

Economic Differentials in Health, Nutrition and Population Outcomes In Bangladesh.

Khan A. Matin*

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Dr. Khan A. Matin is a Professor at the Institute of Statistical Research and Training(ISRT), University of Dhaka. Dhaka 1000.

E-mail: kmatin@isrt.ac.bd kmatin_isrt@yahoo.com

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Abstract: The paper is an attempt to analyze the impact of health, nutrition and population programme on inputs on different economic group of the population. The data obtained in various BDHS, UESD and BMMS during the period 2004 to 2011 have been utilized. The findings suggest that considerable improvements in health outcomes appear to have been achieved between BDHS 2004 and BDHS 2011. The UESD survey 2010 and the Bangladesh Maternal Mortality Survey 2010 confirm the trend. Bangladesh seems poised to achieve most of the MDG goals. The data also show that the very poor, represented by Q1 have achieved improvement for all the variables studied and have been able to narrow the gap with the richest i.e. those in Q5. However, it is also important to note that the absolute gap between the two in health status is still very large for most of the variables. This calls for attention of the policy planners.

Introduction.

For assessing the impact of Health, Nutrition and Population programme inputs we have analyzed the output variables according to the wealth quintile of the Women. Such information is available in BDHS, UESD Survey and BMMS. The definition of the variables adopted in the surveys is quite comparable. The findings on fertility, family planning, Reproductive and Child Health and Nutrition of Mother and Child are presented below.

The findings are presented in Tabular form for all the five quintiles along with data for the overall picture for each of the variables mentioned above. Detailed comments explaining the data are presented below. To sum up, considerable improvements in health outcomes appear to have been achieved between BDHS 2004 and BDHS 2007. The UESD survey 2010 and the Bangladesh Maternal Mortality Survey 2010 confirm the trend. Bangladesh seems poised to achieve most of the MDG goals. The data also show that the very poor, represented by Quintile1 (Q-1) have achieved improvement for all the variables presented in the Table and have been able to narrow the gap with the richest i.e. those in Q5. However, it is also important to note that the absolute gap between the two in health status is still very large for most of the variables. This calls for attention of the policy planners.

Fertility.

Several measures of behavioural and normative measures of fertility are available by Wealth Quintile of the Women. For the BDHS2004, the highest value of TFR of 4.1 is found for the women in the poorest quintile (1st quintile) which gradually increases to 2.2 for women in the richest(5th) quintile. The TFR for women in all the quintile is 3.0. During the period 2004-07 the TFR in the 1st, 2nd and 3rd quintile has decreased from the corresponding values. In the BDHS2007, declining values of TFR with the rise in wealth quintile has also been observed. However in the 1st, 2nd and 3rd quintile there has been decline in fertility in BDH2007 while compared to the corresponding values of 2004. The fertility of the 4th and 5th

(richest) quintile has remained same in the two survey periods. The over all TFR for BDHS2007 is 2.7 while compared to a value of 3.0 in 2004. The TFR in BMMS2010 further declined to 2.5. Similar variations have also been observed for Wanted TFR, Unwanted TFR and Ideal number of children given in the table. The percentage of women who want no more children is higher, 61.2% in the Poorest (1st quintile) and 61.3% in the 2nd quintile, while compared to the higher quintiles in BDHS2004. The over all percentage of women who want no more children is 59.3 per cent in BDHS2004 which increased to 62.5 per cent in BDHS2007. The findings suggest that for further reductions in fertility more and more ELCOs from the 3 lower quintiles have to be brought under the family planning programme. Table --

Age at First Marriage: The median age at first marriage of the woman is somewhat similar in both BDHS2004 and 2007 surveys in the poorest quintile. It is only in the richest wealth quintile where we find about 2 years rise in the median age at marriage while compared to the poorest (1st) quintile. The median age at first marriage of the women has increased by 0.5 years during the period 2004-07.

Contraceptive Prevalence Rate (CPR) for Any Method: In the BDHS CPR for any method was 58.1 per cent which declined to 55.8 per cent in 2007. The CPR increased to 61.7 per cent in UESD2010. In both 2004 and 2007 the CPR increased along with the increase in quintile groups of the women. In the UESD2010, the CPR in the lower four quintiles increased considerably while the value of the CPR in the richest (5th quintile) decreased slightly. The ratio of the CPR of richest/poorest quintile was 1.2 in 2004, 1.1 in 2007 and 0.9 in 2010.

Contraceptive Prevalence Rate(CPR): Any Modern Method : The value of CPR for any modern method was 47.3 per cent in 2004, 47.5 per cent in 2007, but in UESD2010 it increased to 54.1 per cent. There were increase in the CPR of modern methods in the first four quintiles, while in the richest(5th) quintile it decreased slightly. The ratio of CPR for any modern of richest/poorest quintile was 1.1 in 2004, 1.0 in 2007 and 0.8 in 2010.

CPR for Long Acting and Permanent Method (LAPM). The CPR for long acting and permanent method (LAPM) is more or less stagnant 7.2-7.4 per cent during the period 2004-10. In the 1st and 2nd quintiles there has been slight increase in the CPR of LAPM while there has been decline in the richest quintile keeping the over all CPR of LAPM at about the same level. The ratio of CPR of LAPM of poorest/richest quintile was 1.4 in 2004, 1.9 in 2007 and 2.1 in 2010.

Unmet Need for Family Planning. The unmet need for family planning increased from 11.3 per cent in 2004 to 17.1 per cent in 2007. The unmet need for family planning showed a decreasing trend along with the rise in wealth quintile. The ratio of unmet need for poorest/richest quintile was 1.5 in 2004 and 1.1 in 2007.

Reproductive Health Care.

Antenatal Care (ANC): The over all ANC from any source has increased from 55.9 per cent in 2004 to 71.2 per cent in 2010. Similar increase in the ANC has been found for women in all the quintile groups. The ratio of ANC of women in richest/poorest quintiles was 2.5 in 2004, 2.1 in 2007 and 2.0 in 2010(UESD) and 1.7(BMMS) . Similar variation was found for ANC from any Medically Trained provider.

Place of Delivery At Any Health Facility: The per cent of live birth having any health facility(Public, private or NGO) increased from 9.3 per cent in 2004 to 23.7 per cent in 2010. The per cent of birth having any health facility as the place of delivery increased with the increase in wealth quintile of women. The ratio of the per cent of delivery of richest/poorest quintile is 15.1 in 2004 9.9 in 2007, 7.4 in 2010(UESD) and 7.0(BMMS).

Government Health Facility. Similar variations was observed having government health facilities as place of delivery. The per cent of live births having government health facilities as place of delivery increased from 6.1 per cent in 2004 to 10.8 per cent in 2010. The ratio of the per cent of births delivered by richest/poorest quintile was 9.3 in 2004, 6.8 in 2007 4.2 in 2010(UESD) and 3.8(BMMS2010).

Assistance During Delivery: The per cent of live births having assistance at the time of delivery by medically trained provider increased from 13.4 per cent in 2004 to 26.5 per cent in 2010. Such percentage

also increased with the increase in the quintile group of women. The ratio of parentages of deliveries having assistance of richest/poorest quintile was 11.6 in 2004, 10.8 in 2007 and 6.9 (UESD), 6.2(BMMS) in 2010.

Delivery by C-Section. The per cent of birth delivered by C-section has increased from 3.5 per cent in 2004 to 13.0 per cent in 2010. Such increase has been observed in all quintile groups. The proportion of birth delivered by C-Section is very low in the poorest quintile and gradually reaches the richest quintile. The ratio proportion of births by C-Section of Richest to poorest(Richest/Poorest) quintile is 144 in 2004, 14.3 in 2007 and 11.4 in UESD2010 and 12.4 in BMMS2010.

Post natal Care(PNC)for Mothers: the per cent of mothers receiving postnatal care(PNC) from a trained provider slightly improved from 17.8 per cent in 2004 to 22.7 per cent in 2010. The Per cent of mothers receiving post natal care was lowest in the poorest quintile which gradually reached the highest level in the richest quintile. The ratio of per cent of mothers receiving PNC of richest poorest (richest/poorest) quintile

Post natal care for New Born: the level and trend of new born receiving PNC from medically trained provider was similar to that of the mothers.

Vaccination of Children: The percentage of children of age 12-23 months who received all vaccinations increased from 73.1 per cent in 2004 to 82.0 per cent in 2010. The percentage of children vaccinated increased in all the wealth quintiles between the two surveys. The ratio of percentage of children vaccinated of richest to poorest(richest/poorest) quintile was found to be 1.5 in 2004, 1.1 for 2007.

Tetanus Toxoid Vaccination of Pregnant Women. (TT Injections):

Pregnant Women Receiving 1 TT Injection: In BDHS2004, the percentage of pregnant women who received 1 TT Injection during pregnancy varied between 19.1 to 23.3 in different quintiles. The over all percentage being 21.2 per cent. In the UESD2010 survey the over all percentage of pregnant women who received 1 TT Injections slightly increased to 21.6 per cent.

Tetanus Toxoid Vaccination of Pregnant Women. (2 or more TT Injections): The percentage of women who have received 2 or more TT Injections increased from 56.0 per cent in the poorest quintile to 70.7 per cent in the richest quintile in BDHS 2004. The over all mean percentage was 63.6 per cent. In the UESD2010 there appears to be some decline in the percentage of women having 2 or more TT injections. The over all percentage declined from 63.6 per cent in 2004 to 51.2 per cent in 2010. Higher declines occurred in the upper quintiles. It is worth elaborating here that II injections are given during pregnancy for the prevention of neonatal tetanus. To achieve protection for herself and her new born baby, typically pregnant woman should receive at least two doses of TT. On the other hand, if a woman was fully vaccinated during a previous pregnancy, she may require one dose during her current pregnancy to achieve such protection. Five doses are considered adequate. Another point is that in the BDHS2004, the reference period of birth was 5 years and in the UESD2010, the reference period of birth was 3 years.

Nutrition:

Vitamin A Supplement: The percentage of children of age 9-59 months who received Vitamin A supplements was found to be 81.8 per cent in 2004, 88.3 per cent in 2007 and 82.6 per cent in 2010. There was not much variation in Vitamin A supplement intake according to wealth quintile in recent years. Higher percentage of intake was found for the year 2007.

Micronutrient Among Mothers: The percentage of women with birth in five years preceding the survey who received a Vitamin A dose in the 1st two months after delivery increased from 14.5 per cent in 2004 to 19.5 per cent in 2010. The Vitamin A intake among mothers was found to be lowest in the poorest quintile and gradually increased to highest level in the richest quintile. The ratio of the percentage of mothers receiving Vitamin A supplements of richest to poorest (richest/poorest) quintile was 3.0 in 2004 and 2.2 in 2007.

Nutritional Status of Children.

Height for Age (Stunting): Percentage below -2SD. The over all percentage of stunting remains about 43.0 per cent in both 2004 and 2007. The percentage of stunting is highest (about 84%) in the poorest quintile in both the surveys which gradually decreased to 25 per cent in 2004 and 26.3 per cent in 2007. The ratio of percentage of stunting of richest to poorest (richest/poorest) quintile is 2.2 for 2004 and 2.0 for 2007.

Weight for Height (Wasting): Percentage below -2SD. The over all percentage of wasting increased from 12.8 per cent in 2004 to 17.4 per cent in 2007. Similar increase in the percentage of wasting has also been found in the respective quintiles between the two surveys. The ratio of percentage of wasting of poorest to richest quintiles (poorest/richest) quintile is 1.6 in both the years. In the year 2007 the prevalence of stunting was 20.8 per cent in the poorest quintile which decreased to 13.2 per cent for children in the richest quintile.

Weight for Age (Underweight): Percentage below -2SD. The over all percentage of underweight children has decreased from 47.5 per cent in 2004 to 41.0 per cent in 2007. The proportion of underweight children is highest in the poorest quintile and lowest in the richest quintile in both the surveys. The ratio of percentage of underweight children of poorest to richest quintile (Poorest/richest) is 1.9 in both the periods.

Nutritional Status of Women:

Percentage of Women with BMI < 18.5(Thin): The percentage of thin (BMI< 18.5) women has decreased from 34.3 per cent in 2004 to 29.7 per cent in 2007. The highest proportion of thin women was found to be 43.4 per cent in the poorest quintile in 2004 which decreased to 13.4 per cent in the richest quintile. The ratio of the percentage of thin women of poorest to richest quintile (poorest/richest) was 2.7 in 2004 and 3.2 in 2007.

Percentage of Women with BMI (18.5 – 24.9):Normal: the percentage of women with BMI 18.5-24.9 (Normal weight) was found to be 56.8 per cent in 2004 which increased by 2 percentage point to 58.5 per cent in 2007. The ratio of the percentage of women having normal weight of richest to poorest(richest/poorest) quintile was 1.1 in 2004 and 1.0 in 2007 indicating that the composition of women of normal weight has remain same according to wealth quintile in recent years.

Percentage of Women with BMI \geq 25.0 (Overweight): The percentage of overweight women is very low (2-3%) in the poorest quintile which increased to 9.5-11.7% in the 4th quintile. The percentage of overweight women was enormously high in the richest quintile. It was 24.8 per cent in 2004 increasing further to 31.4 per cent in 2007. The over all percentage of overweight women increased from 8.9 per cent in 2004 to 11.8 per cent in 2007. The ratio of percentage of overweight women in the richest to poorest (richest/poorest) quintile was 11.8 in 2004 and 9.8 in 2007.

From the above analysis of the level and trend of indicators, it appears that the HNPS has been quite successful in providing services in the field of reproductive health and nutrition of the women from the lower wealth quintiles and their children.

Table .1 : Fertility, Family Planning, Reproductive Health and Nutrition By Wealth Quintile:Bangladesh 2004-2010

Fertility	Wealth Quintile	BDHS 2004	BDHS 2007	UESD 2010	BMMS 2010	BDHS 2011
Total Fertility Rate(TFR)						
	Q1	4.1	3.2			
	Q2	3.2	3.1			
	Q3	3.0	2.7			
	Q4	2.5	2.5			
	Q5	2.2	2.2			
	All	3.0	2.7		2.5	2.3
Wanted TFR	Q1	2.6	2.1			
	Q2	1.9	2.0			
	Q3	2.1	1.9			
	Q4	1.7	1.8			
	Q5	1.6	1.6			
	All	2.0	1.9			
Unwanted TFR	Q1	1.5	1.1			
	Q2	1.3	1.1			
	Q3	0.9	0.8			
	Q4	0.8	0.7			
	Q5	0.6	0.6			
	All	1.0	0.8			
Ideal Number of Children	Q1	2.6	2.1			
	Q2	2.5	2.2			
	Q3	2.4	2.1			

	Q4	2.4	2.0			
	Q5	2.3	2.1			
	All	2.4	2.1			
Women who Want no more children (%)	Q1	61.2	68.9			
	Q2	61.3	64.0			
	Q3	58.4	61.5			
	Q4	59.5	59.3			
	Q5	56.3	59.4			
	All	59.3	62.5			
Contraceptive Prevalence Rate(CPR)% :						
Any Method	Q1	53.6	54.8	62.8		61.5
	Q2	57.6	54.7	64.4		62.9
	Q3	57.8	54.1	61.4		61.4
	Q4	58.5	55.2	61.5		59.5
	Q5	62.5	59.9	57.5		60.8
	All	58.1	55.8	61.7		61.2
Any Modern Method	Q1	44.7	46.9	56.5		52.9
	Q2	47.7	47.2	57.3		53.8
	Q3	46.6	46.1	53.2		52.1
	Q4	47.6	47.6	54.6		50.6
	Q5	50.0	49.6	47.7		51.1
	All	47.3	47.5	54.1		52.1
Any Long Acting/Permanent Method (IUD,Implants, Male Sterilization, Female Sterilization)	Q1	8.5	10.0	11.0		11.1
	Q2	7.6	7.5	8.1		10.4
	Q3	7.6	7.5	7.0		8.3
	Q4	6.3	7.3	5.7		6.6
	Q5	5.9	5.1	5.2		5.4
	All	7.2	7.3	7.4		8.0
Unmet Need for Family Planning	Q1	13.0	17.4			11.6
	Q2	11.7	18.6			10.4
	Q3	11.7	17.1			11.2

	Q4	11.3	17.0			13.7
	Q5	8.6	15.6			11.6
	All	11.3	17.1			11.7
Total Demand for Family Planning Met Need/Current ly Using Any Method + Unmet Need						
	Q1	68.7	72.2			75.6
	Q2	71.3	73.3			75.7
	Q3	71.5	71.3			75.1
	Q4	71.8	72.2			74.5
	Q5	73.0	75.5			73.5
	All	71.4	72.9			74.9
Percentage of demand satisfied	Q1	81.1	76.0			84.6
	Q2	83.6	74.6			86.2
	Q3	83.7	76.0			85.1
	Q4	84.2	76.4			81.6
	Q5	88.3	79.3			84.3
	All	84.1	76.5			84.3
Child Mortality						
Infant Mortality/1000 Live births	Q1	90	66			
	Q2	66	67			
	Q3	75	63			
	Q4	59	46			
	Q5	65	36			
	All	65	52			
Under 5 Mortality/1000 Live births	Q1	121	86			
	Q2	98	85			
	Q3	97	83			
	Q4	81	62			
	Q5	72	43			
	All	88	65			
Median Age at First Marriage of Women(20-49)	Q1	14.3	14.4			
	Q2	14.3	14.9			
	Q3	14.6	15.2			
	Q4	15.1	15.6			
	Q5	16.5	16.9			
	All	14.8	15.3			
Antenatal Care(ANC):						

Per cent of Women who had a live birth in the five years preceding the survey who had any antenatal care(ANC) during pregnancy of the most recent birth						
	Q1	33.7	41.6	45.9	54.6	48.0
	Q2	46.0	47.4	53.5	62.9	55.4
	Q3	58.3	58.9	62.0	69.5	68.1
	Q4	66.5	71.9	69.8	80.9	79.5
	Q5	84.1	86.4	92.6	90.9	93.0
	All	55.9	60.3	62.4	71.2	67.7
Per cent of Women who had a live birth in the five years preceding the survey who had any antenatal care(ANC) during pregnancy of the most recent birth by medically trained provider						
	Q1	24.9	30.8	35.4	31.2	30.4
	Q2	38.6	36.3	45.6	41.2	39.6
	Q3	48.8	47.9	56.0	51.5	54.2
	Q4	60.6	65.6	65.2	66.9	68.1
	Q5	81.1	83.5	91.2	81.9	87.4
	All	31.3	51.7	56.0	53.7	54.6
Place of Delivery:						
Per cent of live birth in the five years preceding the survey having any health facility (Public, Private & NGO)as the place of delivery						
	Q1	2.0	4.4	8.0	7.5	9.9
	Q2	3.2	5.2	12.8	12.1	17.5
	Q3	5.5	8.9	21.3	19.0	24.1
	Q4	11.9	17.0	29.7	29.4	39.5
	Q5	30.3	43.4	59.3	52.8	59.8
	All	9.3	14.6	23.7	23.4	28.8
Per cent of live birth in the five years preceding the survey having public health facility as the place of delivery						
	Q1	1.8	2.5	4.5	4.4	6.9
	Q2	2.5	3.7	7.7	7.6	7.8
	Q3	4.6	5.5	12.7	9.2	11.4
	Q4	8.4	8.9	13.6	13.3	15.7
	Q5	16.7	17.1	18.8	16.7	19.1
	All	6.1	7.1	10.8	10.0	11.8
Assistance During Delivery.						
Per cent of live birth in the five years preceding the survey having assistance at the time of delivery by Medically trained provider/a						

	Q1	3.4	4.8	9.2	9.2	11.5
	Q2	4.5	6.7	14.5	14.2	18.6
	Q3	10.5	12.1	23.5	22.4	28.2
	Q4	17.4	22.5	33.3	33.7	43.2
	Q5	39.6	51.9	63.4	57.0	63.8
	All	13.4	18.0	26.0	26.5	31.7
Caesarean Section(C-Section)						
Per cent of live birth in the five years preceding the survey delivered by Caesarean Section(C-Section)						
	Q1	0.1	1.8	3.2	2.6	2.7
	Q2	0.9	1.9	6.2	4.4	9.6
	Q3	1.7	3.3	11.6	9.3	14.3
	Q4	3.1	8.5	16.3	14.8	22.6
	Q5	14.4	25.7	36.6	32.2	41.1
	All	3.5	7.5	13.0	12.2	17.1
Post natal Care(PNC)						
Percentage of last live births for which the mother received PNC from a trained provider within 42 days of delivery						
	Q1	5.1	7.6	8.2		
	Q2	8.6	10.0	11.6		
	Q3	12.7	13.6	19.4		
	Q4	22.3	27.6	29.0		
	Q5	46.9	52.0	57.6		
	All	17.8	21.3	22.7		
Percentage of last live births for which the children received PNC from a trained provider within 42 days of delivery						
	Q1	5.6	8.0	7.9		
	Q2	7.9	10.0	12.5		
	Q3	13.2	14.1	19.2		
	Q4	20.3	29.4	29.6		
	Q5	47.1	52.3	58.3		
	All	17.5	21.9	23.0		
Treatment Seeking Behaviour						
Percentage of births in the five years preceding the survey who had at least one complication around delivery by assistance sought from medically trained providers.						
	Q1	14.0	22.5			
	Q2	17.6	29.3			
	Q3	25.8	39.9			
	Q4	42.8	49.8			
	Q5	55.8	74.4			
	All	28.7	42.0			

Treatment of ARI						
Among Children under 5 with ARI during the two weeks preceding the Survey, Percentage Taken to Health Facility or medically trained Providera						
	Q1	10.8	17.0	24.4		
	Q2	15.5	23.8	41.1		
	Q3	18.7	29.0	29.9		
	Q4	27.4	44.2	41.6		
	Q5	45.3	59.9	72.5		
	All	20.3	30.2	38.0		
Treatment Seeking for Children With Fever						
Percentage of Children under 5 years with fever In the two weeks preceding the Survey who were Taken for treatment at Health Facility/Medically trained Provider						
	Q1	9.2	13.3			
	Q2	12.7	18.9			
	Q3	17.6	22.7			
	Q4	21.6	31.1			
	Q5	40.7	38.7			
	All	18.5	23.9			
Vaccinations of Children						
Percentage of children aged 12-23 months who received all vaccinations						
	Q1	57.4e	79.9e	80.1		76.8
	Q2	76.0	75.4	79.9		84.9
	Q3	74.1	79.0	76.2		86.9
	Q4	78.7	87.1	86.3		89.0
	Q5	86.7	88.4	89.5		93.5
	All	73.1	81.9	82.0		86.0
Tetanus Toxoid Vaccination of Pregnant Women.						
Per cent of women who had a live birth in the five years preceding the survey who had one TT Injection during pregnancy of the most recent births.)						
	Q1	21.4		18.1		
	Q2	20.8		20.9		
	Q3	23.3		21.2		
	Q4	19.1		22.7		
	Q5	21.4		27.6		
	All	21.2		21.6		
Per cent of women who had a live birth in the five years preceding the survey who had 2 or more TT Injection during pregnancy of the						

most recent births.)						
	Q1	56.0		51.7		
	Q2	61.2		53.9		
	Q3	63.5		50.8		
	Q4	69.6		52.0		
	Q5	70.7		45.9		
	All	63.6		51.2		
Micronutrient Intake Among Children						
Percentage of children age 9-59 months who received Vitamin A Supplements in the six months preceding the Survey						
	Q1	77.2	88.8	82.6		
	Q2	82.1	84.9	83.0		
	Q3	81.2	88.8	81.4		
	Q4	83.3	89.5	82.4		
	Q5	87.6	90.0	83.8		
	All	81.8	88.3	82.6		
Micronutrient Intake Among Mothers:						
Percentage of Women with a birth in the five years preceding the survey who received a Vitamin A dose in the first two months after delivery						
	Q1	8.5	12.5			
	Q2	8.9	15.7			
	Q3	14.7	18.8			
	Q4	17.9	24.9			
	Q5	25.9	27.0			
	All	14.5	19.5			
Nutritional Status of Children						
Height for Age(Stunting):Percentage below -2SD	Q1	54.4	54.0			
	Q2	46.7	50.7			
	Q3	42.4	42.0			
	Q4	39.9	38.7			
	Q5	25.0	26.3			
	All	43.0	43.2			
Weight for Height(Wasting):Percentage below -2SD	Q1	15.5	20.8			
	Q2	13.5	17.8			
	Q3	13.5	16.9			
	Q4	10.8	17.6			
	Q5	9.4	13.2			
	All	12.8	17.4			
Weight for Age(Underweight):Percentage	Q1	59.3	50.5			

below -2SD						
	Q2	52.9	45.9			
	Q3	45.1	41.0			
	Q4	43.4	38.1			
	Q5	30.2	26.0			
	All	47.5	41.0			
Nutritional Status of Women						
Body Mass Index(BMI) < 18.5 (Thin)/b	Q1	47.1	43.4			
	Q2	40.5	35.4			
	Q3	35.6	32.7			
	Q4	31.3	25.2			
	Q5	17.2	13.4			
	All	34.3	29.7			
BMI 18.5-24.9 (Normal)	Q1	50.8	53.4			
	Q2	56.6	60.6			
	Q3	59.4	60.0			
	Q4	59.2	63.1			
	Q5	58.0	55.3			
	All	56.8	58.5			
BMI ≥ 25.0 (Over-weight)	Q1	2.1	3.2			
	Q2	2.9	4.0			
	Q3	5.0	7.3			
	Q4	9.5	11.7			
	Q5	24.8	31.4			
	All	8.9	11.8			