3	3.1	0.0	100.0	5.3	0.46
Census non-slum	86.7	8.5	1.1	3.7	0.0	100.0	4.9	0.44
Supervisor slum	84.7	10.7	0.5	4.0	0.1	100.0	6.4	0.51
Supervisor non-slum	87.9	7.2	1.6	3.3	0.0	100.0	4.0	0.41
Poorest quartile	80.1	11.6	3.4	4.7	0.2	100.0	8.8	0.68
Chennai	88.3	7.4	1.2	3.1	0.0	100.0	2.9	0.35
Census slum	85.8	8.5	1.6	4.1	0.0	100.0	4.2	0.42
Census non-slum	89.1	7.0	1.1	2.8	0.0	100.0	2.6	0.33
Supervisor slum	88.8	6.4	1.1	3.7	0.0	100.0	2.9	0.38
Supervisor non-slum	88.0	8.1	1.3	2.6	0.0	100.0	2.9	0.33
Poorest quartile	84.2	10.1	2.1	3.6	0.0	100.0	6.8	0.47

[1] Based on the de facto population

Table 2.8 School attendance

Percentage of the de facto household population age 6-17 years attending school in the 2005-06 school year by sex, slum/non-slum residence, and age and by sex and age for the poorest quartile, selected cities, India, 2005-06

	Female			Male			Total			Poorest quartile		
Age	Slum	Non-slum	Total	Slum	Non-slum	Total	Slum	Non-slum	Total	Female	Male	Total
						Delhi						
6-10 years	79.0	92.8	89.4	81.0	91.5	88.9	80.0	92.1	89.1	65.4	63.1	64.3
11-14 years	67.4	89.3	83.9	70.1	88.4	84.5	68.8	88.8	84.2	50.7	54.3	52.9
15-17 years	44.1	70.9	65.3	32.6	64.1	56.9	36.8	66.8	60.2	(12.5)	11.0	11.4
6-14 years	73.7	91.2	86.9	76.1	90.0	86.8	75.0	90.5	86.8	60.3	58.8	59.5
6-17 years	67.5	86.2	81.8	63.3	82.4	78.0	65.2	84.0	79.7	52.6	43.9	47.5
						Meerut						
6-10 years	75.2	79.5	77.4	77.0	77.1	77.0	76.1	78.2	77.2	55.6	60.3	58.2
11-14 years	66.2	73.6	70.0	74.0	77.8	75.9	70.4	75.8	73.2	38.4	59.0	50.4
15-17 years	38.1	57.9	48.0	43.1	54.5	49.2	40.7	56.0	48.7	12.7	16.2	14.7
6-14 years	71.2	76.8	74.0	75.6	77.4	76.5	73.5	77.1	75.3	48.5	59.7	54.9
6-17 years	63.1	72.3	67.8	68.0	71.4	69.7	65.7	71.8	68.8	41.1	50.8	46.6
						Kolkata						
6-10 years	80.6	86.7	84.3	78.6	90.1	84.9	79.5	88.3	84.6	62.5	64.8	63.7
11-14 years	65.6	88.4	78.1	72.0	83.0	78.4	68.7	85.5	78.3	56.6	52.2	54.1
15-17 years	36.0	58.8	49.4	45.0	61.0	54.7	40.7	60.0	52.2	(7.8)	(14.9)	11.7
6-14 years	73.2	87.5	81.5	75.6	86.6	81.8	74.4	87.0	81.6	60.2	59.3	59.7
6-17 years	62.3	78.9	71.9	66.6	78.2	73.3	64.5	78.5	72.6	48.1	49.1	48.6
						Indore						
6-10 years	93.5	91.3	91.7	90.1	92.4	91.9	91.7	91.9	91.8	69.8	86.5	78.2
11-14 years	80.6	87.2	85.8	82.3	85.8	85.0	81.5	86.5	85.4	(58.3)	(52.8)	55.0
15-17 years	47.3	52.0	51.0	50.9	53.1	52.6	49.5	52.6	51.9	*	(18.6)	20.0
6-14 years	87.8	89.4	89.1	86.8	89.7	89.1	87.3	89.6	89.1	66.5	74.1	70.6
6-17 years	78.6	80.7	80.3	76.7	80.1	79.4	77.6	80.4	79.8	57.1	64.7	61.1
						Mumbai						
6-10 years	98.2	98.3	98.3	94.6	97.2	95.6	96.4	97.7	96.9	*	(81.5)	(85.9)
11-14 years	89.4	92.8	90.8	90.0	96.2	92.5	89.7	94.5	91.7	*	(85.9)	(86.0)
15-17 years	44.8	60.7	51.3	51.2	67.4	57.8	48.3	64.4	54.9	*	(18.2)	(19.0)
6-14 years	94.3	95.7	94.9	92.7	96.7	94.2	93.5	96.2	94.6	(89.9)	83.8	86.0
6-17 years	82.1	86.5	83.8	81.0	87.8	83.7	81.5	87.2	83.8	(69.5)	60.3	63.4
						Nagpur						
6-10 years	97.7	96.4	97.0	93.6	94.2	93.9	95.7	95.2	95.4	93.7	89.2	91.4
11-14 years	85.2	91.7	89.2	88.9	87.8	88.3	87.1	89.8	88.7	74.6	69.3	71.7
15-17 years	48.8	65.1	58.6	45.6	69.5	60.7	47.2	67.4	59.6	30.9	33.7	32.4
6-14 years	91.9	94.1	93.2	91.3	91.3	91.3	91.6	92.7	92.2	85.9	80.2	82.9
6-17 years	79.6	85.9	83.4	78.9	84.9	82.6	79.2	85.4	83.0	70.3	67.4	68.8

Continued…

Table 2.8 School attendance—*Continued*

Age	Female			Male			Total			Poorest quartile		
	Slum	Non-slum	Total	Slum	Non-slum	Total	Slum	Non-slum	Total	Female	Male	Total
						Hyderabad						
6-10 years	86.3	92.1	90.9	88.1	87.4	87.5	87.2	89.6	89.1	73.8	67.9	70.8
11-14 years	81.9	83.9	83.6	74.6	81.1	79.9	78.2	82.5	81.8	58.8	50.1	54.1
15-17 years	51.0	54.8	54.1	56.1	60.9	60.1	53.5	57.9	57.1	20.3	22.7	21.7
6-14 years	84.4	88.1	87.4	81.9	84.7	84.2	83.2	86.3	85.8	68.2	60.7	64.3
6-17 years	75.6	79.1	78.4	75.0	78.3	77.8	75.3	78.7	78.1	58.1	51.6	54.7
						Chennai						
6-10 years	97.4	100.0	99.4	97.4	98.5	98.3	97.4	99.2	98.8	98.1	98.6	98.3
11-14 years	86.2	95.6	93.7	87.5	89.9	89.4	86.9	92.7	91.5	84.2	84.0	84.1
15-17 years	39.8	65.6	60.5	47.1	60.2	57.7	43.4	62.8	59.1	(49.6)	(45.8)	47.6
6-14 years	92.8	97.9	96.8	93.2	94.5	94.2	93.0	96.2	95.5	92.1	92.8	92.4
6-17 years	79.5	88.9	86.9	81.8	84.9	84.3	80.7	86.9	85.6	82.9	80.7	81.8

Note: in this table, children's age refers to their age at the start of the 2005-06 school year (assumed here to be April 2005).
( ) Based on 25-49 unweighted cases.
* Percentage not shown; based on fewer than 25 unweighted cases.

Table 2.9 Children's work

Percentage of de jure children age 5-14 years who were engaged in different activities in the seven days preceding the interview by type of work for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Work for someone who is not a member of the household[1]		Household chores for 28 or more hours per week	Other family work[2]	Total working[3]
	Paid work	Unpaid work			
Delhi	1.8	8.8	1.5	1.1	12.6
Census slum	2.3	9.0	2.1	1.1	13.8
Census non-slum	1.6	8.7	1.3	1.1	12.2
Supervisor slum	2.0	8.3	1.6	1.1	12.6
Supervisor non-slum	1.7	8.9	1.5	1.1	12.6
Poorest quartile	2.3	7.4	2.5	5.0	16.3
Meerut	2.4	6.4	3.0	1.0	12.6
Census slum	3.1	7.9	3.6	1.7	16.0
Census non-slum	1.6	4.9	2.3	0.3	9.1
Supervisor slum	2.7	13.4	3.9	1.2	20.9
Supervisor non-slum	2.2	2.7	2.5	1.0	8.1
Poorest quartile	4.7	8.4	3.4	0.2	16.2
Kolkata	1.6	0.4	1.7	1.8	5.3
Census slum	2.7	0.5	1.8	1.9	6.9
Census non-slum	0.7	0.3	1.7	1.7	4.1
Supervisor slum	2.7	0.5	1.6	2.0	6.8
Supervisor non-slum	0.7	0.3	1.9	1.6	4.2
Poorest quartile	5.0	0.5	1.0	1.2	7.7
Indore	2.8	1.8	1.2	1.0	6.7
Census slum	2.0	1.4	1.9	1.0	6.3
Census non-slum	3.0	1.9	1.0	1.0	6.8
Supervisor slum	2.2	0.7	1.5	0.0	4.4
Supervisor non-slum	2.8	1.9	1.2	1.1	6.8
Poorest quartile	7.9	0.8	1.5	1.2	11.3
Mumbai	0.8	1.8	0.8	0.3	3.4
Census slum	0.4	1.6	1.0	0.2	3.1
Census non-slum	1.4	2.2	0.4	0.5	3.9
Supervisor slum	0.9	1.9	0.8	0.3	3.7
Supervisor non-slum	0.6	1.6	0.8	0.5	2.9
Poorest quartile	2.6	0.0	1.8	0.7	4.4
Nagpur	1.8	2.7	0.6	1.0	6.0
Census slum	2.5	2.7	1.4	1.5	7.8
Census non-slum	1.4	2.7	0.1	0.7	4.8
Supervisor slum	2.1	2.4	1.3	1.6	7.2
Supervisor non-slum	1.7	2.9	0.1	0.5	5.2
Poorest quartile	3.5	1.7	1.4	1.6	8.0
Hyderabad	2.6	0.4	0.7	2.0	5.3
Census slum	3.2	0.0	0.6	1.0	4.5
Census non-slum	2.5	0.5	0.7	2.2	5.4
Supervisor slum	3.0	0.1	0.7	2.7	6.5
Supervisor non-slum	2.3	0.6	0.7	1.5	4.4
Poorest quartile	7.6	1.1	0.5	5.5	14.2
Chennai	1.4	3.5	0.6	0.6	5.9
Census slum	2.6	7.7	0.0	1.1	10.4
Census non-slum	1.1	2.4	0.8	0.5	4.7
Supervisor slum	1.9	4.6	0.6	0.2	7.1
Supervisor non-slum	1.0	2.6	0.7	0.9	5.0
Poorest quartile	3.1	5.6	1.7	2.6	12.3

[1] Any work in the 7 days preceding the survey, paid or unpaid, for someone who is not a member of the household by children age 5-11 years and for 14 or more hours by children age 12-14 years.
[2] Includes any work in the 7 days preceding the survey, such as work on the farm, in a business, or selling goods in the street by children age 5-11 years and for 14 or more hours by children age 12-14 years.
[3] Includes children age 5-11 years who in the 7 days preceding the survey, worked for someone who is not a member of the household, with or without pay, did household chores for 28 or more hours, or engaged in any other family work and children age 12-14 years who in the 7 days preceding the survey, worked for 14 or more hours for someone who is not a member of the household, with or without pay, did household chores for 28 or more hours, or engaged in any other family work for 14 or more hours.

Table 2.10 Educational attainment

Percent distribution of the de facto female and male household population age six and over by highest number of years of education completed for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

	Women						Men					
City/residence/wealth status	No education	<5 years complete	5-9 years complete	10 or more years complete	Missing	Total	No education	<5 years complete	5-9 years complete	10 or more years complete	Missing	Total
Delhi	22.0	11.9	24.6	41.3	0.3	100.0	10.6	12.3	29.1	47.8	0.2	100.0
Census slum	40.9	16.4	26.7	15.5	0.6	100.0	22.4	15.6	39.9	21.9	0.2	100.0
Census non-slum	17.5	10.8	24.1	47.3	0.3	100.0	7.6	11.5	26.3	54.4	0.2	100.0
Supervisor slum	37.8	14.4	27.6	19.6	0.5	100.0	19.4	13.7	38.8	27.7	0.3	100.0
Supervisor non-slum	18.1	11.2	23.8	46.6	0.3	100.0	8.2	11.9	26.5	53.2	0.2	100.0
Poorest quartile	62.7	19.3	15.3	1.9	0.8	100.0	36.0	15.9	35.7	12.2	0.3	100.0
Meerut	29.8	13.3	24.3	32.3	0.2	100.0	16.5	15.7	30.9	36.3	0.5	100.0
Census slum	36.4	15.1	26.3	22.0	0.1	100.0	18.4	18.0	35.0	28.1	0.5	100.0
Census non-slum	24.5	11.8	22.7	40.7	0.3	100.0	14.8	13.8	27.4	43.4	0.6	100.0
Supervisor slum	35.8	14.4	25.9	23.7	0.2	100.0	16.9	18.0	35.1	29.3	0.7	100.0
Supervisor non-slum	27.1	12.7	23.5	36.4	0.3	100.0	16.2	14.7	28.9	39.8	0.5	100.0
Poorest quartile	62.4	18.2	17.8	1.2	0.3	100.0	40.0	23.1	31.5	5.3	0.0	100.0
Kolkata	20.7	14.9	29.7	34.6	0.1	100.0	12.6	13.4	29.6	44.2	0.1	100.0
Census slum	33.3	18.0	30.1	18.6	0.0	100.0	19.4	16.5	34.5	29.4	0.2	100.0
Census non-slum	14.4	13.4	29.5	42.6	0.1	100.0	8.9	11.7	26.9	52.3	0.1	100.0
Supervisor slum	36.8	20.0	28.2	15.0	0.1	100.0	23.0	17.5	35.3	24.1	0.1	100.0
Supervisor non-slum	13.4	12.7	30.4	43.5	0.1	100.0	7.4	11.4	26.7	54.4	0.1	100.0
Poorest quartile	52.3	24.4	20.4	2.9	0.0	100.0	35.7	24.9	31.1	8.2	0.2	100.0
Indore	20.1	13.9	29.6	36.4	0.0	100.0	7.1	14.6	32.1	46.2	0.0	100.0
Census slum	23.5	14.7	37.3	24.4	0.1	100.0	9.1	14.2	41.3	35.4	0.0	100.0
Census non-slum	19.3	13.7	27.7	39.3	0.0	100.0	6.6	14.7	29.8	48.9	0.0	100.0
Supervisor slum	33.2	16.2	41.3	9.3	0.0	100.0	11.9	18.4	50.2	19.5	0.0	100.0
Supervisor non-slum	19.8	13.8	29.2	37.1	0.0	100.0	7.0	14.5	31.6	46.9	0.0	100.0
Poorest quartile	51.3	21.5	23.5	3.7	0.0	100.0	21.8	29.9	39.0	9.3	0.0	100.0
Mumbai	16.5	16.4	35.1	31.7	0.3	100.0	5.7	14.0	36.5	43.5	0.2	100.0
Census slum	19.3	17.7	38.7	24.0	0.4	100.0	6.7	15.6	40.3	37.1	0.3	100.0
Census non-slum	13.1	14.9	30.6	41.2	0.2	100.0	4.4	12.0	31.5	52.0	0.0	100.0
Supervisor slum	19.9	18.1	39.4	22.2	0.3	100.0	6.4	15.7	41.5	36.1	0.2	100.0
Supervisor non-slum	12.4	14.4	29.8	43.1	0.3	100.0	4.7	11.7	29.5	53.9	0.2	100.0
Poorest quartile	46.2	17.4	31.2	4.0	1.1	100.0	14.0	17.0	44.6	23.2	1.2	100.0
Nagpur	13.2	17.4	31.5	37.6	0.3	100.0	6.0	16.9	34.1	42.7	0.2	100.0
Census slum	17.8	21.8	37.8	22.1	0.5	100.0	7.4	20.6	43.8	27.8	0.4	100.0
Census non-slum	10.6	14.8	27.9	46.6	0.2	100.0	5.3	14.8	28.7	51.1	0.1	100.0
Supervisor slum	20.0	22.9	38.7	17.8	0.4	100.0	8.9	22.5	45.1	23.3	0.2	100.0
Supervisor non-slum	9.3	14.2	27.3	49.0	0.2	100.0	4.3	13.6	27.7	54.1	0.2	100.0
Poorest quartile	27.8	27.2	38.1	6.4	0.4	100.0	16.9	29.6	44.3	9.1	0.2	100.0
Hyderabad	20.2	13.5	26.8	39.2	0.3	100.0	12.4	13.8	25.4	48.2	0.2	100.0
Census slum	26.2	13.8	27.2	32.6	0.3	100.0	14.7	14.7	28.4	42.0	0.2	100.0
Census non-slum	18.9	13.4	26.7	40.6	0.3	100.0	11.9	13.7	24.8	49.5	0.2	100.0
Supervisor slum	26.5	14.8	27.3	31.0	0.4	100.0	17.2	17.2	27.6	37.8	0.2	100.0
Supervisor non-slum	16.7	12.8	26.5	43.8	0.2	100.0	9.6	11.9	24.1	54.2	0.1	100.0
Poorest quartile	49.3	20.6	21.4	8.5	0.2	100.0	39.3	20.7	28.1	11.5	0.4	100.0
Chennai	15.6	13.3	36.4	34.7	0.0	100.0	5.3	11.9	37.8	44.9	0.1	100.0
Census slum	22.2	17.6	42.2	17.9	0.1	100.0	9.5	17.3	47.2	26.0	0.0	100.0
Census non-slum	14.1	12.3	35.1	38.5	0.0	100.0	4.3	10.7	35.7	49.2	0.1	100.0
Supervisor slum	19.3	16.0	37.6	27.1	0.0	100.0	6.8	15.1	42.7	35.3	0.0	100.0
Supervisor non-slum	13.0	11.3	35.5	40.2	0.0	100.0	4.3	9.7	34.5	51.3	0.1	100.0
Poorest quartile	30.9	20.5	40.3	8.2	0.0	100.0	13.1	22.7	50.4	13.9	0.0	100.0

Table 2.11 Employment and cash earnings

Percentage of currently married women and men age 15-49 years who were employed at any time in the 12 months preceding the survey and percent distribution of currently married women and men employed in the 12 months preceding the survey by type of earnings for slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06

	Women							Men						
		Type of earnings							Type of earnings					
City/residence/wealth status	Percent employed	Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total	Percent employed	Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total
Delhi	20.8	92.3	3.4	0.0	4.1	0.3	100.0	99.4	98.5	1.0	0.0	0.1	0.5	100.0
Census slum	23.0	88.3	8.3	0.0	3.3	0.0	100.0	98.3	99.3	0.0	0.0	0.4	0.4	100.0
Census non-slum	20.3	93.3	2.1	0.0	4.2	0.4	100.0	99.8	98.3	1.2	0.0	0.0	0.5	100.0
Supervisor slum	23.5	90.4	7.0	0.0	2.7	0.0	100.0	98.3	99.3	0.0	0.0	0.3	0.3	100.0
Supervisor non-slum	20.2	92.8	2.4	0.0	4.4	0.4	100.0	99.8	98.3	1.2	0.0	0.0	0.5	100.0
Poorest quartile	27.2	90.3	8.1	0.0	1.6	0.0	100.0	99.0	99.0	0.0	0.0	0.5	0.5	100.0
Meerut	24.3	84.1	4.8	0.4	10.7	0.0	100.0	99.2	97.8	2.1	0.1	0.0	0.0	100.0
Census slum	29.5	77.9	6.3	0.7	15.1	0.0	100.0	99.5	97.1	2.8	0.1	0.0	0.0	100.0
Census non-slum	20.3	91.2	3.1	0.0	5.7	0.0	100.0	98.9	98.3	1.5	0.1	0.0	0.0	100.0
Supervisor slum	29.3	79.4	8.8	1.0	10.7	0.0	100.0	98.9	97.5	2.3	0.2	0.0	0.0	100.0
Supervisor non-slum	22.1	87.0	2.3	0.0	10.7	0.0	100.0	99.3	97.9	2.0	0.1	0.0	0.0	100.0
Poorest quartile	40.1	81.0	11.8	0.9	6.3	0.0	100.0	99.1	96.7	2.8	0.5	0.0	0.0	100.0
Kolkata	26.0	88.8	7.1	0.5	3.6	0.0	100.0	99.6	97.7	2.3	0.0	0.0	0.0	100.0
Census slum	25.1	85.4	12.6	0.5	1.5	0.0	100.0	98.8	96.8	3.2	0.0	0.0	0.0	100.0
Census non-slum	26.5	90.4	4.6	0.5	4.6	0.0	100.0	100.0	98.2	1.8	0.0	0.0	0.0	100.0
Supervisor slum	26.7	85.1	12.8	0.5	1.5	0.0	100.0	98.7	97.4	2.6	0.0	0.0	0.0	100.0
Supervisor non-slum	25.8	90.5	4.5	0.5	4.5	0.0	100.0	100.0	97.8	2.2	0.0	0.0	0.0	100.0
Poorest quartile	44.6	85.6	11.5	0.0	2.9	0.0	100.0	97.3	93.6	6.4	0.0	0.0	0.0	100.0
Indore	33.1	87.6	1.7	0.1	10.6	0.0	100.0	99.3	95.3	3.2	0.3	1.2	0.0	100.0
Census slum	35.5	92.2	2.3	0.3	5.2	0.0	100.0	99.3	97.5	2.5	0.0	0.0	0.0	100.0
Census non-slum	32.6	86.4	1.5	0.0	12.1	0.0	100.0	99.2	94.7	3.4	0.4	1.5	0.0	100.0
Supervisor slum	47.6	89.8	1.7	0.0	8.5	0.0	100.0	(97.6)	(97.5)	(2.5)	(0.0)	(0.0)	(0.0)	100.0
Supervisor non-slum	32.7	87.5	1.7	0.1	10.7	0.0	100.0	99.3	95.2	3.3	0.3	1.3	0.0	100.0
Poorest quartile	59.3	89.5	6.7	0.0	3.8	0.0	100.0	(100.0)	(96.3)	(3.7)	(0.0)	(0.0)	(0.0)	100.0

Continued…

Table 2.11 Employment and cash earnings—*Continued*

City/residence/wealth status	Women							Men						
		Type of earnings							Type of earnings					
	Percent employed	Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total	Percent employed	Cash only	Cash and in-kind	In-kind only	Not paid	Missing	Total
Mumbai	28.9	96.3	0.0	0.5	3.2	0.0	100.0	98.9	98.3	1.3	0.1	0.0	0.3	100.0
Census slum	27.1	95.1	0.0	1.0	3.9	0.0	100.0	98.8	98.9	0.9	0.0	0.0	0.2	100.0
Census non-slum	31.4	97.7	0.0	0.0	2.3	0.0	100.0	99.1	97.3	2.0	0.2	0.0	0.4	100.0
Supervisor slum	27.9	96.4	0.0	0.9	2.7	0.0	100.0	99.1	99.1	0.7	0.1	0.0	0.0	100.0
Supervisor non-slum	30.5	96.2	0.0	0.0	3.8	0.0	100.0	98.6	97.1	2.2	0.0	0.0	0.7	100.0
Poorest quartile	27.0	*	0.0	0.0	0.0	0.0	100.0	100.0	97.0	2.1	0.0	0.0	0.9	100.0
Nagpur	28.4	95.2	0.4	0.3	4.1	0.0	100.0	99.3	98.6	1.0	0.0	0.3	0.1	100.0
Census slum	33.4	93.7	0.4	0.8	5.1	0.0	100.0	99.5	98.6	0.7	0.0	0.5	0.2	100.0
Census non-slum	25.7	96.2	0.4	0.0	3.4	0.0	100.0	99.3	98.7	1.2	0.0	0.1	0.0	100.0
Supervisor slum	33.3	94.7	0.4	0.8	4.2	0.0	100.0	99.4	98.6	0.7	0.0	0.5	0.2	100.0
Supervisor non-slum	25.7	95.6	0.4	0.0	4.0	0.0	100.0	99.3	98.6	1.2	0.0	0.2	0.0	100.0
Poorest quartile	42.1	98.9	0.0	0.0	1.1	0.0	100.0	98.8	99.4	0.0	0.0	0.6	0.0	100.0
Hyderabad	25.2	93.2	1.5	0.4	5.0	0.0	100.0	98.7	99.8	0.2	0.0	0.0	0.0	100.0
Census slum	31.1	97.0	1.3	0.3	1.3	0.0	100.0	99.6	99.6	0.4	0.0	0.0	0.0	100.0
Census non-slum	24.0	92.1	1.5	0.4	6.0	0.0	100.0	98.5	99.9	0.1	0.0	0.0	0.0	100.0
Supervisor slum	24.5	88.8	1.5	0.2	9.5	0.0	100.0	98.4	99.6	0.4	0.0	0.0	0.0	100.0
Supervisor non-slum	25.6	95.3	1.4	0.4	2.8	0.0	100.0	98.9	100.0	0.0	0.0	0.0	0.0	100.0
Poorest quartile	47.4	92.0	3.7	0.3	4.1	0.0	100.0	97.4	100.0	0.0	0.0	0.0	0.0	100.0
Chennai	32.9	91.7	3.2	0.0	5.0	0.0	100.0	99.0	97.7	1.6	0.3	0.5	0.0	100.0
Census slum	37.8	92.2	4.3	0.0	3.5	0.0	100.0	99.6	97.6	2.0	0.0	0.4	0.0	100.0
Census non-slum	31.7	91.6	2.9	0.0	5.5	0.0	100.0	98.8	97.7	1.5	0.3	0.5	0.0	100.0
Supervisor slum	36.4	88.3	5.1	0.0	6.6	0.0	100.0	98.6	97.2	2.2	0.0	0.6	0.0	100.0
Supervisor non-slum	30.4	94.6	1.7	0.0	3.8	0.0	100.0	99.3	98.0	1.2	0.5	0.4	0.0	100.0
Poorest quartile	51.7	89.9	9.8	0.0	0.4	0.0	100.0	98.9	98.0	1.1	0.0	0.8	0.0	100.0

( ) Based on 25-49 unweighted cases.
* Percentage not shown; based on fewer than 25 unweighted cases.

Table 2.12 Occupation

Percent distribution of women and men age 15-49 years who were employed in the 12 months preceding the survey by occupation for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

	Women								Men							
City/residence/wealth status	Professional	Sales worker	Service worker	Production worker	Agricultural worker	Other worker	Missing	Total	Professional	Sales worker	Service worker	Production worker	Agricultural worker	Other worker	Missing	Total
Delhi	30.1	7.3	22.3	27.4	1.1	11.2	0.5	100.0	12.8	28.4	7.8	40.4	1.0	9.0	0.7	100.0
Census slum	9.5	6.0	44.2	34.6	1.1	3.9	0.7	100.0	4.9	23.0	8.3	57.9	0.9	4.7	0.2	100.0
Census non-slum	35.4	7.7	16.7	25.5	1.1	13.1	0.5	100.0	15.1	30.0	7.7	35.2	1.0	10.3	0.8	100.0
Supervisor slum	10.2	8.5	38.6	34.2	1.0	6.9	0.7	100.0	5.2	27.2	7.8	53.3	1.2	5.1	0.2	100.0
Supervisor non-slum	35.8	7.0	17.7	25.4	1.2	12.4	0.5	100.0	15.2	28.7	7.8	36.3	0.9	10.2	0.8	100.0
Poorest quartile	2.6	4.6	46.1	40.8	5.3	0.0	0.7	100.0	1.2	11.8	10.2	71.6	1.1	2.3	1.8	100.0
Meerut	22.8	3.1	8.8	48.6	13.0	3.6	0.0	100.0	7.5	24.3	5.4	50.4	3.7	8.3	0.3	100.0
Census slum	14.8	1.3	8.9	53.0	19.7	2.2	0.0	100.0	5.7	20.8	5.9	56.4	4.6	6.3	0.2	100.0
Census non-slum	31.5	5.1	8.7	43.8	5.7	5.1	0.0	100.0	9.2	27.5	5.0	45.1	2.8	10.0	0.5	100.0
Supervisor slum	19.5	2.3	11.6	47.8	17.3	1.5	0.0	100.0	6.4	19.8	9.4	55.1	3.3	5.9	0.1	100.0
Supervisor non-slum	24.6	3.6	7.3	49.1	10.7	4.7	0.0	100.0	8.1	26.6	3.5	48.1	3.9	9.4	0.4	100.0
Poorest quartile	0.0	0.0	6.8	56.8	35.7	0.7	0.0	100.0	1.0	9.9	4.1	77.8	5.6	1.0	0.5	100.0
Kolkata	28.1	12.8	31.2	23.9	0.3	3.5	0.2	100.0	11.9	34.4	7.3	39.1	0.2	7.0	0.2	100.0
Census slum	19.6	7.0	37.0	32.8	0.8	2.8	0.0	100.0	7.6	30.8	8.7	48.2	0.0	4.7	0.0	100.0
Census non-slum	32.4	15.8	28.3	19.4	0.0	3.8	0.3	100.0	14.5	36.6	6.4	33.5	0.3	8.4	0.3	100.0
Supervisor slum	15.7	7.6	38.1	35.7	0.8	2.2	0.0	100.0	7.1	29.2	7.8	51.6	0.0	4.1	0.0	100.0
Supervisor non-slum	34.0	15.3	28.0	18.3	0.0	4.1	0.2	100.0	14.7	37.4	7.0	31.8	0.3	8.6	0.3	100.0
Poorest quartile	7.0	8.9	58.0	24.6	1.4	0.0	0.0	100.0	0.6	21.3	7.3	69.7	0.0	1.1	0.0	100.0
Indore	26.6	7.0	20.2	35.9	6.6	3.1	0.6	100.0	17.9	24.2	5.7	41.8	2.8	6.8	0.8	100.0
Census slum	19.5	8.0	25.4	41.2	1.2	4.0	0.7	100.0	13.2	23.2	9.1	48.3	2.3	3.9	0.0	100.0
Census non-slum	28.6	6.7	18.8	34.5	8.1	2.8	0.6	100.0	19.2	24.5	4.7	40.0	2.9	7.6	1.1	100.0
Supervisor slum	7.7	5.1	41.0	41.0	3.8	1.3	0.0	100.0	10.2	16.9	5.1	61.0	1.7	5.1	0.0	100.0
Supervisor non-slum	27.4	7.1	19.3	35.7	6.9	3.0	0.6	100.0	18.2	24.4	5.7	41.2	2.8	6.9	0.9	100.0
Poorest quartile	5.7	3.2	38.6	45.6	5.2	0.0	1.6	100.0	0.5	19.5	7.1	68.8	4.1	0.0	0.0	100.0

Continued…

Table 2.12 Occupation—*Continued*

City/residence/wealth status	Women								Men							
	Professional	Sales worker	Service worker	Production worker	Agricultural worker	Other worker	Missing	Total	Professional	Sales worker	Service worker	Production worker	Agricultural worker	Other worker	Missing	Total
Mumbai	17.3	11.5	31.3	26.8	0.6	12.2	0.3	100.0	11.8	20.7	17.3	39.5	0.5	10.0	0.3	100.0
Census slum	13.4	11.6	33.7	31.6	1.1	8.4	0.3	100.0	8.3	19.6	18.3	44.2	0.5	8.7	0.3	100.0
Census non-slum	22.1	11.4	28.5	21.0	0.0	16.8	0.3	100.0	17.2	22.5	15.7	32.0	0.4	12.1	0.1	100.0
Supervisor slum	10.9	9.5	37.6	32.7	0.5	8.7	0.0	100.0	8.0	18.6	18.8	44.7	0.4	9.1	0.3	100.0
Supervisor non-slum	25.6	14.0	23.2	19.2	0.7	16.7	0.6	100.0	17.5	23.9	14.9	31.7	0.6	11.3	0.1	100.0
Poorest quartile	(0.0)	(18.5)	(39.6)	(38.6)	(0.0)	(3.3)	(0.0)	100.0	1.7	21.3	18.5	54.6	1.5	2.4	0.0	100.0
Nagpur	20.2	11.6	25.3	33.3	2.5	6.9	0.2	100.0	13.2	26.1	10.8	42.3	0.8	6.6	0.2	100.0
Census slum	8.7	13.4	31.9	39.4	2.5	3.6	0.5	100.0	7.1	27.9	11.2	47.9	1.3	4.6	0.1	100.0
Census non-slum	29.3	10.1	20.0	28.5	2.5	9.6	0.0	100.0	17.2	24.9	10.6	38.7	0.5	7.9	0.2	100.0
Supervisor slum	8.0	13.1	31.8	42.1	2.2	2.4	0.4	100.0	4.8	25.4	10.3	54.0	1.1	4.4	0.1	100.0
Supervisor non-slum	30.3	10.4	19.9	26.0	2.8	10.7	0.0	100.0	18.9	26.6	11.1	34.4	0.6	8.1	0.2	100.0
Poorest quartile	2.1	7.5	33.2	52.3	3.6	0.6	0.7	100.0	1.6	20.2	7.3	68.4	0.5	1.7	0.3	100.0
Hyderabad	26.4	10.1	22.7	27.8	3.1	9.8	0.1	100.0	17.4	23.5	8.0	38.7	2.7	9.5	0.2	100.0
Census slum	19.1	8.0	31.2	29.3	3.7	8.2	0.4	100.0	15.2	20.8	9.5	43.4	1.0	9.9	0.2	100.0
Census non-slum	28.4	10.7	20.4	27.4	2.9	10.2	0.0	100.0	17.9	24.0	7.7	37.7	3.1	9.4	0.2	100.0
Supervisor slum	12.9	11.9	28.6	33.5	6.9	5.9	0.3	100.0	8.1	29.5	6.4	42.8	5.1	7.9	0.2	100.0
Supervisor non-slum	33.7	9.2	19.5	24.8	1.0	11.9	0.0	100.0	22.9	19.9	9.0	36.4	1.4	10.4	0.1	100.0
Poorest quartile	3.2	5.6	41.7	41.3	6.7	1.2	0.2	100.0	2.7	16.2	12.2	60.3	4.9	3.6	0.1	100.0
Chennai	18.1	14.2	25.2	31.2	0.7	10.7	0.0	100.0	18.0	14.8	6.1	49.4	2.0	9.6	0.0	100.0
Census slum	9.0	9.7	37.6	36.9	0.5	6.3	0.0	100.0	7.5	12.3	8.8	62.3	2.1	6.9	0.1	100.0
Census non-slum	20.5	15.4	21.8	29.6	0.7	12.0	0.0	100.0	20.6	15.4	5.4	46.2	2.0	10.3	0.0	100.0
Supervisor slum	14.9	12.1	30.5	34.5	.2	7.9	0.0	100.0	10.7	15.4	5.8	56.7	2.0	9.3	0.1	100.0
Supervisor non-slum	21.0	16.2	20.2	28.1	1.1	13.4	0.0	100.0	23.3	14.4	6.3	44.1	2.1	9.9	0.0	100.0
Poorest quartile	3.5	8.7	54.7	29.4	1.2	2.5	0.0	100.0	2.8	10.2	7.2	68.5	5.9	5.1	0.1	100.0

( ) Based on 25-49 unweighted cases.

Table 2.13 Migration status

Percent distribution of women and men age 15-49 years by their migration status and percent distribution of migrants by duration of stay at the place of enumeration for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

	Women								Men							
	Migration status				Duration of stay				Migration status				Duration of stay			
City/residence/wealth status	Always	Visitor	Migrant	Total	<5 years	5-9 years	≥10 years	Total	Always	Visitor	Migrant	Total	<5 years	5-9 years	≥10 years	Total
Delhi	34.1	1.8	64.1	100.0	37.8	20.4	41.8	100.0	42.1	0.6	57.3	100.0	43.7	17.9	38.4	100.0
Census slum	35.2	2.0	62.9	100.0	32.2	20.8	46.9	100.0	46.1	1.4	52.5	100.0	30.9	17.8	51.3	100.0
Census non-slum	33.8	1.8	64.4	100.0	39.0	20.3	40.7	100.0	41.0	0.4	58.6	100.0	46.8	18.0	35.3	100.0
Supervisor slum	39.9	2.2	57.8	100.0	30.9	20.1	48.9	100.0	49.0	1.1	49.9	100.0	34.8	20.1	45.0	100.0
Supervisor non-slum	32.6	1.7	65.7	100.0	39.2	20.4	40.3	100.0	40.1	0.5	59.5	100.0	45.9	17.4	36.7	100.0
Poorest quartile	14.9	2.5	82.6	100.0	45.2	22.5	32.3	100.0	17.5	1.3	81.1	100.0	39.3	16.9	43.8	100.0
Meerut	37.2	0.0	62.8	100.0	25.4	20.1	54.6	100.0	62.1	1.0	36.9	100.0	22.6	23.1	54.2	100.0
Census slum	34.6	0.0	65.4	100.0	25.8	21.1	53.2	100.0	67.3	1.3	31.4	100.0	28.2	24.9	46.9	100.0
Census non-slum	39.3	0.0	60.7	100.0	25.0	19.3	55.7	100.0	57.7	0.8	41.5	100.0	19.1	22.0	58.9	100.0
Supervisor slum	35.2	0.0	64.8	100.0	22.3	22.5	55.2	100.0	66.6	1.0	32.4	100.0	26.0	28.0	46.1	100.0
Supervisor non-slum	38.1	0.0	61.9	100.0	26.8	19.0	54.2	100.0	59.9	1.0	39.1	100.0	21.3	21.2	57.5	100.0
Poorest quartile	35.0	0.0	65.0	100.0	23.1	18.8	58.1	100.0	66.9	0.9	32.2	100.0	33.8	15.5	50.7	100.0
Kolkata	48.4	2.7	48.9	100.0	27.4	15.3	57.3	100.0	67.0	2.3	30.7	100.0	19.8	20.1	60.1	100.0
Census slum	50.5	2.7	46.7	100.0	23.5	14.8	61.7	100.0	67.8	1.4	30.9	100.0	16.3	18.1	65.6	100.0
Census non-slum	47.3	2.7	50.0	100.0	29.4	15.5	55.1	100.0	66.6	2.8	30.6	100.0	22.0	21.2	56.8	100.0
Supervisor slum	49.3	2.8	47.8	100.0	24.6	15.1	60.2	100.0	66.0	0.8	33.1	100.0	17.2	19.6	63.2	100.0
Supervisor non-slum	48.0	2.6	49.4	100.0	28.7	15.3	56.0	100.0	67.6	3.0	29.4	100.0	21.5	20.3	58.2	100.0
Poorest quartile	47.3	2.3	50.3	100.0	27.6	12.9	59.4	100.0	55.1	3.1	41.8	100.0	17.2	21.9	60.9	100.0
Indore	39.6	3.2	57.3	100.0	23.1	17.9	59.0	100.0	69.3	1.5	29.2	100.0	28.3	25.6	46.0	100.0
Census slum	41.8	3.4	54.8	100.0	23.6	17.6	58.7	100.0	64.1	1.9	33.9	100.0	25.9	27.0	47.1	100.0
Census non-slum	39.0	3.1	57.9	100.0	23.0	17.9	59.1	100.0	70.7	1.3	28.0	100.0	29.1	25.2	45.7	100.0
Supervisor slum	36.8	0.6	62.6	100.0	27.5	14.7	57.8	100.0	40.3	3.0	56.7	100.0	(21.1)	(18.4)	(60.5)	100.0
Supervisor non-slum	39.7	3.2	57.1	100.0	23.0	18.0	59.1	100.0	70.1	1.4	28.4	100.0	28.7	26.0	45.2	100.0
Poorest quartile	35.0	2.6	62.4	100.0	20.0	15.0	65.1	100.0	57.9	0.0	42.1	100.0	(23.1)	(29.2)	(47.7)	100.0

Continued…

Table 2.13 Migration status —*Continued*

City/residence/wealth status	Women								Men							
	Migration status				Duration of stay				Migration status				Duration of stay			
	Always	Visitor	Migrant	Total	<5 years	5-9 years	≥10 years	Total	Always	Visitor	Migrant	Total	<5 years	5-9 years	≥10 years	Total
Mumbai	48.8	0.0	51.2	100.0	32.3	20.7	47.0	100.0	54.3	1.0	44.8	100.0	41.0	17.7	41.2	100.0
Census slum	47.4	0.0	52.6	100.0	35.7	20.6	43.6	100.0	52.6	1.0	46.5	100.0	40.1	18.4	41.5	100.0
Census non-slum	50.6	0.0	49.4	100.0	27.7	20.8	51.5	100.0	56.7	1.0	42.3	100.0	42.5	16.7	40.8	100.0
Supervisor slum	46.2	0.0	53.8	100.0	34.5	20.6	45.0	100.0	51.0	1.3	47.7	100.0	40.8	18.3	40.9	100.0
Supervisor non-slum	52.3	0.0	47.7	100.0	29.1	20.9	50.0	100.0	59.0	0.5	40.5	100.0	41.5	16.7	41.8	100.0
Poorest quartile	34.4	0.0	65.6	100.0	49.7	24.6	25.7	100.0	32.3	0.6	67.1	100.0	49.0	21.2	29.8	100.0
Nagpur	60.6	0.0	39.4	100.0	32.5	22.6	44.9	100.0	72.4	0.8	26.8	100.0	32.9	17.9	49.2	100.0
Census slum	57.6	0.0	42.4	100.0	33.2	21.9	44.9	100.0	69.9	0.9	29.3	100.0	35.8	20.0	44.2	100.0
Census non-slum	62.4	0.0	37.6	100.0	32.0	23.1	45.0	100.0	73.9	0.8	25.3	100.0	31.0	16.4	52.5	100.0
Supervisor slum	57.3	0.0	42.7	100.0	32.0	22.8	45.2	100.0	69.3	1.0	29.7	100.0	35.9	21.2	42.9	100.0
Supervisor non-slum	62.6	0.0	37.4	100.0	32.8	22.5	44.7	100.0	74.3	0.7	25.0	100.0	30.8	15.5	53.7	100.0
Poorest quartile	56.7	0.0	43.3	100.0	32.4	20.3	47.2	100.0	60.5	1.2	38.3	100.0	41.0	14.7	44.3	100.0
Hyderabad	39.8	0.0	60.2	100.0	44.0	22.3	33.7	100.0	48.4	0.3	51.3	100.0	47.9	21.3	30.8	100.0
Census slum	38.4	0.0	61.6	100.0	46.0	20.0	34.0	100.0	47.4	0.6	52.0	100.0	47.8	21.8	30.3	100.0
Census non-slum	40.1	0.0	59.9	100.0	43.6	22.7	33.6	100.0	48.6	0.3	51.1	100.0	47.9	21.2	30.9	100.0
Supervisor slum	40.4	0.0	59.6	100.0	44.8	20.4	34.8	100.0	55.3	0.1	44.7	100.0	50.5	19.2	30.3	100.0
Supervisor non-slum	39.5	0.0	60.5	100.0	43.6	23.3	33.1	100.0	44.5	0.5	55.0	100.0	46.7	22.3	31.0	100.0
Poorest quartile	42.1	0.0	57.9	100.0	52.5	16.2	31.2	100.0	45.9	0.1	54.0	100.0	46.4	25.3	28.3	100.0
Chennai	57.6	0.0	42.4	100.0	38.5	20.3	41.2	100.0	57.6	0.6	41.7	100.0	39.7	22.4	37.9	100.0
Census slum	61.4	0.0	38.6	100.0	35.6	17.6	46.8	100.0	60.4	0.7	38.9	100.0	34.2	22.0	43.8	100.0
Census non-slum	56.7	0.0	43.3	100.0	39.1	20.9	40.0	100.0	57.0	0.6	42.4	100.0	40.9	22.5	36.7	100.0
Supervisor slum	60.8	0.0	39.2	100.0	41.3	19.8	38.9	100.0	62.7	0.8	36.5	100.0	41.1	22.0	36.9	100.0
Supervisor non-slum	55.2	0.0	44.8	100.0	36.7	20.6	42.7	100.0	54.1	0.5	45.4	100.0	38.9	22.6	38.5	100.0
Poorest quartile	65.2	0.0	34.8	100.0	32.0	17.7	50.3	100.0	57.2	0.3	42.6	100.0	31.6	16.8	51.7	100.0

( ) Based on 25-49 unweighted cases.

Table 2.14 Household characteristics

Percentage of households living in a *kaccha* or semi-*pucca* house, living in a house with any windows, and residential crowding for the de jure population in slum/non-slum areas and the poorest quartile in selected cities, India, 2005-06

City/residence/wealth status	Percentage of household with *kaccha* or semi-*pucca* house[1]	Percentage of households with any windows	Percent distribution of persons per sleeping room				Total	Average number of rooms per household used for sleeping	Average number of persons per sleeping room
			<3	3-4	5-6	7+			
Delhi	4.5	83.6	41.9	33.1	18.5	6.4	100.0	1.7	1.9
Census slum	13.3	50.6	17.5	35.1	31.5	16.0	100.0	1.3	2.5
Census non-slum	2.2	92.0	48.3	32.6	15.2	3.9	100.0	1.8	1.7
Supervisor slum	10.7	59.7	20.4	38.1	29.0	12.5	100.0	1.3	2.3
Supervisor non-slum	2.8	90.1	47.7	31.8	15.7	4.8	100.0	1.8	1.8
Poorest quartile	28.3	25.7	11.2	28.5	36.1	24.2	100.0	1.0	2.7
Meerut	15.4	87.6	34.7	35.1	18.8	11.3	100.0	1.8	2.1
Census slum	21.9	82.9	27.0	38.0	21.2	13.7	100.0	1.7	2.2
Census non-slum	10.2	91.2	41.0	32.7	16.9	9.4	100.0	1.9	1.9
Supervisor slum	20.1	82.5	29.0	36.3	21.0	13.6	100.0	1.7	2.2
Supervisor non-slum	13.1	90.0	37.4	34.6	17.8	10.2	100.0	1.9	2.0
Poorest quartile	66.7	47.8	11.0	24.4	34.1	30.5	100.0	1.2	2.8
Kolkata	5.0	90.0	43.7	32.4	13.6	10.4	100.0	1.7	1.9
Census slum	7.1	81.3	25.1	34.3	22.3	18.2	100.0	1.4	2.3
Census non-slum	4.0	94.2	53.9	31.3	8.8	6.1	100.0	1.9	1.7
Supervisor slum	7.4	78.8	21.4	33.8	25.1	19.7	100.0	1.3	2.4
Supervisor non-slum	4.0	94.9	55.0	31.6	7.7	5.6	100.0	1.9	1.6
Poorest quartile	27.0	49.8	15.4	35.1	26.1	23.4	100.0	1.1	2.6
Indore	14.3	85.0	44.8	35.5	15.0	4.7	100.0	1.8	1.8
Census slum	10.1	80.1	38.0	39.2	19.2	3.6	100.0	1.6	1.9
Census non-slum	15.4	86.3	46.5	34.6	13.9	4.9	100.0	1.8	1.8
Supervisor slum	4.0	82.7	31.6	43.7	16.3	8.4	100.0	1.4	2.0
Supervisor non-slum	14.6	85.1	45.2	35.3	14.9	4.6	100.0	1.8	1.8
Poorest quartile	66.4	34.2	14.1	31.1	38.6	16.2	100.0	1.2	2.6
Mumbai	2.2	88.7	21.6	39.2	26.6	12.6	100.0	1.3	2.3
Census slum	2.5	86.2	18.3	42.2	27.9	11.6	100.0	1.3	2.3
Census non-slum	1.8	91.9	26.1	35.1	24.9	13.9	100.0	1.3	2.3
Supervisor slum	2.6	84.2	17.8	39.7	28.4	14.0	100.0	1.3	2.4
Supervisor non-slum	1.7	94.5	26.8	38.4	24.2	10.6	100.0	1.4	2.2
Poorest quartile	18.2	46.2	12.3	38.8	28.5	20.5	100.0	1.0	2.6
Nagpur	17.0	87.6	40.4	36.5	17.7	5.3	100.0	1.7	1.9
Census slum	30.0	83.1	29.1	39.4	23.7	7.8	100.0	1.6	2.1
Census non-slum	10.5	89.9	49.6	34.9	14.3	3.9	100.0	1.7	1.8
Supervisor slum	32.4	80.8	25.0	41.8	24.8	8.4	100.0	1.5	2.2
Supervisor non-slum	8.9	91.2	49.5	33.5	13.5	3.5	100.0	1.8	1.7
Poorest quartile	61.1	54.1	14.5	38.7	33.2	13.6	100.0	1.2	2.5
Hyderabad	4.9	91.4	32.3	38.2	21.2	8.3	100.0	1.6	2.0
Census slum	6.7	86.2	30.5	41.3	20.8	7.4	100.0	1.5	2.1
Census non-slum	4.5	92.6	32.6	37.6	21.3	8.5	100.0	1.6	2.1
Supervisor slum	7.6	86.5	22.1	38.9	27.3	11.7	100.0	1.5	2.3
Supervisor non-slum	3.6	93.9	38.0	37.9	17.7	6.3	100.0	1.7	1.9
Poorest quartile	25.3	56.4	9.9	39.7	35.0	15.5	100.0	1.1	2.6
Chennai	9.9	88.2	39.0	39.2	19.5	2.3	100.0	1.5	1.8
Census slum	16.1	82.8	24.1	44.2	26.6	5.2	100.0	1.2	2.1
Census non-slum	8.6	89.4	42.5	38.0	17.9	1.6	100.0	1.5	1.8
Supervisor slum	15.9	83.5	30.5	40.5	26.0	3.0	100.0	1.3	2.0
Supervisor non-slum	5.9	91.4	45.0	38.3	15.0	1.8	100.0	1.6	1.7
Poorest quartile	47.3	54.2	16.1	40.5	40.4	3.0	100.0	1.1	2.3

[1] Houses made from mud, thatch, or other low-quality materials are called *kachha* houses, houses that use partly low-quality and partly high-quality materials are called semi-*pucca* houses.

Table 2.15 Household characteristics

Percentage of households with piped drinking water, an improved toilet facility, no toilet facility, a separate kitchen, cooking outside the home, and percent distribution of households by type of cooking fuel for slum/non-slum areas and the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Households with piped drinking water[1]	Toilet facility: Improved, not shared[2]	Toilet facility: No facility	Households with separate kitchen	Households cooking outside home	Percent distribution of type of cooking fuel: Electricity or LPG/natural gas or biogas	Percent distribution of type of cooking fuel: Kerosene or coal/lignite or charcoal	Percent distribution of type of cooking fuel: Other[3]	Total
Delhi	85.3	63.9	6.0	63.0	6.6	81.3	9.9	8.8	100.0
Census slum	84.4	23.9	19.1	25.8	13.0	48.5	30.2	21.3	100.0
Census non-slum	85.5	74.1	2.6	72.5	5.0	89.7	4.8	5.6	100.0
Supervisor slum	85.2	32.9	13.6	34.2	12.3	57.0	23.4	19.6	100.0
Supervisor non-slum	85.3	72.3	3.9	70.8	5.1	87.9	6.3	5.9	100.0
Poorest quartile	76.2	5.2	34.6	2.7	21.4	16.1	43.0	40.9	100.0
Meerut	55.4	51.4	9.6	57.6	20.6	68.2	2.4	29.4	100.0
Census slum	37.5	43.6	18.4	40.5	32.8	53.3	2.9	43.9	100.0
Census non-slum	69.1	57.4	3.0	70.7	11.3	79.6	2.0	18.4	100.0
Supervisor slum	43.5	48.5	16.8	43.2	36.2	56.0	1.8	42.2	100.0
Supervisor non-slum	61.1	52.8	6.2	64.5	13.2	74.1	2.6	23.3	100.0
Poorest quartile	13.9	20.4	47.0	4.5	60.4	8.4	3.9	87.7	100.0
Kolkata	80.2	47.1	0.5	49.8	15.0	58.5	34.1	7.4	100.0
Census slum	85.1	24.0	1.4	33.2	13.5	35.4	52.4	12.1	100.0
Census non-slum	77.8	58.3	0.0	57.8	15.8	69.7	25.2	5.1	100.0
Supervisor slum	86.0	19.2	1.6	30.9	12.7	28.5	57.8	13.7	100.0
Supervisor non-slum	77.6	59.3	0.0	58.0	16.0	71.6	23.7	4.7	100.0
Poorest quartile	69.6	6.3	3.0	11.3	20.0	2.3	65.1	32.6	100.0
Indore	73.5	64.0	5.0	67.5	2.2	85.6	5.8	8.6	100.0
Census slum	71.1	55.5	1.8	58.5	3.2	87.4	7.7	4.9	100.0
Census non-slum	74.1	66.1	5.8	69.8	2.0	85.2	5.4	9.5	100.0
Supervisor slum	64.7	44.0	5.3	51.3	2.7	85.3	8.0	6.7	100.0
Supervisor non-slum	73.8	64.6	5.0	68.0	2.2	85.6	5.7	8.6	100.0
Poorest quartile	63.7	13.8	36.5	23.1	5.0	27.0	24.1	48.9	100.0
Mumbai	99.8	32.0	1.0	49.6	1.6	75.6	22.9	1.4	100.0
Census slum	99.7	21.4	1.6	40.8	1.4	67.9	30.3	1.6	100.0
Census non-slum	99.9	45.6	0.3	60.8	1.8	85.3	13.5	1.2	100.0
Supervisor slum	99.7	17.9	1.6	34.7	1.6	67.6	31.3	1.0	100.0
Supervisor non-slum	100.0	50.2	0.3	68.6	1.5	85.9	12.2	2.0	100.0
Poorest quartile	98.8	2.6	7.6	6.6	4.1	3.4	87.9	8.0	100.0
Nagpur	86.2	66.5	8.8	73.7	5.6	72.4	7.4	20.2	100.0
Census slum	87.5	51.6	12.5	60.3	7.6	56.5	12.8	30.7	100.0
Census non-slum	85.5	74.2	6.9	80.6	4.6	80.6	4.7	14.8	100.0
Supervisor slum	77.6	45.2	19.2	56.2	7.6	51.1	12.6	36.2	100.0
Supervisor non-slum	90.8	78.0	3.2	83.1	4.5	83.9	4.6	11.5	100.0
Poorest quartile	66.6	26.3	36.5	31.9	15.6	11.0	16.4	72.6	100.0
Hyderabad	98.5	67.0	1.0	67.7	5.6	73.6	20.6	5.8	100.0
Census slum	96.8	59.6	1.7	60.7	5.1	67.2	27.1	5.7	100.0
Census non-slum	98.9	68.6	0.8	69.3	5.7	75.0	19.2	5.9	100.0
Supervisor slum	97.2	60.2	2.0	62.0	7.5	63.8	28.1	8.1	100.0
Supervisor non-slum	99.1	70.4	0.5	70.7	4.6	78.5	16.8	4.7	100.0
Poorest quartile	95.3	24.4	7.6	16.3	21.5	12.4	55.5	32.1	100.0
Chennai	68.7	34.3	0.7	67.1	6.5	69.6	24.0	6.4	100.0
Census slum	72.0	19.0	2.8	49.7	6.2	45.5	44.4	10.1	100.0
Census non-slum	68.0	37.7	0.3	71.0	6.6	75.0	19.4	5.6	100.0
Supervisor slum	78.5	19.1	1.4	55.6	7.5	53.2	37.3	9.5	100.0
Supervisor non-slum	62.1	44.7	0.3	74.9	5.8	80.8	14.9	4.3	100.0
Poorest quartile	89.4	7.5	3.6	16.3	15.8	7.5	64.9	27.5	100.0

[1] Includes water piped into the dwelling/yard/plot and public tap/standpipe.
[2] Includes flush/pour flush toilet to piped sewer system, pit latrine, or other improved sanitation facility that is not shared.
[3] Includes wood, straw/shrubs/grass, agricultural crop waste, dung cakes, and other types of cooking fuel.

Table 2.16 Household assets

Percentage of households that own specific means of transport, own a house, own agricultural land, have a bank account, have health insurance coverage, have a BPL card, and have a mosquito net for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Bicycle	Motorized vehicle[1]	Ownership of a house	Any agricultural land	Bank / Post office account[2]	Health scheme[2]	BPL card	Mosquito net
Delhi	34.7	41.0	87.1	20.4	65.9	14.0	2.2	10.9
Census slum	24.2	13.0	86.3	26.2	43.8	5.6	5.4	7.0
Census non-slum	37.4	48.2	87.3	19.0	71.5	16.1	1.4	11.9
Supervisor slum	24.4	16.6	87.6	23.0	49.4	6.5	4.0	6.2
Supervisor non-slum	37.5	47.6	86.9	19.7	70.4	16.0	1.7	12.2
Poorest quartile	21.7	0.2	84.1	33.2	22.0	4.0	5.5	7.8
Meerut	64.5	44.1	91.3	15.4	60.2	7.0	0.9	24.0
Census slum	61.5	33.0	92.5	19.1	51.5	5.3	1.4	24.3
Census non-slum	66.8	52.6	90.4	12.6	66.8	8.3	0.5	23.8
Supervisor slum	66.4	36.8	91.9	16.1	54.1	7.5	0.6	19.9
Supervisor non-slum	63.5	47.6	91.0	15.1	63.0	6.7	1.1	25.9
Poorest quartile	55.8	2.4	87.3	13.2	14.5	1.1	0.6	11.2
Kolkata	36.2	19.0	70.8	8.5	69.7	18.1	5.9	68.0
Census slum	33.2	10.3	57.9	13.5	56.9	8.3	7.0	56.9
Census non-slum	37.7	23.2	77.1	6.1	76.0	22.9	5.4	73.4
Supervisor slum	29.7	7.7	53.8	13.8	51.6	6.6	7.4	51.7
Supervisor non-slum	39.0	23.9	78.3	6.2	77.7	23.2	5.3	75.1
Poorest quartile	21.8	0.4	62.8	15.5	22.9	1.1	12.0	63.5
Indore	62.8	52.6	75.8	10.2	70.3	19.9	6.4	41.8
Census slum	71.1	37.3	84.7	10.2	57.4	11.6	10.3	31.4
Census non-slum	60.6	56.4	73.6	10.3	73.6	22.0	5.5	44.4
Supervisor slum	72.7	18.0	83.3	19.3	50.0	10.7	8.0	34.0
Supervisor non-slum	62.4	53.7	75.6	10.0	71.0	20.2	6.4	42.0
Poorest quartile	46.9	2.2	71.5	6.3	22.0	1.8	16.1	20.8
Mumbai	14.2	16.6	82.1	22.2	70.7	13.1	2.1	7.6
Census slum	13.7	12.0	81.9	28.6	62.8	6.6	2.5	6.9
Census non-slum	14.8	22.5	82.3	14.1	80.8	21.3	1.5	8.4
Supervisor slum	12.2	9.3	80.1	27.7	61.3	8.5	2.5	8.2
Supervisor non-slum	16.6	26.0	84.5	15.2	82.8	19.0	1.5	6.8
Poorest quartile	6.3	0.0	75.8	33.7	28.9	2.4	2.0	8.6
Nagpur	73.4	49.8	85.1	13.3	63.1	9.4	15.5	21.3
Census slum	72.5	29.5	82.1	10.7	46.2	6.0	29.8	14.9
Census non-slum	73.9	60.3	86.6	14.6	71.8	11.1	8.2	24.6
Supervisor slum	73.7	24.9	81.9	10.9	43.3	5.4	27.8	14.8
Supervisor non-slum	73.3	63.2	86.8	14.6	73.7	11.5	8.9	24.8
Poorest quartile	63.4	2.2	76.8	12.1	17.9	0.5	24.3	12.0
Hyderabad	31.2	45.4	56.0	10.3	52.3	10.6	23.9	10.7
Census slum	27.0	37.3	57.0	9.5	44.2	10.5	30.4	10.3
Census non-slum	32.2	47.2	55.8	10.5	54.0	10.7	22.4	10.7
Supervisor slum	31.5	34.7	54.6	7.2	35.2	3.7	28.8	6.3
Supervisor non-slum	30.7	51.6	57.2	11.8	61.1	14.3	21.1	13.3
Poorest quartile	22.7	2.3	37.6	7.9	6.7	0.1	33.9	4.1
Chennai	44.8	40.9	49.4	4.6	53.6	9.9	2.7	5.1
Census slum	44.8	21.6	52.9	3.7	35.5	2.9	4.4	5.1
Census non-slum	44.8	45.2	48.7	4.8	57.6	11.5	2.3	5.1
Supervisor slum	42.5	28.3	49.4	2.8	40.4	7.0	4.5	3.6
Supervisor non-slum	46.3	49.4	49.5	5.9	62.5	11.9	1.4	6.2
Poorest quartile	25.7	1.1	44.4	2.3	12.0	1.2	4.8	3.7

BPL = Below Poverty Line

[1] Motorcycle, scooter, or car.

[2] Any usual household member.

Table 2.17 Security of tenure

Percentage of households that own the house they are residing in, that have document to prove ownership, that pay rent or live in the house as part of a work agreement, that have a written rental contract, and that feel secure from eviction for slum/non-slum areas and the poorest quartile, Kolkata and Mumbai, India, 2005-06

	Place of residence					Have document of ownership	Have rental agreement	Feel secure from eviction					
		Rent						Living in own house		Living in rented house			
City/residence/wealth status	Own the house of residence	Pay rent	Part of work agreement	Other arrange-ment	Total			Have ownership document	Do not have ownership document	Have rental agreement	Do not have rental agreement	Part of work agreement	Other arrangement
Kolkata	55.1	38.5	2.1	4.3	100.0	83.3	54.0	88.1	60.3	73.4	51.7	(54.1)	48.9
Census slum	36.8	55.6	1.1	6.5	100.0	68.5	53.3	88.5	38.3	70.9	56.8	*	30.6
Census non-slum	64.0	30.2	2.5	3.3	100.0	87.5	54.7	88.0	75.8	75.5	46.9	(56.7)	66.7
Supervisor slum	33.7	58.1	1.3	7.0	100.0	66.0	51.6	85.7	33.0	71.2	45.8	*	27.7
Supervisor non-slum	64.5	29.9	2.4	3.2	100.0	87.3	56.2	88.5	77.0	75.1	57.2	(54.2)	(69.3)
Poorest quartile	37.9	49.1	2.6	10.4	100.0	43.0	39.8	(88.8)	48.5	65.9	31.0	*	(23.9)
Mumbai	73.3	23.0	2.4	1.3	100.0	94.6	65.6	90.6	65.4	56.2	43.9	23.2	57.9
Census slum	72.0	25.5	0.8	1.5	100.0	93.6	67.7	87.9	67.3	56.0	33.0	*	*
Census non-slum	74.8	19.8	4.3	1.1	100.0	95.8	62.1	93.8	(61.8)	56.4	59.3	(23.4)	66.7
Supervisor slum	68.7	26.3	3.6	1.3	100.0	92.3	65.5	88.9	62.1	53.2	35.3	(18.9)	*
Supervisor non-slum	79.1	18.8	0.7	1.4	100.0	97.1	65.9	92.4	*	61.5	59.6	*	*
Poorest quartile	51.4	42.4	1.8	4.3	100.0	88.2	51.6	84.3	*	(40.4)	(22.4)	*	*

( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Table 3.1 Fertility and teenage pregnancy and motherhood

Total fertility rate, percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, percentage who have begun childbearing, and percentage of births in the three years preceding the survey that are of birth order three or more for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Total fertility rate	Percentage who: Have had a live birth	Percentage who: Are pregnant with first child	Percentage who have begun childbearing	Percentage of births of order 3 or more
Delhi	2.10	3.8	1.2	4.9	32.2
Census slum	2.50	8.6	3.2	11.8	47.8
Census non-slum	2.00	2.5	0.6	3.1	27.5
Poorest quartile	4.06	24.7	4.3	29.0	56.3
Meerut	2.78	3.5	2.0	5.6	42.5
Census slum	2.96	5.9	3.3	9.2	47.4
Census non-slum	2.64	1.2	0.8	2.0	38.3
Poorest quartile	3.94	9.7	3.4	13.0	66.4
Kolkata	1.35	5.2	2.5	7.7	25.2
Census slum	1.61	6.7	2.0	8.7	34.5
Census non-slum	1.22	4.0	2.9	6.9	18.6
Poorest quartile	1.96	14.2	4.7	18.9	44.9
Indore	1.99	3.7	3.6	7.3	25.8
Census slum	2.15	3.3	2.8	6.2	27.0
Census non-slum	1.95	3.8	3.8	7.7	25.5
Poorest quartile	3.37	(8.2)	(0.9)	(9.1)	60.0
Mumbai	1.68	5.2	1.5	6.7	26.6
Census slum	1.90	7.1	2.7	9.8	31.2
Census non-slum	1.40	2.9	0.0	2.9	18.2
Poorest quartile	3.16	*	*	*	(34.2)
Nagpur	1.92	3.4	1.5	5.0	20.2
Census slum	1.85	4.5	2.5	7.0	23.4
Census non-slum	1.95	2.7	0.9	3.6	18.1
Poorest quartile	2.71	10.1	5.4	15.5	35.2
Hyderabad	1.75	4.5	1.5	5.9	27.0
Census slum	1.94	5.0	2.5	7.4	26.1
Census non-slum	1.71	4.4	1.2	5.6	27.2
Poorest quartile	1.73	17.0	5.3	22.3	27.2
Chennai	1.60	5.2	0.7	5.9	9.7
Census slum	1.72	8.9	3.7	12.6	12.3
Census non-slum	1.56	4.3	0.0	4.3	9.0
Poorest quartile	1.96	9.1	0.8	9.9	19.2

( ) Based on 25-49 unweighted cases.
* Percentage not shown; based on fewer than 25 unweighted cases.

Table 3.2 Current use of contraception

Percent distribution of currently married women by contraceptive method currently used for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Any method	Any modern method	Permanent method	Modern spacing method	Tradi-tional method	Not currently using	Total
Delhi	67.1	56.5	22.8	33.6	10.6	32.9	100.0
Census slum	56.6	50.5	28.3	22.2	6.1	43.4	100.0
Census non-slum	69.4	57.9	21.6	36.2	11.6	30.6	100.0
Poorest quartile	46.4	37.9	25.3	12.6	8.5	53.6	100.0
Meerut	62.0	53.2	24.4	28.7	9.0	38.0	100.0
Census slum	58.2	50.4	26.7	23.7	7.8	41.8	100.0
Census non-slum	65.1	55.3	22.6	32.6	9.9	34.9	100.0
Poorest quartile	45.5	39.1	25.6	13.5	6.4	54.5	100.0
Kolkata	77.0	45.5	24.8	20.8	31.3	23.0	100.0
Census slum	71.7	47.7	29.9	17.9	24.0	28.3	100.0
Census non-slum	79.5	44.6	22.3	22.3	35.0	20.5	100.0
Poorest quartile	73.3	53.8	39.8	13.8	19.5	26.7	100.0
Indore	71.0	66.4	42.7	23.6	4.6	29.0	100.0
Census slum	68.8	66.6	47.6	19.1	2.1	31.3	100.0
Census non-slum	71.5	66.3	41.5	24.8	5.2	28.5	100.0
Poorest quartile	60.7	59.4	53.5	5.9	1.2	39.3	100.0
Mumbai	58.5	55.5	39.3	16.2	3.0	41.5	100.0
Census slum	54.5	51.4	38.4	12.9	3.2	45.5	100.0
Census non-slum	63.9	61.1	40.5	20.6	2.8	36.1	100.0
Poorest quartile	36.0	36.0	24.6	11.4	0.0	64.0	100.0
Nagpur	71.6	69.6	50.7	18.8	2.0	28.4	100.0
Census slum	69.8	68.3	57.7	10.6	1.4	30.2	100.0
Census non-slum	72.5	70.2	47.0	23.2	2.3	27.5	100.0
Poorest quartile	63.5	62.7	56.8	5.7	0.8	36.5	100.0
Hyderabad	66.3	65.1	56.2	8.8	1.2	33.7	100.0
Census slum	64.6	63.2	56.8	6.3	1.4	35.4	100.0
Census non-slum	66.7	65.5	56.0	9.5	1.2	33.3	100.0
Poorest quartile	58.7	58.7	56.0	2.7	0.0	41.3	100.0
Chennai	68.4	67.1	55.9	11.2	1.3	31.6	100.0
Census slum	72.3	70.0	64.9	4.9	2.5	27.7	100.0
Census non-slum	67.5	66.4	53.8	12.6	1.1	32.5	100.0
Poorest quartile	79.0	78.4	74.5	3.9	0.6	21.0	100.0

Note: If more than one method is used, only the most effective method is considered in this tabulation.

Table 3.3 Infant and child mortality

Infant and under-five mortality rates for the 10-year period preceding the survey for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Infant mortality rate	Under-five mortality rate
Delhi	40.6	48.5
Census slum	54.1	72.8
Census non-slum	36.1	40.4
Poorest quartile	55.7	70.8
Meerut	62.8	77.5
Census slum	71.2	86.1
Census non-slum	55.0	69.4
Poorest quartile	83.9	118.7
Kolkata	41 3	48.8
Census slum	33.4	44.7
Census non-slum	47.0	51.6
Poorest quartile	(73.7)	(83.3)
Indore	42.0	51.4
Census slum	56.4	64.4
Census non-slum	38.4	48.2
Poorest quartile	*	*
Mumbai	30 3	36.6
Census slum	24.9	32.7
Census non-slum	40.1	43.6
Poorest quartile	*	*
Nagpur	42.8	49.9
Census slum	48.4	59.5
Census non-slum	39.2	43.6
Poorest quartile	(64.3)	(71.4)
Hyderabad	34.9	40.7
Census slum	27.9	33.7
Census non-slum	36.4	42.3
Poorest quartile	(70.6)	(83.5)
Chennai	27.6	35.1
Census slum	38.0	46.3
Census non-slum	24.2	31.5
Poorest quartile	(44.8)	(69.9)

( ) Based on 250-499 unweighted cases.
*Rate not shown; based on fewer than 250 unweighted cases.

Table 3.4 Vaccinations

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report) for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	BCG	DPT 3	Polio 3	Measles	All basic vaccinations[1]	No vaccinations
Delhi	86.7	72.0	79.1	78.1	63.2	9.6
Census slum	79.8	65.2	74.2	67.4	51.7	13.5
Census non-slum	89.0	74.3	80.7	81.7	67.0	8.3
Poorest quartile	65.6	49.4	60.9	49.4	39.9	26.0
Meerut	73.5	50.1	90.8	53.4	42.9	0.5
Census slum	63.1	46.8	92.8	45.0	35.1	0.0
Census non-slum	83.0	53.0	89.0	61.0	50.0	1.0
Poorest quartile	(41.8)	(23 3)	(95.1)	(26.4)	(18.4)	(0.0)
Kolkata	92.8	76.6	83.2	80.7	67.6	5.4
Census slum	91.5	76.1	77.5	74.6	63.4	7.0
Census non-slum	(93.8)	(77.1)	(87 5)	(85.4)	(70.8)	(4.2)
Poorest quartile	(81 5)	(60.6)	(76.2)	(55.2)	(52.6)	(18 5)
Indore	98.7	87.1	89.7	79.0	75.7	0.6
Census slum	95.0	81.2	86.3	81.2	73.7	2.5
Census non-slum	100.0	89.1	90.9	78.2	76.4	0.0
Poorest quartile	*	*	*	*	*	*
Mumbai	97.5	76.5	82.3	88.2	69.8	1.6
Census slum	97.5	75.0	81.3	87.5	68.7	1.3
Census non-slum	(97 5)	(80.0)	(85.0)	(90.0)	(72.5)	(2.5)
Poorest quartile	*	*	*	*	*	*
Nagpur	95.1	81.6	78.5	85.5	68.6	3.1
Census slum	93.3	74.7	70.7	78.7	57.3	4.0
Census non-slum	96.2	85.9	83.3	89.7	75.6	2.6
Poorest quartile	(82 5)	(54.6)	(52 5)	(58.1)	(31.5)	(9.4)
Hyderabad	96.4	81.8	75.0	80.8	60.8	1.2
Census slum	93.3	75.6	68.9	74.4	53.3	6.7
Census non-slum	97.0	83.2	76.2	82.2	62.4	0.0
Poorest quartile	*	*	*	*	*	*
Chennai	98.6	93.0	88.7	94.7	77.7	0.0
Census slum	100.0	100.0	93.8	95.4	89.2	0.0
Census non-slum	98.1	90.7	87.0	94.4	74.1	0.0
Poorest quartile	(100.0)	(93.6)	(96.7)	(100.0)	(90.3)	(0.0)

( ) Based on 25-49 unweighted cases.
* Percentage not shown, based on fewer than 25 unweighted cases.
[1] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Table 3.5 Prevalence and treatment of ARI, fever and diarrhoea

Among children under age five years, percentage who had symptoms of acute respiratory infection (ARI), fever, and diarrhoea in the two weeks preceding the survey, and among those with each illness, percentage for whom advice or treatment was sought from a health facility or provider for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Percentage with symptoms of ARI[1]	Among children with symptoms of ARI[1], percentage for whom treatment was sought from a health facility or provider	Percentage with fever	Among children with fever, percentage for whom treatment was sought from a health facility or provider	Percentage with diarrhoea	Among children with diarrhoea, percentage for whom treatment was sought from a health facility or provider
Delhi	5.6	90.2	11.5	93.6	7.9	71.2
Census slum	4.9	*	8.3	(87.2)	8.3	(64.1)
Census non-slum	5.8	(94.4)	12.5	94.9	7.8	(73.5)
Poorest quartile	6.8	*	9.3	(89.2)	8.8	(75.7)
Meerut	7.5	84.2	20.2	88.9	13.3	70.1
Census slum	11.0	82.3	23.7	85.8	13.6	71.4
Census non-slum	4.6	(88.0)	17.2	92.6	13.0	69.0
Poorest quartile	7.8	*	19.7	(75.7)	11.4	(58.2)
Kolkata	6.0	(81.1)	12.9	81.6	4.9	(48.9)
Census slum	7.6	(73.1)	14.4	(81.6)	5.6	*
Census non-slum	4.8	*	11.7	(81.5)	4.3	*
Poorest quartile	5.1	*	14.6	*	8.2	*
Indore	1.0	*	10.5	81.3	12.4	71.1
Census slum	3.8	*	11.1	(84.1)	14.7	72.4
Census non-slum	0.3	*	10.3	(80.6)	11.8	(70.7)
Poorest quartile	0.7	*	6.9	*	16.5	*
Mumbai	1.7	*	8.5	86.4	6.1	(83.9)
Census slum	1.6	*	9.8	(88.9)	6.8	(88.0)
Census non-slum	1.7	*	6.0	*	4.7	*
Poorest quartile	0.0	nc	4.9	*	6.9	*
Nagpur	7.7	75.6	18.4	86.3	8.3	78.7
Census slum	9.1	(70.6)	19.7	86.5	10.7	(77.5)
Census non-slum	6.8	(80.0)	17.6	86.2	6.8	(80.0)
Poorest quartile	8.0	*	13.9	(82.3)	9.2	*
Hyderabad	0.9	*	5.3	88.5	4.2	(74.6)
Census slum	1.1	*	7.1	78.8	4.1	*
Census non-slum	0.8	*	4.9	*	4.3	*
Poorest quartile	0.3	*	4.9	*	3.7	*
Chennai	4.5	(90.2)	12.2	77.6	3.8	(62.4)
Census slum	6.8	*	15.8	(81.6)	6.1	*
Census non-slum	3.8	*	11.1	(75.9)	3.1	*
Poorest quartile	9.4	*	17.7	(95.7)	3.1	*

( ) Based on 25-49 unweighted cases.
* Percentage not shown; based on fewer than 25 unweighted cases.
[1] Symptoms of ARI (cough accompanied by short, rapid breathing or difficulty breathing which was chest related) are considered to be a proxy for pneumonia.

Table 3.6 ICDS coverage and utilization of ICDS services

Percentage of children under age six years who are in an area covered by an *anganwadi* centre (AWC), percentage who received any service and specific services from an AWC, and percentage in specified age groups in areas covered by an AWC who received specified services from an AWC in the 12 months preceding the survey for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Percentage of children age 0-71 months in areas covered by an AWC	Percentage of children age 0-71 months who received from an AWC				Children in areas covered by an AWC		
		Any service[1]	Supplementary food[2]	Health check-ups	Any immunization	Percentage of children age 36-71 months who went for early childhood care/preschool to an AWC	Percentage of children age 0-59 months who were weighed at an AWC	Percentage of children age 0-59 months whose mothers received counselling from an AWC after the child was weighed
Delhi	42.5	9.7	9.1	1.9	3.8	5.8	2.9	*
Census slum	25.7	12.0	9.3	3.3	10.0	6.3	5.0	*
Census non-slum	47.7	9.3	9.0	1.6	2.7	5.7	2.6	*
Poorest quartile	33.9	6.8	6.1	1.2	6.1	6.2	3.5	*
Meerut	12.0	6.7	3.9	1.1	6.1	2.2	1.3	*
Census slum	17.8	9.7	5.6	1.6	8.9	3.0	2.0	*
Census non-slum	7.0	(0.0)	(0.0)	(0.0)	(0.0)	*	(0.0)	nc
Poorest quartile	6.9	*	*	*	*	*	*	*
Kolkata	57.2	18.8	16.7	12.1	4.9	17.6	12.6	(54.2)
Census slum	63.6	21.0	19.5	12.1	6.6	20.1	12 5	(40.7)
Census non-slum	52.5	16.9	14.2	12.2	3.4	15.5	12.6	*
Poorest quartile	72.2	27.7	27.0	15.2	3.5	31.2	14.7	*
Indore	25.2	31.3	25.1	20.9	21.5	26.0	25.1	75.9
Census slum	48.6	41.4	35.2	24.7	26.0	33.9	29.7	57.9
Census non-slum	19.2	24.7	18.5	18.5	18.5	(20.5)	21.9	*
Poorest quartile	32.3	28.4	27.5	20.4	20.4	(33.1)	(16.9)	*
Mumbai	43.4	16.7	14.0	8.5	5.4	17.4	10.2	(30.7)
Census slum	54.5	18.6	15.7	9.3	5.9	20.2	11.2	*
Census non-slum	22.8	7.8	6.3	4.7	3.1	(3.4)	5.8	*
Poorest quartile	52.5	(17.6)	(17.6)	(11.7)	(8.8)	*	(19.9)	*
Nagpur	46.7	30.4	25.7	19.2	16.0	27.6	21 3	36.7
Census slum	89.8	32.0	26.6	20.6	16.6	27.6	22.7	34.7
Census non-slum	19.1	25.6	23.3	15.1	14.0	(27.9)	16.9	*
Poorest quartile	61.9	35.6	31.2	23.5	20.0	29.7	28.6	(34 5)
Hyderabad	31.2	3.8	3.6	1.0	0.8	2.7	1.3	*
Census slum	61.3	8.0	7.4	2.8	2.3	3.0	2.1	*
Census non-slum	24.4	1.4	1.4	0.0	0.0	2.6	0.8	*
Poorest quartile	35.4	12.0	11.4	3.8	3.8	6.9	1.5	*
Chennai	94.8	20.5	15.3	14.5	11.9	16.1	16.0	72.2
Census slum	100.0	29.2	24.1	20.0	15.9	24.4	21.9	80.9
Census non-slum	93.1	17.5	12.3	12.6	10.5	12.9	14.0	(67.6)
Poorest quartile	97.4	36.0	33.0	28.5	16.5	36.7	32 5	(55.2)

ICDS = Integrated Child Development Services
nc = Not calculated because there are no cases.
( ) Based on 25-49 unweighted cases.
* Percentage not shown; based on fewer than 25 unweighted cases.
[1] AWC services for children include distribution of supplementary food, growth monitoring, immunizations, health check-ups, and preschool education.
[2] Supplementary food includes both food cooked and served at an AWC on a daily basis and food given in the form of take home rations.

Table 3.7 Antenatal care indicators

Among women with a live birth in the five years preceding the survey, percentage who received different types of antenatal care (ANC) during the pregnancy for their most recent live birth for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Percentage who had three or more ANC visits	Percentage with an ANC visit in the first trimester of pregnancy	Percentage who received two or more TT injections during the pregnancy	Percentage who took IFA for at least 90 days	Percentage who received all recommended types of antenatal care[1]
Delhi	75.1	64.3	90.7	41.0	30.3
Census slum	58.4	50.0	84.9	22.6	13.9
Census non-slum	79.6	68.1	92.2	45.9	34.7
Poorest quartile	41.4	41.9	74.0	10.9	3.6
Meerut	60.7	59.6	82.5	29.1	21.4
Census slum	60.5	56.3	78.0	21.7	15.6
Census non-slum	60.8	62.4	86.3	35.3	26.3
Poorest quartile	31.7	26.8	55.7	4.5	3.9
Kolkata	86.3	57.5	93.4	41.6	27.4
Census slum	81.4	50.2	90.0	39.0	24.9
Census non-slum	89.5	62.4	95.7	43.3	29.0
Poorest quartile	68.1	38.7	79.8	23.4	11.7
Indore	84.9	71.5	93.0	40.3	31.5
Census slum	83.9	71.0	96.2	37.2	28.7
Census non-slum	85.1	71.6	92.2	41.1	32.3
Poorest quartile	66.2	41.4	76.8	19.9	13.0
Mumbai	91.3	68.6	90.3	28.5	19.7
Census slum	90.3	64.3	89.7	27.3	18.3
Census non-slum	93.0	76.4	91.5	30.7	22.1
Poorest quartile	(91.6)	(55.1)	(87.2)	(17.5)	(13.2)
Nagpur	89.3	70.9	91.3	38.3	31.3
Census slum	80.8	61.0	87.8	24.4	17.4
Census non-slum	94.4	77.0	93.4	46.7	39.8
Poorest quartile	73.4	44.1	79.9	17.0	6.9
Hyderabad	91.2	69.2	91.0	53.0	38.9
Census slum	90.5	59.5	86.9	46.7	28.6
Census non-slum	91.4	71.2	91.9	54.3	41.1
Poorest quartile	81.8	53.6	82.9	46.7	24.7
Chennai	99.7	87.9	97.0	56.0	49.4
Census slum	98.8	84.6	96.4	49.0	40.5
Census non-slum	100.0	88.8	97.2	58.1	52.1
Poorest quartile	99.0	85.5	96.0	36.0	30.4

TT = Tetanus toxoid; IFA = iron and folic acid tablets or syrup

( ) Based on 25-49 unweighted cases.

[1] Three or more antenatal check-ups (with the first check-up within the first trimester of pregnancy), two or more tetanus toxoid injections, and iron and folic acid tablets or syrup for three or more months.

Table 3.8 Delivery and postnatal care indicators

Percentage of live births in the five years preceding the survey delivered in a health facility and percentage delivered with assistance from health personnel, and percentage of women who had a live birth in the five years preceding the survey who received a postnatal check-up and who received a postnatal check-up within two days of the most recent birth for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Percentage of births delivered in a health facility	Percentage of deliveries assisted by health personnel[1]	Percentage of women with a postnatal check-up[2, 3]	Percentage of women with a postnatal check-up within two days of birth[2]
Delhi	60.1	64.2	61.4	59.0
Census slum	33.4	42.2	46.7	44.3
Census non-slum	68.4	71.0	65.3	62.9
Poorest quartile	17.0	24.7	37.4	35.2
Meerut	46.1	52.7	62.3	59.6
Census slum	35.1	43.3	56.1	50.6
Census non-slum	55.6	60.8	67.6	67.3
Poorest quartile	12.1	18.1	39.1	34.2
Kolkata	86.7	87.8	73.2	72.2
Census slum	80.1	81.0	68.1	66.9
Census non-slum	91.5	92.7	76.7	75.7
Poorest quartile	60.5	61.6	58.9	58.1
Indore	74.1	76.9	79.9	77.8
Census slum	76.4	79.5	77.6	75.7
Census non-slum	73.4	76.2	80.5	78.4
Poorest quartile	28.8	31.3	61.6	50.2
Mumbai	86.0	85.7	68.0	67.5
Census slum	83.3	82.2	63.0	62.3
Census non-slum	91.2	92.5	76.9	76.9
Poorest quartile	72.9	74.2	(49.6)	(47.4)
Nagpur	82.3	84.4	74.6	72.4
Census slum	77.7	80.8	72.9	70.4
Census non-slum	85.2	86.8	75.6	73.7
Poorest quartile	57.8	62.6	63.2	57.7
Hyderabad	92.1	93.9	89.4	83.4
Census slum	88.7	89.7	82.7	78.6
Census non-slum	92.8	94.8	90.8	84.4
Poorest quartile	74.7	80.4	83.3	72.3
Chennai	99.1	99.7	97.7	95.2
Census slum	97.5	98.8	97.6	96.4
Census non-slum	99.6	100.0	97.7	94.9
Poorest quartile	99.6	100.0	98.0	96.1

( ) Based on 25-49 unweighted cases.
[1] Doctor, auxiliary nurse midwife, nurse, midwife, lady health visitor, or other health personnel.
[2] Based on the last live birth in the five years preceding the survey.
[3] Postnatal check-ups are checks on the woman's health within 42 days of the birth.

Table 3.9 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 for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

	Percentage below -2 SD		
City/residence/wealth status	Height-for-age	Weight-for-height	Weight-for-age
Delhi	40.9	15.3	26.5
Census slum	50.9	14.5	35.3
Census non-slum	37.9	15.6	23.9
Poorest quartile	57.3	16.9	45.5
Meerut	43.8	9.5	28.4
Census slum	46.2	9.4	26.3
Census non-slum	41.6	9.5	30.3
Poorest quartile	65.0	8.2	43.9
Kolkata	27.5	15.3	20.8
Census slum	32.6	16.8	26.8
Census non-slum	23.1	14.0	15.6
Poorest quartile	39.1	18.4	32.0
Indore	32.5	28.9	39.3
Census slum	39.6	34.0	49.6
Census non-slum	30.6	27.6	36.7
Poorest quartile	48.9	28.9	56.7
Mumbai	45.4	16.2	32.6
Census slum	47.4	16.1	36.1
Census non-slum	41.5	16.4	25.8
Poorest quartile	(46.8)	(20.5)	(45.8)
Nagpur	34.7	16.5	33.6
Census slum	47.5	18.1	41.7
Census non-slum	26.5	15.5	28.4
Poorest quartile	48.4	19.1	44.8
Hyderabad	32.1	9.4	19.8
Census slum	32.4	11.1	26.0
Census non-slum	32.0	9.1	18.4
Poorest quartile	52.3	14.1	37.0
Chennai	25.4	18.8	23.1
Census slum	27.6	22.8	31.6
Census non-slum	24.8	17.6	20.6
Poorest quartile	55.7	25.0	42.7

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the 2006 WHO Child Growth Standards. Table is based on children with valid dates of birth (month and year) and valid measurements of both height and weight.
( ) Based on 25-49 unweighted cases.

Table 3.10 Prevalence of anaemia in children

Percentage of children age 6-59 months classified as having anaemia for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Anaemia status by haemoglobin level: Mild (10.0-10.9 g/d)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)	Any anaemia (< 11.0 g/dl)
Delhi	26.3	29.1	0.7	56.2
Census slum	24.6	45.6	1.2	71.4
Census non-slum	26.9	24.2	0.6	51.6
Poorest quartile	19.0	46.6	1.6	67.2
Meerut	25.5	38.5	3.8	67.7
Census slum	26.0	39.6	3.2	68.8
Census non-slum	25.0	37.4	4.3	66.7
Poorest quartile	28.2	41.1	4.0	73.3
Kolkata	35.7	18.7	0.7	55.0
Census slum	34.1	19.9	0.7	54.7
Census non-slum	37.1	17.6	0.6	55.3
Poorest quartile	35.1	30.9	0.0	66.0
Indore	25.9	27.2	1.7	54.7
Census slum	25.1	31.4	3.3	59.8
Census non-slum	26.1	26.1	1.2	53.4
Poorest quartile	35.9	34.5	1.1	71.6
Mumbai	22.5	24.8	1.8	49.1
Census slum	22.3	25.6	2.3	50.2
Census non-slum	22.8	23.4	0.7	46.9
Poorest quartile	(22.2)	(26.7)	(2.8)	(51.7)
Nagpur	29.7	32.0	1.3	63.0
Census slum	28.6	40.0	2.5	71.1
Census non-slum	30.4	27.4	0.7	58.4
Poorest quartile	28.5	48.1	0.9	77.5
Hyderabad	20.9	31.4	2.0	54.3
Census slum	22.2	34.8	2.0	59.0
Census non-slum	20.6	30.6	2.0	53.1
Poorest quartile	21.1	38.6	4.1	63.8
Chennai	23.5	37.3	2.0	62.8
Census slum	27.8	41.7	2.7	72.2
Census non-slum	22.1	35.9	1.8	59.9
Poorest quartile	23.1	56.4	3.5	83.0

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using the CDC formula (Centers for Disease Control (CDC), 1998. Recommendations to prevent and control iron deficiency in the United States. *Morbidity and Mortality Weekly Report* 47 (RR-3): 1-29). Haemoglobin levels are shown in grams per decilitre (g/d).
( ) Based on 25-49 unweighted cases.

Table 3.11 Nutritional status of adults

Percentage of women and men age 15-49 with specific body mass index (BMI) levels for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

	Women[1]				Men			
City/residence/wealth status	<18.5 (total thin)	<17.0 (moderately/ severely thin)	≥25.0 (overweight or obese)	≥30.0 (obese)	<18.5 (total thin)	<17.0 (moderately/ severely thin)	≥25.0 (overweight or obese)	≥30.0 (obese)
Delhi	14.4	5.3	27.3	8.2	15.1	3.6	17.9	2.8
Census slum	21.2	7.9	20.3	6.4	22.4	6.5	10.5	1.4
Census non-slum	12.8	4.7	28.9	8.6	13.0	2.8	20.0	3.2
Poorest quartile	32.0	11.2	7.9	1.2	26.9	6.9	6.5	1.2
Meerut	20.3	7.8	29.6	9.6	22.9	7.4	18.7	3.7
Census slum	22.0	9.1	24.6	6.9	25.5	8.0	16.0	2.3
Census non-slum	18.9	6.8	33.5	11.8	20.7	6.9	21.0	4.8
Poorest quartile	32.0	14.1	8.8	1.0	35.5	10.8	3.8	0.6
Kolkata	16.1	6.6	29.8	6.9	20.1	7.8	18.0	3.0
Census slum	20.8	10.1	25.0	5.3	22.6	9.0	15.3	1.6
Census non-slum	13.5	4.7	32.3	7.8	18.6	7.0	19.6	3.8
Poorest quartile	28.1	12.1	15.4	3.2	33.7	9.5	4.5	0.6
Indore	25.0	11.7	22.3	6.1	21.1	7.8	13.7	1.6
Census slum	33.0	16.7	19.4	4.8	25.9	8.8	8.8	0.8
Census non-slum	23.0	10.4	23.1	6.4	19.8	7.5	15.0	1.8
Poorest quartile	43.0	21.8	5.9	0.0	29.7	13.6	2.0	0.0
Mumbai	22.4	10.6	27.4	8.1	24.5	10.3	18.2	2.9
Census slum	23.1	10.4	25.1	7.7	25.6	11.5	16.4	2.4
Census non-slum	21.4	10.9	30.4	8.7	22.7	8.4	21.0	3.7
Poorest quartile	33.9	15.2	17.4	6.2	33.0	12.4	7.2	0.6
Nagpur	30.6	14.9	19.3	4.7	34.9	17.1	13.3	2.4
Census slum	35.5	17.4	13.5	2.9	41.4	19.3	9.5	1.5
Census non-slum	27.6	13.4	22.8	5.8	31.2	15.9	15.5	3.0
Poorest quartile	45.1	22.0	6.6	0.9	52.0	24.5	2.2	0.6
Hyderabad	20.8	10.0	33.4	10.6	21.7	9.5	24.5	4.4
Census slum	20.9	10.5	31.4	9.6	25.2	10.1	21.9	4.0
Census non-slum	20.8	9.9	33.9	10.8	21.0	9.4	25.1	4.5
Poorest quartile	29.7	15.7	16.3	3.5	33.6	12.9	9.9	0.4
Chennai	15.7	6.8	39.2	12.1	22.7	10.5	23.4	4.3
Census slum	18.4	9.3	33.5	11.5	27.0	11.6	17.8	2.3
Census non-slum	15.0	6.3	40.6	12.2	21.6	10.3	24.8	4.7
Poorest quartile	26.2	11.3	26.5	5.3	31.2	16.1	9.8	1.1

[1] Excludes pregnant women and women with a birth in the preceding 2 months.

Table 3.12 Prevalence of anaemia in adults

Percentage of women and men age 15-49 with anaemia for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

	Women				Men			
City/residence/wealth status	Mild (10.0-11.9 g/dl)[1]	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/d)	Any anaemia (<12.0 g/d)[2]	Mild (12.0-12.9 g/dl)	Moderate (9.0-11.9 g/dl)	Severe (<9.0 g/d)	Any anaemia (<13.0 g/dl)
Delhi	35.6	8.5	0.2	44 3	10.6	6.8	0.4	17.8
Census slum	35.6	11.8	0.5	47.8	12.0	9.5	0.6	22.1
Census non-slum	35.7	7.7	0.1	43 5	10.1	6.0	0.4	16.5
Poorest quartile	37.5	13.6	0.3	51.4	15.9	15.9	0.0	31.8
Meerut	32.6	10.7	1.5	44.7	8.6	4.4	0.4	13.4
Census slum	28.0	10.5	1.6	40.1	7.7	4.3	0.3	12.3
Census non-slum	36.2	10.8	1.4	48.4	9.4	4.4	0.5.	14.3
Poorest quartile	27.6	12.5	1.9	42.0	12.2	3.9	0.9	17.1
Kolkata	44.8	9.6	0.8	55.2	15.2	4.7	0.3	20.2
Census slum	42.8	8.6	0.9	52 3	11.7	5.5	0.0	17.2
Census non-slum	45.9	10.2	0.7	56.8	17.3	4.2	0.5	22.0
Poorest quartile	53.2	10.4	1.0	64 5	17.6	3.5	0.0	21.1
Indore	30.7	9.1	0.6	40.4	6.7	3.6	0.3	10.6
Census slum	32.7	9.4	0.8	42.9	7.2	3.9	0.6	11.7
Census non-slum	30.2	9.0	0.5	39.8	6.6	3.5	0.2	10.4
Poorest quartile	34.6	13.0	2.5	50.1	11.1	14.3	0.0	25.4
Mumbai	34.6	11.1	1.1	46.8	7.0	4.3	0.5	11.8
Census slum	33.4	11.7	0.9	46.0	6.3	4.1	0.6	10.9
Census non-slum	36.3	10.3	1.4	47.9	8.1	4.7	0.5	13.2
Poorest quartile	35.2	8.7	0.0	43.9	10.2	4.4	2.9	17.5
Nagpur	37.1	11.7	1.8	50.6	9.4	5.8	0.8	16.1
Census slum	34.7	11.6	2.4	48.7	8.9	6.8	0.9	16.6
Census non-slum	38.6	11.8	1.4	51.8	9.7	5.3	0.8	15.8
Poorest quartile	36.9	15.6	3.0	55 5	9.5	9.2	0.7	19.3
Hyderabad	34.1	14.0	1.8	49.9	6.9	4.4	0.9	12.2
Census slum	35.9	15.8	2.9	54.6	7.9	4.4	0.8	13.2
Census non-slum	33.7	13.6	1.6	48.9	6.7	4.4	1.0	12.0
Poorest quartile	29.8	19.2	2.2	51 3	8.8	5.0	1.0	14.8
Chennai	36.4	13.4	1.5	51.2	8.0	4.6	0.6	13.2
Census slum	36.4	12.6	1.5	50 5	9.6	4.6	0.4	14.7
Census non-slum	36.4	13.6	1.5	51.4	7.6	4.6	0.6	12.8
Poorest quartile	34.9	15.9	2.7	53 5	9.1	5.8	0.7	15.5

Note: Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude and for smoking status, if known, using the CDC formula (Centers for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. *Morbidity and Mortality Weekly Report* 47 (RR-3): 1-29). Haemoglobin levels shown in grams per decilitre (g/d).

[1] For pregnant women the value is 10.0-10.9 g/dl.

[2] For pregnant women the value is <11.0 g/dl.

Table 3.13 Health problems

Number of females and males of all ages per 100,000 usual household residents suffering from medically treated tuberculosis and number of women and men age 15-49 per 100,000 who reported that they have diabetes, asthma, or goitre or any other thyroid disorders for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Number of females per 100,000 who have medically treated tuberculosis	Number of males per 100,000 who have medically treated tuberculosis	Number of women per 100,000 who have:			Number of men per 100,000 who have:		
			Diabetes	Asthma	Goitre or other thyroid disorders	Diabetes	Asthma	Goitre or other thyroid disorders
Delhi	240	232	1,831	591	1,535	1,332	798	144
Census slum	376	391	1,252	537	537	977	391	195
Census non-slum	206	190	1,962	604	1,761	1,429	909	130
Poorest quartile	549	507	1,023	933	373	0	337	0
Meerut	350	394	1,124	1,027	903	1,119	628	536
Census slum	334	461	524	674	299	657	657	365
Census non-slum	363	337	1,598	1,307	1,380	1,509	604	679
Poorest quartile	596	906	254	762	254	227	731	227
Kolkata	345	335	2,425	3,133	4,199	1,454	3,269	730
Census slum	514	413	1,606	2,731	2,410	772	2,124	0
Census non-slum	257	290	2,855	3,344	5,139	1,856	3,944	1,160
Poorest quartile	356	477	1,608	1,876	1,166	0	506	0
Indore	161	69	1,458	1,463	482	430	243	0
Census slum	193	164	1,101	762	593	390	1,170	0
Census non-slum	153	45	1,547	1,638	455	441	0	0
Poorest quartile	83	389	0	758	0	0	459	0
Mumbai	667	523	1,201	1,648	680	1,382	1,502	268
Census slum	810	587	1,174	1,897	542	1,901	1,806	380
Census non-slum	482	436	1,236	1,331	856	641	1,068	107
Poorest quartile	0	970	0	990	0	0	566	0
Nagpur	301	287	1,179	2,845	875	1,923	3,275	369
Census slum	489	404	1,545	3,902	976	1,330	3,191	355
Census non-slum	192	221	964	2,224	815	2,266	3,323	378
Poorest quartile	571	603	589	2,704	662	848	4,292	509
Hyderabad	93	143	2,182	1,290	1,257	2,815	1,607	659
Census slum	101	131	2,135	1,515	1,033	2,454	1,964	421
Census non-slum	91	146	2,192	1,244	1,303	2,889	1,533	708
Poorest quartile	0	454	776	1,444	0	1,758	3,299	992
Chennai	333	518	3,874	1,281	2,991	2,307	593	184
Census slum	497	863	3,901	1,643	3,183	1,411	1,210	202
Census non-slum	294	437	3,867	1,197	2,947	2,516	449	180
Poorest quartile	484	1,752	2,666	1,942	1,571	635	1478	0

Table 3.14 Knowledge about tuberculosis and HIV/AIDS

Percentage of women and men age 15-49 who have heard of tuberculosis (TB), who have heard of AIDS, and who have a comprehensive knowledge of HIV/AIDS for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

			Women		Men	
City/residence/wealth status	Percentage of women who have heard of TB	Percentage of men who have heard of TB	Percentage who have ever heard of AIDS	Percentage who have a comprehensive knowledge of HIV/AIDS[1]	Percentage who have ever heard of AIDS	Percentage who have a comprehensive knowledge of HIV/AIDS[1]
Delhi	98.1	99.5	90.0	48.5	97.8	61.8
Census slum	97.1	98.8	80.9	33.7	95.9	54.5
Census non-slum	98 3	99.7	92.1	51.9	98.3	63.8
Poorest quartile	93 3	98.3	58.6	14.7	90.6	43.7
Meerut	98.7	99.1	78.4	36.5	96.4	44.9
Census slum	98.1	99.1	72.1	27.0	96.3	45.1
Census non-slum	99 3	99.1	83.4	43.9	96.5	44.7
Poorest quartile	97.6	98.0	45.9	10.9	88.3	24.5
Kolkata	97.2	98.3	90.1	29.3	96.2	34.2
Census slum	95.2	97.3	83.3	19.2	93.2	30.1
Census non-slum	98 3	98.8	93.7	34.6	97.9	36.7
Poorest quartile	93.6	96.4	69.7	8.8	85.3	14.8
Indore	98.2	99.4	94.3	60.6	99.5	70.8
Census slum	96.7	99.6	90.2	49.4	98.2	52.8
Census non-slum	98 5	99.3	95.4	63.4	99.8	75.6
Poorest quartile	96.7	100.0	87.1	41.5	97.1	52.5
Mumbai	95.6	97.9	93.9	46.5	99.0	65.9
Census slum	94.9	97.4	92.5	40.0	98.9	61.6
Census non-slum	96 5	98.6	95.6	54.8	99.1	72.1
Poorest quartile	78 3	94.8	75.1	22.4	98.3	49.2
Nagpur	94.7	96.5	90.2	46.2	96.9	59.2
Census slum	91 5	94.8	86.5	31.9	94.9	45.6
Census non-slum	96.6	97.5	92.3	54.6	98.0	67.1
Poorest quartile	87.6	92.2	75.7	26.2	90.5	40.1
Hyderabad	84 3	83.9	89.1	31.8	97.2	33.4
Census slum	79.2	81.5	85.6	28.9	97.4	30.6
Census non-slum	85.4	84.4	89.9	32.3	97.1	34.0
Poorest quartile	61.8	64.6	70.2	10.6	91.2	15.4
Chennai	95.0	94.6	98.7	22.4	98.7	45.5
Census slum	93.7	91.6	97.7	15.3	97.1	35.5
Census non-slum	95 3	95.3	98.9	24.0	99.1	47.8
Poorest quartile	91.8	92.1	97.5	9.8	97.9	26.1

[1] Respondents with a comprehensive knowledge say that the use of a condom for every act of sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV/AIDS, who say that a healthy-looking person can have HIV/AIDS, and who reject the two most common misconceptions in NFHS-3, namely that HIV/AIDS can be transmitted by mosquito bites and by sharing food.

Table 3.15 Source of health care

Percent distribution of households by the source of health care that household members generally use when they get sick for slum/non-slum areas and for the poorest wealth quartile, selected cities, India, 2005-06

City/residence/wealth status	Source of health care				Total
	Public medical sector	NGO or trust hospital/ clinic	Private medical sector	Other	
Delhi	28.6	0.0	71.2	0.2	100.0
Census slum	32.1	0.0	67.4	0.5	100.0
Census non-slum	27.7	0.0	72.2	0.1	100.0
Poorest quartile	28.9	0.0	70.8	0.4	100.0
Meerut	9.4	0.4	89.6	0.5	100.0
Census slum	8.3	0.1	91.4	0.1	100.0
Census non-slum	10.3	0.6	88.1	0.7	100.0
Poorest quartile	5.7	0.6	93.0	0.3	100.0
Kolkata	20.9	0.5	78.4	0.2	100.0
Census slum	28.1	0.4	71.1	0.5	100.0
Census non-slum	17.4	0.5	82.0	0.1	100.0
Poorest quartile	38.8	0.4	60.4	0.4	100.0
Indore	14.6	1.3	83.4	0.6	100.0
Census slum	19.5	1.8	78.6	0.1	100.0
Census non-slum	13.4	1.2	84.6	0.8	100.0
Poorest quartile	29.1	0.7	70.1	0.0	100.0
Mumbai	23.4	0.3	75.9	0.4	100.0
Census slum	25.4	0.2	74.4	0.1	100.0
Census non-slum	20.9	0.4	77.9	0.7	100.0
Poorest quartile	42.4	0.0	56.4	1.2	100.0
Nagpur	19.1	0.3	80.1	0.5	100.0
Census slum	22.1	0.1	77 5	0.3	100.0
Census non-slum	17.6	0.3	81 5	0.6	100.0
Poorest quartile	24.1	0.3	75.6	0.0	100.0
Hyderabad	23.3	0.2	76.2	0.3	100.0
Census slum	20.3	0.1	79 3	0.3	100.0
Census non-slum	23.9	0.2	75 5	0.4	100.0
Poorest quartile	40.0	0.4	59.6	0.0	100.0
Chennai	34.0	0.5	65.2	0.3	100.0
Census slum	47.2	0.5	51.9	0.3	100.0
Census non-slum	31.1	0.5	68.2	0.3	100.0
Poorest quartile	63.0	0.5	36.6	0.0	100.0

NGO = Nongovernmental organization

Table 3.16 Reason for not using government health facilities

Among households whose members do not generally use a government health facility when household members are sick, percentage giving specific reasons for not utilizing a government health facility

City/residence/wealth status	No nearby facility	Facility timing not convenient	Health personnel often absent	Waiting time too long	Poor quality of care	Payment required	Medicine not provided	Other
Delhi	37.9	17.5	2.1	57.4	36.4	0.0	0.1	1.6
Census slum	36.6	14.7	2.5	56.0	39.8	0.2	0.1	2.5
Census non-slum	38.2	18.2	2.0	57.8	35.6	0.0	0.1	1.4
Poorest quartile	37.1	17.2	2.3	49.0	36.6	0.3	0.4	2.7
Meerut	58.4	11.7	5.2	29.9	65.1	1.3	1.4	6.3
Census slum	57.7	12.7	4.0	28.1	64.9	1.1	1.3	5.3
Census non-slum	58.9	11.0	6.2	31.2	65.3	1.4	1.4	7..2
Poorest quartile	67.7	10.0	2.1	22.3	63.1	1.6	0.9	4.9
Kolkata	21.4	24.2	2.9	57.4	54.2	0.4	0.0	6.7
Census slum	23.2	24.6	2.6	61.7	51.5	0.8	0.0	4.2
Census non-slum	20.6	24.0	3.0	55.5	55.3	0.2	0.0	7.8
Poorest quartile	27.4	22.9	4.4	58.1	50.4	1.0	0.0	4.4
Indore	50.9	15.6	5.7	41.5	62.8	0.2	0.0	3.1
Census slum	59.1	7.7	1.5	23.7	55.3	0.0	0.0	0.6
Census non-slum	49.0	17.5	6.7	45.7	64.6	0.3	0.0	3.7
Poorest quartile	57.9	12.9	8.7	40.9	49.4	1.1	0.0	0.0
Mumbai	44.0	17.5	1.6	35.2	41.1	0.2	0.1	2.6
Census slum	47.3	18.9	1.7	32.6	38.6	0.4	0.0	2.8
Census non-slum	40.1	15.8	1.5	38.2	44.2	0.0	0.0	2.5
Poorest quartile	51.4	18.3	1.1	24.2	36.1	2.3	0.0	3.4
Nagpur	50.8	18.7	2.3	38.6	45.9	0.2	0.1	2.7
Census slum	44.9	14.7	2.1	35.4	39.2	0.1	0.0	1.9
Census non-slum	53.7	20.7	2.4	40.1	49.1	0.2	0.0	3.0
Poorest quartile	61.8	11.7	0.9	30.4	28.3	0.6	0.0	1.8
Hyderabad	53.7	18.8	7.4	35.9	46.8	0.0	0.0	4.1
Census slum	60.2	16.7	7.7	32.6	48.3	0.0	0.0	1.4
Census non-slum	52.2	19.3	7.3	36.7	46.5	0.0	0.0	4.7
Poorest quartile	62.4	11.9	7.2	29.8	42.3	0.0	0.0	1.3
Chennai	30.6	26.7	2.9	38.4	42.0	0.1	0.0	4.8
Census slum	30.8	27.2	2.0	36.1	40.3	0.2	0.0	4.2
Census non-slum	30.6	26.6	3.0	38.8	42.3	0.1	0.0	4.9
Poorest quartile	30.2	26.9	1.2	34.3	38.6	0.0	0.0	1.8

Table 3.17 Use of tobacco and alcohol

Percentage of women and men age 15-49 who smoke cigarettes/*bidis*, percentage who use any kind of tobacco, and percentage who drink alcohol for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

	Women			Men		
City/residence/wealth status	Percentage who smoke cigarettes or *bidis*	Percentage who use any kind of tobacco	Percentage who drink alcohol	Percentage who smoke cigarettes or *bidis*	Percentage who use any kind of tobacco	Percentage who drink alcohol
Delhi	1.3	2.9	0.3	26.0	39.6	32.7
Census slum	3.5	6.4	0.5	34.2	54.5	34.2
Census non-slum	0.9	2.1	0.3	23.8	35.6	32.3
Poorest quartile	5.8	12.3	0.9	41.1	68.6	39.1
Meerut	0.6	2.1	0.2	30.5	41.8	24.0
Census slum	0.8	2.9	0.1	33.2	45.8	27.0
Census non-slum	0.4	1.5	0.2	28.3	38.4	21.5
Poorest quartile	2.5	6.2	0.0	46.7	58.1	26.9
Kolkata	0.0	6.3	0.8	50.0	66.7	32.9
Census slum	0.1	8.3	1.0	45.4	68.7	32.0
Census non-slum	0.0	5.2	0.7	52.7	65.4	33.4
Poorest quartile	0.0	14.3	0.2	49.6	75.5	40.9
Indore	0.0	4.7	0.4	26.4	51.0	23.4
Census slum	0.0	5.9	0.3	31.4	59.6	28.7
Census non-slum	0.0	4.4	0.5	25.1	48.7	22.0
Poorest quartile	0.0	16.9	1.5	37.0	87.0	56.3
Mumbai	0.1	6.6	0.6	22.1	41.3	33.1
Census slum	0.1	8.9	0.5	24.2	45.9	36.2
Census non-slum	0.0	3.7	0.8	19.1	34.6	28.7
Poorest quartile	0.0	10.7	0.0	28.1	62.2	37.8
Nagpur	0.0	5.9	0.1	21.0	53.5	33.4
Census slum	0.1	8.5	0.1	26.4	63.1	39.5
Census non-slum	0.0	4.4	0.1	17.8	47.9	29.8
Poorest quartile	0.0	14.8	0.4	27.3	68.4	35.6
Hyderabad	0.1	1.5	3.2	21.4	34.3	36.8
Census slum	0.1	1.9	5.3	26.0	38.5	40.0
Census non-slum	0.1	1.4	2.8	20.4	33.5	36.1
Poorest quartile	0.5	3.9	6.0	33.5	49.8	47.8
Chennai	0.1	1.0	0.4	28.6	35.9	44.6
Census slum	0.1	1.7	0.2	35.8	46.1	49.5
Census non-slum	0.1	0.8	0.5	27.0	33.5	43.4
Poorest quartile	0.5	3.5	0.5	46.2	61.2	64.5

Table 3.18 Experience of spousal violence

Percentage of ever-married women age 15-49 who ever experienced physical or sexual violence committed by their husband ever and in the past 12 months for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

City/residence/wealth status	Physical or sexual violence ever	Physical or sexual violence in the past 12 months[1]
Delhi	15.4	11.2
Census slum	28.0	21.9
Census non-slum	12.4	8.8
Poorest quartile	37.2	29.2
Meerut	37.0	12.0
Census slum	49.2	12.8
Census non-slum	26.7	11.3
Poorest quartile	66.5	26.2
Kolkata	26.7	16.4
Census slum	35.8	23.4
Census non-slum	22.0	12.8
Poorest quartile	49.3	29.7
Indore	37.0	21.5
Census slum	34.5	15.5
Census non-slum	37.6	23.1
Poorest quartile	64.3	46.5
Mumbai	19.3	12.9
Census slum	22.9	15.8
Census non-slum	14.7	9.0
Poorest quartile	25.0	23.2
Nagpur	22.9	15.3
Census slum	33.6	23.9
Census non-slum	16.7	10.4
Poorest quartile	33.3	24.1
Hyderabad	26.2	23.3
Census slum	29.8	25.5
Census non-slum	25.5	22.9
Poorest quartile	41.5	37.6
Chennai	40.6	25.3
Census slum	62.3	42.0
Census non-slum	35.5	21.4
Poorest quartile	68.3	53.9

[1] Excludes widows.

Table 3.19 Attitudes toward family life education in school

Percentage of women and men age 15-49 who agree that specific topics should be taught in school to girls and to boys for slum/non-slum areas and for the poorest quartile, selected cities, India, 2005-06

	Percentage of women who say that the topic should be taught in school to:						Percentage of men who say that the topic should be taught in school to:					
	Girls			Boys			Girls			Boys		
City/residence/wealth status	Sex and sexual behaviour	Contra-ception	HIV/AIDS	Sex and sexual behaviour	Contra-ception	HIV/AIDS	Sex and sexual behaviour	Contra-ception	HIV/AIDS	Sex and sexual behaviour	Contra-ception	HIV/AIDS
Delhi	78.5	77.6	87.2	75.1	72.8	87.1	83.8	86.6	94.3	84.9	85.5	94.6
Census slum	67.4	66.6	77.5	63.8	60.7	77.5	76.4	80.7	90.0	77.3	80.1	89.8
Census non-slum	81.0	80.0	89.4	77.6	75.6	89.3	85.8	88.2	95.5	87.0	87.0	95.8
Poorest quartile	46.1	44.1	55.1	40.4	38.6	55.8	70.6	74.4	85.1	71.6	71.4	83.9
Meerut	60.8	63.7	79.9	59.4	60.3	79.9	80.3	83.5	91.7	81.7	84.7	92.5
Census slum	53.0	59.8	74.9	51.4	54.5	75.1	74.3	79.1	88.9	75.8	79.9	89.3
Census non-slum	67.0	66.8	83.8	65.6	64.9	83.7	85.4	87.2	94.0	86.7	88.7	95.1
Poorest quartile	36.4	39.9	52.0	38.7	39.8	51.4	61.3	64.8	78.9	62.8	67.6	80.2
Kolkata	53.5	49.9	66.3	50.1	47.1	65.4	56.5	57.7	79.1	54.4	52.6	78.8
Census slum	45.5	43.2	57.8	41.7	40.2	56.4	45.0	45.8	74.7	42.7	40.2	74.7
Census non-slum	57.7	53.4	70.8	54.6	50.8	70.1	63.3	64.7	81.7	61.3	59.9	81.2
Poorest quartile	27.9	26.0	40.8	24.7	23.7	40.4	34.3	36.4	58.2	29.2	28.7	57.7
Indore	80.3	84.8	90.9	77.1	82.1	90.6	84.8	89.1	96.8	85.7	89.5	96.9
Census slum	70.1	74.8	84.3	68.3	72.6	83.9	75.6	78.8	95.5	77.4	78.9	95.9
Census non-slum	82.9	87.3	92.5	79.3	84.4	92.3	87.2	91.9	97.1	87.9	92.3	97.1
Poorest quartile	71.5	77.6	84.2	64.7	74.7	84.9	62.7	71.5	88.9	65.1	73.9	89.3
Mumbai	57.8	61.0	87.8	53.9	51.1	87.1	84.0	85.9	96.3	82.3	85.3	96.6
Census slum	50.6	55.5	84.4	46.8	44.0	83.5	81.9	83.5	95.5	80.9	83.2	95.8
Census non-slum	66.9	68.0	92.0	62.8	60.1	91.6	87.0	89.2	97.4	84.4	88.2	97.6
Poorest quartile	30.6	37.1	65.7	29.4	33.9	64.7	71.5	72.9	92.6	71.1	74.5	93.6
Nagpur	44.1	43.5	81.9	39.7	38.6	81.6	67.4	70.1	90.0	66.6	67.2	91.0
Census slum	41.2	43.0	75.7	34.5	33.9	75.2	68.3	72.5	86.2	67.3	68.0	87.7
Census non-slum	45.7	43.9	85.6	42.8	41.4	85.4	66.9	68.7	92.3	66.2	66.7	92.9
Poorest quartile	22.0	24..2	63.5	19.2	20.1	63.0	43.5	48.8	76.6	43.3	48.3	78.5
Hyderabad	51.5	49.7	75.3	49.5	46.6	75.3	77.6	74.6	92.5	78.8	72.2	92.6
Census slum	47.5	46.1	72.4	45.8	43.5	72.7	77.9	75.1	93.0	78.3	73.9	93.5
Census non-slum	52.3	50.5	75.9	50.3	47.3	75.8	77.6	74.5	92.4	78.9	71.9	92.4
Poorest quartile	29.8	27.6	50.0	29.4	27.8	52.3	61.4	59.4	85.7	62.4	58.4	85.7
Chennai	52.9	54.8	80.6	48.4	38.2	80.8	65.7	71.3	89.2	67.5	63.6	89.9
Census slum	47.0	45.2	77.9	40.6	30.9	77.9	52.0	63.6	81.7	52.3	52.9	82.7
Census non-slum	54.3	57.0	81.2	50.3	40.0	81.5	68.9	73.1	91.0	71.1	66.1	91.6
Poorest quartile	43.0	50.3	75.2	37.3	29.7	74.4	53.1	67.9	82.5	52.4	53.8	83.9

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