FACT SHEET, HIMACHAL PRADESH
NATIONAL FAMILY HEALTH SURVEY, 1999

Sample Size
Households....3,443
Ever-married women age 15–49....3,012

Characteristics of Households
Percent with electricity....97.2
Percent within 15 minutes of safe water supply[1]....62.7
Percent with flush toilet....24.2
Percent with no toilet facility....73.0
Percent using govt. health facilities for sickness....58.8
Percent using iodized salt (at least 15 ppm)....90.5

Characteristics of Women[2]
Percent urban....9.1
Percent illiterate....36.3
Percent completed high school and above....23.2
Percent Hindu....93.4
Percent Muslim....3.2
Percent Buddhist/Neo-Buddhist....1.8
Percent regularly exposed to mass media....83.7
Percent working in the past 12 months....20.8

Status of Women[2]
Percent involved in decisions about own health....80.8
Percent with control over some money....80.1

Marriage
Percent never married among women age 15–19....94.9
Median age at marriage among women age 20–49....19.0

Fertility and Fertility Preferences
Total fertility rate (for the past 3 years)....2.14
Mean number of children ever born to all women 40–49...3.83
Median age at first birth among women age 25–49....20.5
Percent of births[3] of order 3 and above....33.3
Mean ideal number of children[4]....2.2
Percent of women with 2 living children wanting another child....8.0

Current Contraceptive Use[5]
Any method....67.7

Any modern method....60.8
Pill....1.3
IUD....2.1
Condom....5.0
Female sterilization....45.1
Male sterilization....7.3

Any traditional method....6.8
Rhythm/safe period....4.4
Withdrawal....2.4

Other traditional or modern method....0.2

Unmet Need for Family Planning[5]
Percent with unmet need for family planning....8.6
Percent with unmet need for spacing....3.6

[1]Water from pipes, hand pump, covered well, or tanker truck
[2]Ever-married women age 15–49
[3]For births in the past 3 years
[4]Excluding women giving non-numeric responses
[5]Among currently married women age 15–49

Quality of Family Planning Services[6]
Percent told about side effects of method....34.0
Percent who received follow-up services....87.7

Childhood Mortality
Infant mortality rate[7]....34.4
Under-five mortality rate[7]....42.4

Safe Motherhood and Women's Reproductive Health
Percent of births[8] within 24 months of previous birth....32.1

Percent of births[3] whose mothers received:
Antenatal check-up from a health professional....86.8
Antenatal check-up in first trimester....48.2
Two or more tetanus toxoid injections....66.2
Iron and folic acid tablets or syrup....85.6

Percent of births[3] whose mothers were assisted at delivery by a:
Doctor....30.9
ANM/nurse/midwife/LHV....9.0
Traditional birth attendant....56.6

Percent[5] reporting at least one reproductive health problem....33.7

Awareness of AIDS[2]
Percent of women who have heard of AIDS....60.9

Child Health
Percent of children age 0–3 months exclusively breastfed....17.5
Median duration of breastfeeding (months)....24.1

Percent of children[9] who received vaccinations:
BCG....94.6
DPT (3 doses)....88.8
Polio (3 doses)....89.8
Measles....89.1
All vaccinations....83.4

Percent of children[10] with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)....45.6

Percent of children[10] with acute respiratory infection in the past 2 weeks taken to a health facility or provider....95.6

Nutrition
Percent of women with anaemia[11]....40.5
Percent of women with moderate/severe anaemia[11]....9.0
Percent of children age 6–35 months with anaemia[11]....69.9
Percent of children age 6–35 months with moderate/severe anaemia[11]....41.2
Percent of children chronically undernourished (stunted)[12]....41.3
Percent of children acutely undernourished (wasted)[12]....16.9
Percent of children underweight[12]....43.6

[6]For current users of modern methods
[7]For the 5 years preceding the survey (1994–98)
[8]For births in the past 5 years (excluding first births)
[9]Children age 12–23 months
[10]Children under 3 years
[11]Anaemia–haemoglobin level < 11.0 grams/decilitre (g/dl) for children and pregnant women and < 12.0 g/dl for nonpregnant women. Moderate/severe anaemia –haemoglobin level < 10.0 g/dl.
[12]Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

SUMMARY OF FINDINGS

The second National Family Health Survey (NFHS-2), conducted in 1998–99, provides information on fertility, mortality, family planning, and important aspects of health, nutrition, and health care. The International Institute for Population Sciences (IIPS) coordinated the survey, which collected information from a nationally representative sample of 90,303 ever-married women age 15–49 from all 26 states of India at the time of the survey. These states comprise more than 99 percent of India's population.

IIPS also coordinated the first National Family Health Survey (NFHS-1) in 1992–93. Most of the types of information collected in NFHS-2 were also collected in the earlier survey, making it possible to identify trends over the intervening period of six and a half years. In addition, the NFHS-2 questionnaire covered a number of new or expanded topics with important policy implications, such as reproductive health, women's autonomy, domestic violence, women's nutrition, anaemia, and salt iodization.

In Himachal Pradesh, NFHS-2 field staff collected information from 3,443 households between 29 April 1999 and 6 August 1999 and interviewed 3,012 eligible women in these households. In addition, the survey collected information on 912 children born to eligible women in the three years preceding the survey. One health investigator on each survey team measured the height and weight of eligible women and young children and took blood samples to assess the prevalence of anaemia.

Background Characteristics of the Survey Population

Ninety-one percent of the population in Himachal Pradesh lives in rural areas. The age distribution is typical of high-fertility populations that have recently experienced some fertility decline, with relatively high proportions in the younger age groups and a slightly smaller proportion age 0–4 than age 5–9. Thirty-two percent of the population is below age 15 and 7 percent is age 65 and above. The sex ratio is 1,024 females for every 1,000 males in rural areas and 912 females for every 1,000 males in urban areas, suggesting that rural to urban migration in Himachal Pradesh has been dominated by males. The overall sex ratio for the state is 1,013 females per 1,000 males.

The survey provides information on a variety of demographic and socioeconomic background characteristics. In the state as a whole, 93 percent of household heads are Hindu, 3 percent are Muslim, 2 percent are Buddhist/Neo-Buddhist, 1 percent are Sikh, and less than 1 percent are of other religions. Twenty-two percent of household heads belong to the scheduled castes, 17 percent belong to the other backward classes (OBCs), and 1 percent belong to the scheduled tribes. Sixty percent of household heads do not belong to any of these groups.

Questions about housing conditions and the standard of living of household members indicate considerable improvements since the time of NFHS-1. Ninety-seven percent of households in Himachal Pradesh have electricity, up from 90 percent in NFHS-1. The proportion of households without any toilet facility has declined from 87 percent in NFHS-1 to 73 percent in NFHS-2. Nonetheless, 80 percent of rural households still do not have any toilet facility. The use of piped drinking water has increased from 56 percent to 68 percent between the two surveys.

Eighty-five percent of males and 69 percent of females age six and above are literate, an increase of 6–11 percentage points from literacy rates at the time of NFHS-1. Ninety-eight percent of children age 6–14 currently attend school, an increase from 91 percent in NFHS-1. The proportion of children attending school has increased for all age groups, particularly for girls, but girls still lag slightly behind boys in school attendance. Moreover, the disparity in school attendance by sex grows with increasing age of children. At age 6–10, 99 percent of boys and girls attend school. By age 15–17, 86 percent of boys attend school, compared with 80 percent of girls.

Women in Himachal Pradesh tend to marry later than women in India as a whole. In Himachal Pradesh, only 5 percent of women age 15–19 are already married, compared with 34 percent in the country as a whole. Older women are more likely than younger women to have married at an early age: 15 percent of women who are now age 45–49 married before they were 15, compared with a negligible proportion (less than 1 percent) of women now age 15–19. Although this finding indicates that the proportion of women who marry young has declined rapidly, approximately one-third of women in Himachal Pradesh still marry before reaching the legal minimum age of 18 years. On average, women are five years younger than the men they marry.

As part of an increasing emphasis on gender issues, NFHS-2 asked women about their participation in household decisionmaking. In Himachal Pradesh, virtually all (99 percent) women are involved in decisionmaking on at least one of four selected topics. Four out of five women (81 percent) are involved in making decisions about their own health care, but only one-third make these decisions by themselves. Only one-third of women do not need permission to go to the market or to visit friends or relatives. Women's labor force participation is limited. Only 21 percent of women do work other than their own housework, and only 46 percent of working women work for cash. Nearly three-fifth of the women who earn cash can decide independently how to spend the money that they earn. Sixty-two percent of working women report that their earnings constitute at least half of total family earnings, including 28 percent who report that the family is entirely dependent on their earnings.

Fertility and Family Planning

Fertility continues to decline in Himachal Pradesh. At current fertility levels, women will have an average of 2.14 children each throughout their childbearing years. The total fertility rate is down from 2.97 children per woman at the time of NFHS-1, and it is one of the lowest rates in India (lower than all other states except Goa, Kerala, and Karnataka).

Efforts to encourage the trend toward lower fertility might usefully focus on groups within the population that have higher fertility than average. In Himachal Pradesh, Muslim and Sikh women, illiterate women, women belonging to the other backward classes, and women from households with a low standard of living have somewhat higher fertility than other women. Studies in India and elsewhere have shown that health and mortality risks increase when women give birth at young ages—both for the women themselves and for their children. Among women age 25–49 in Himachal Pradesh, the median age at first birth is now 20.5 years, and women age 15–19 account for 7 percent of total fertility.

The appropriate design of family planning programmes depends, to a large extent, on women's fertility preferences. Women may have large families because they want many children, or they may prefer small families but, for a variety of reasons, may have more children than they actually want. For 9 percent of births over the three years preceding NFHS-2, mothers report that they did not want the pregnancy at all, and for another 8 percent of births, mothers say that they would have preferred to delay the pregnancy. When asked about their preferred family size, 64 percent of women who already have three living children and 56 percent of women with four or more living children said that they consider the two-child family to be ideal. This gap between women's actual fertility experience and what they want or would consider ideal suggests a need for expanded and improved family welfare services to help women achieve their fertility goals. In Himachal Pradesh, 88 percent of women want at least one son and 79 percent want at least one daughter. A strong preference for sons is indicated by the fact that 62 percent of women who have no daughters want no more children, whereas only 20 percent of women who have no sons want no more children.

If women in Himachal Pradesh are not using family planning, it is not due to lack of knowledge. Knowledge of contraception is universal. Women are most familiar with female sterilization (100 percent), followed by male sterilization (almost 100 percent), the pill (94 percent), the condom (94 percent), and the IUD (92 percent). Knowledge of modern spacing methods has increased by 19–24 percentage points across the different methods since the time of NFHS-1; however, there still remains a sizable gap between knowledge and use.

Sixty-eight percent of married women are currently using some method of contraception, an increase from 58 percent at the time of NFHS-1, and much higher than the NFHS-2 national level of 48 percent. Contraceptive prevalence is higher in urban areas (74 percent) than in rural areas (67 percent). Female sterilization is by far the most popular method; it is used by two-thirds of all current contraceptive users. The prevalence of female sterilization is much higher in rural areas (46 percent) than in urban areas (34 percent). Use of female sterilization has increased substantially since NFHS-1, when it was only 33 percent. According to NFHS-2, only 7 percent of women report that their husbands are sterilized, while in NFHS-1, the corresponding percentage was almost double the percentage in NFHS-2. Nonetheless, it is notable that Himachal Pradesh has the highest rate of male sterilization than any state in the country. Together, male and female sterilization account for 77 percent of total contraceptive use. Use rates for the pill, IUD, and condom remain low at 1, 2, and 5 percent, respectively. Seven percent of women report that they are currently using traditional methods, mostly the rhythm method.

There are notable variations in contraceptive prevalence among socioeconomic groups. Contraceptive prevalence is much higher for urban women, less-educated women, and women with at least two children who have one or more sons. Urban women and more-educated women are more likely than other women to use the three modern spacing methods (pills, IUDs, and condoms), but no more than one out of four women in any socioeconomic group uses these methods.

Given the strong emphasis on sterilization, women tend to adopt family planning only after they have achieved their desired family size. As a result, contraceptive use can be expected to rise steadily with age and with the number of living children. In Himachal Pradesh, contraceptive use does indeed go up with age, peaking at 88 percent for women age 35–39. Use also goes up with the number of living children, peaking at 86 percent for women with three or

more children. Son preference appears to have some effect on contraceptive use. Women who have one or more sons are generally more likely to use contraception than are women who have the same number of children but have only daughters. For example, among women with two living children, current use of contraception rises sharply from 43 percent among those with no sons to 84 percent among those with two sons.

Four percent of currently married women are not using contraception but say that they want to wait at least two years before having another child. Another 5 percent are not using contraception although they do not want any more children. These women taken together are described as having an 'unmet need' for family planning. The unmet need is highest for young women, who have a strong interest in spacing their births. Notably, women with one living child also have a high unmet need, due primarily to the need for spacing. These results underscore the need for strategies that provide spacing as well as terminal contraceptive methods in order to meet the changing needs of women over their lifecycle.

For many years, the Government of India has been using electronic and other mass media to promote family planning. In Himachal Pradesh, 100 percent of rural respondents live in villages that are electrified but only 14 percent live in villages that have a cable connection. Although only 3 percent live in villages that have a community television, about half the households in rural and urban areas own a television. Among the different types of media, television and radio have the broadest reach across all categories of women. Overall, 74 percent of ever-married women watch television at least once a week and 57 percent listen to the radio at least once a week. Nevertheless, 16 percent of ever-married women are not regularly exposed to television, radio, or other types of media. Eighty-eight percent of women saw or heard a family planning message in the media during the few months preceding the survey. Television, wall paintings or hoardings, and the radio are the primary sources of these messages. Exposure to family planning messages is much lower than average for women from households with a low standard of living, illiterate women, and Muslim women.

Ninety-two percent of women who use modern contraception obtained their method from a government hospital or other source in the public sector. Only 6 percent obtained their method from the private medical sector. The private medical sector is the major source for condoms and is also an important source for the IUD and the pill. In general, the private medical sector has a larger role in urban areas (where it is the source of modern methods for 26 percent of users) than in rural areas (where it is the source of modern methods for only 4 percent of users).

An important indication of the quality of family planning services is the information that women receive when they obtain contraception and the extent to which they receive follow-up services after accepting contraception. In Himachal Pradesh, only 39 percent of users of modern contraceptives who were motivated by someone to use their method were told about any other method by that person. Moreover, at the time of adopting the method, only 34 percent were told by a health or family planning worker about possible side effects of the method they adopted. Eighty-eight percent of the users of modern contraceptive methods received follow-up services after accepting the method. However, this high rate of follow-up is due primarily to high follow-up for sterilization (98 percent) than for other modern methods (25 percent).

From the information provided in NFHS-2, a picture emerges of relatively late marriage, considerable contraceptive use especially among women with two or more children, and fertility

at or about replacement level in Himachal Pradesh. Nonetheless, younger women still have high unmet need for spacing, contraceptive use is dominated by sterilization with a low median age at sterilization (26 years), one-third of births take place within 24 months of a previous birth, and the desire for more children and contraceptive use appear to be strongly affected by son preference.

Infant and Child Mortality

NFHS-2 provides estimates of infant and child mortality and factors associated with the survival of young children. During the five years preceding the survey, the infant mortality rate was 34 deaths at age 0–11 months per 1,000 live births, one of the lowest levels of infant mortality in India (second only to Kerala). The corresponding NFHS-1 infant mortality rate in Himachal Pradesh was 56 per 1,000 live births. The child mortality rate (8 deaths at age 1–4 years per 1,000 children reaching age one) is 41 percent lower than the corresponding rate in NFHS-1. Nevertheless, 1 in 29 children in Himachal Pradesh die in the first year of life, and 1 in 24 die before reaching age five. Child-survival programmes might usefully focus on specific groups of children with particularly high infant and child mortality rates, such as children from scheduled castes and children of less-educated women.

Along with various socioeconomic groups, efforts to promote child survival need to concentrate on very young mothers and mothers whose births are closely spaced. Infant mortality is two times higher among children born to mothers under age 20 than to older mothers. Infant mortality is at least two and a half times as high among children born less than 24 months after a previous birth as among children born after a longer duration of time since the previous birth. Clearly, efforts to expand the use of temporary contraceptive methods for delaying and spacing births would help reduce infant mortality as well as fertility. In addition, infant mortality rates fall sharply with the number of the recommended types of maternity-related medical care (antenatal care, trained delivery assistance, and postnatal care) received by mothers. Therefore, efforts need to be strengthened to increase utilization of services for antenatal care, delivery care, and postnatal care to improve the health of mothers and the chances of survival of their children.

Health and Health Care

Promotion of maternal and child health has been one of the most important components of the Reproductive and Child Health Programme of the Government of India. One goal is for each pregnant woman to receive at least three antenatal check-ups plus two tetanus toxoid injections and a full course of iron and folic acid supplementation. In Himachal Pradesh, mothers of 87 percent of the children born in the three years preceding NFHS-2 received at least one antenatal check-up (much higher than the national level of 65 percent), and mothers of 61 percent of children received at least three antenatal check-ups. Eighty-six percent of women received iron and folic acid supplementation during their pregnancies (one of the highest rates in India), the majority receiving an adequate supply and consuming the supply they receive. However, a much lower proportion of mothers received the recommended number of tetanus toxoid vaccinations (66 percent). Women in disadvantaged socioeconomic groups, in particular, illiterate women and women with a low standard of living, are less likely than other women to be covered by each of the three recommended types of antenatal care.

The Reproductive and Child Health Programme encourages women to deliver in a medical facility or, if at home, with assistance from a trained health professional and to receive at

least three check-ups after delivery. During the three years preceding NFHS-2, only 29 percent of births in Himachal Pradesh were delivered in a medical facility. Sixty-one percent were delivered in the woman's own home and 10 percent in her parents' home. Trained health professionals assisted with the delivery in only 40 percent of cases. Fifty-seven percent of deliveries were assisted by a *dai* (a traditional birth attendant), and 3 percent were attended only by relatives, friends, and other persons who were not health professionals. Only 16 percent of births delivered at home were assisted by a health professional. Postpartum check-ups are not common for noninstitutional births in Himachal Pradesh. Only 21 percent of births that took place outside a medical facility were followed by a postpartum check-up within two months of delivery. Overall, these results show that health services during pregnancy are reaching a large majority of women in Himachal Pradesh; however, most women are not receiving health services during delivery and in the postpartum period.

The Government of India recommends that breastfeeding should begin immediately after childbirth and that infants should be exclusively breastfed for about the first four months of life. Although breastfeeding is widely practiced in Himachal Pradesh, only 21 percent of infants begin breastfeeding within the first hour of life. A much higher percentage (42 percent) begin breastfeeding within one day of birth. For 86 percent of births, mothers squeeze the first milk (colostrum) from the breast before breastfeeding begins, thereby depriving the baby of natural immunity against diseases that colostrum provides. Most children under four months of age receive either water (48 percent) or supplements (32 percent) along with breast milk. As a consequence, only 18 percent of children under four months of age are exclusively breastfed, as recommended at that age. The median duration of breastfeeding is two years, but the median duration of exclusive breastfeeding is one month. At age 6–9 months, children should be receiving solid or mushy food in addition to breast milk. Less than two-thirds (61 percent) of children age 6–9 months receive the recommended combination of breast milk and solid/mushy foods, however.

NFHS-2 uses three internationally recognized standards to assess children's nutritional status—weight-for-age, height-for-age, and weight-for-height. Children who are more than two standard deviations below the median of an international reference population are considered underweight (measured in terms of weight-for-age), stunted (height-for-age), or wasted (weight-for-height). Stunting is a sign of chronic, long-term undernutrition, wasting is a sign of acute, short-term undernutrition, and underweight is a composite measure that takes into account both chronic and acute undernutrition.

Based on these measures, 44 percent of children under age three years are underweight, 41 percent are stunted, and 17 percent are wasted. The trend in nutritional status over time is not very encouraging. There has been only a moderate decline (from 47 percent to 44 percent) in the percentage of young children who are underweight since the time of NFHS-1. Thus, poor nutrition remains a serious problem in Himachal Pradesh. Undernutrition is much higher in rural areas than in urban areas and is particularly high among children from disadvantaged socioeconomic groups. Interestingly, boys are more likely to be malnourished (as indicated by the three nutritional status measures) than girls. Findings from NFHS-2 also suggest that iron deficiency is a serious problem in Himachal Pradesh. Seventy percent of children age 6–35 months are anaemic, including 39 percent who are moderately anaemic and 2 percent who are severely anaemic. Although there are some differentials in the prevalence of anaemia among

groups, a large majority of children in every subgroup of the population are anaemic. Anaemia prevalence is highest (92 percent) for children whose mothers are moderately anaemic.

Child immunization is an important component of child-survival programmes in India, with efforts focussing on six serious but preventable diseases—tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. The objective of the Universal Immunization Programme (UIP), launched in 1985–86, was to extend immunization coverage against these diseases to at least 85 percent of infants by 1990. In Himachal Pradesh, 83 percent of children age 12–23 months are fully vaccinated, another 14 percent have received some but not all of the recommended vaccinations, and only 3 percent have not been vaccinated at all. Ninety-five percent of children age 12–23 months have been vaccinated against tuberculosis, 89 percent have received three doses of DPT vaccine, and 90 percent have received three doses of polio vaccine.

Although Himachal Pradesh has not yet achieved full immunization coverage, it has made tremendous strides since NFHS-1, when full immunization coverage was 64 percent. The coverage of all vaccinations has improved considerably; however, one reason why full immunization coverage in Himachal Pradesh is not as high as it might be is that dropout rates for the series of DPT and polio vaccinations remain a problem. For both the DPT and polio series, 97 percent of children received the first dose but a smaller percentage, 89–90, received all three doses. In addition to full immunization, it is also recommended that children under age five years should receive oral doses of vitamin A every six months starting at age nine months. Seventy-one percent of children age 12–35 months have received any vitamin A supplementation, but only 35 percent received a dose of vitamin A in the six months preceding the survey.

NFHS-2 collected information on the prevalence and treatment of three health problems that cause considerable mortality in young children—fever, acute respiratory infection (ARI), and diarrhoea. In Himachal Pradesh, 30 percent of children under age three were ill with fever during the two weeks preceding the survey, 11 percent were ill with ARI, and 31 percent had diarrhoea. Almost all of the children who became ill with ARI (96 percent) or diarrhoea (92 percent) were taken to a health facility or health provider. Knowledge of the appropriate treatment of diarrhoea is also quite high. Ninety-three percent of mothers of children age less than 3 years know about oral rehydration salt (ORS) packets, up from 68 percent at the time of NFHS-1. However, more than one-half of mothers do not have correct knowledge that when children are sick with diarrhoea, they should be given more to drink than usual. In addition, only 27 percent of mothers know at least two signs of diarrhoea that indicate the need for medical treatment. More than two-third (68 percent) of children with diarrhoea received some form of oral rehydration therapy (ORT), including 46 percent who received ORS. The percentage of children with diarrhoea who received ORS has increased substantially since NFHS-1, when it was 31 percent.

Based on a weight-for-height index (the body mass index), 30 percent of women in Himachal Pradesh are undernourished. Nutritional deficiency is particularly serious for younger women and women in disadvantaged socioeconomic groups. Women who are undernourished themselves are also much more likely than other women to have children who are undernourished. Overall, 41 percent of women in Himachal Pradesh have some degree of anaemia, and 9 percent are moderately to severely anaemic. Anaemia is a serious problem among women in every population group.

Thirty-four percent of currently married women in Himachal Pradesh report some type of reproductive health problem, including abnormal vaginal discharge, symptoms of a urinary tract infection, and pain or bleeding associated with intercourse. Among these women, 47 percent have not sought any advice or treatment. These results suggest a need to expand reproductive health services, as well as information programmes that encourage women to discuss their problems with a health-care provider.

In recent years, there has been growing concern about domestic violence in India. NFHS-2 found that in Himachal Pradesh, almost one-fourth of ever-married women believe that the beating of wives by husbands is justified under some circumstances. Six percent of ever-married women have experienced beatings or physical mistreatment since age 15 and 2 percent experienced such violence in the 12 months preceding the survey. Most of these women have been beaten or physically mistreated by their husbands.

Overall, only 4 percent of women received a home visit from a health or family planning worker during the 12 months preceding the survey. A large majority of the women who received a home visit expressed satisfaction with the amount of time that the worker spent with them and with the way the worker talked to them.

The survey collected information on the prevalence of tuberculosis, asthma, malaria, and jaundice among all household members. Disease prevalence based on reports from household heads must be interpreted with caution, however. The survey found that 1 percent of the population suffers from asthma, and less than 1 percent suffered from tuberculosis. Less than 1 percent each had malaria during the three months preceding the survey and jaundice during the 12 months preceding the survey. The prevalence of asthma and tuberculosis increase substantially with age, whereas jaundice prevalence decreases with age and malaria prevalence varies little with age.

The large majority of households in Himachal Pradesh (91 percent) use cooking salt that is iodized at the recommended level of 15 parts per million. Although there is very little variation by most socioeconomic characteristics, including area of residence, the consumption of iodized salt does vary by household standard of living. Households with a low standard of living are much less likely than all other households to consume adequately iodized salt.

The majority of household respondents in Himachal Pradesh (59 percent) said that household members usually receive treatment from the public medical sector when they get sick. Forty-one percent normally use the private medical sector and this proportion varies little by household standard of living and urban-rural residence. NFHS-2 also asked women about the quality of care received during the most recent visit to a health facility. Most respondents are generally satisfied with the health care they receive. Virtually all women received the service they went for on their last visit. Women had to wait an average of about 15 minutes before being served (19 minutes in the public sector and 10 minutes in the private sector). Ninety-eight percent said that the staff spent enough time with them. However, a smaller proportion (80 percent) said that the staff talked to them nicely. Only 59 percent rated the facility as very clean. Eighty-nine percent of those who said they needed privacy during the visit said that the staff respected their need for privacy. Ratings of the quality of services are consistently lower for public-sector facilities than for private-sector facilities.

NFHS-2 also collected information on selected lifestyle indicators for household members. According to household respondents, 39 percent of adult men and 2 percent of adult women smoke, 24 percent of men and less than 1 percent of women drink alcohol, and 8 percent of men and less than 1 percent of adult women chew *paan masala* or tobacco.

The spread of HIV/AIDS is a major concern in India. Less than two-thirds (61 percent) of women in Himachal Pradesh have even heard of AIDS. Awareness of AIDS is particularly low among women who are not regularly exposed to any media, women from households with a low standard of living, illiterate women, and Muslim women. Among women who have heard of AIDS, 90 percent learned about the disease from television and 33 percent from the radio, suggesting that government efforts to promote AIDS awareness through the electronic mass media have achieved some success. Thirty-two percent of women who have heard of AIDS learned about it from posters and hoardings. Nonetheless, with one in six women not regularly exposed to mass media in Himachal Pradesh, AIDS programmes will have to find innovative ways of reaching these hard to reach women. Among women who have heard of AIDS, 27 percent do not know of any way to avoid infection. NFHS-2 results suggest that health personnel could play a much larger role in promoting AIDS awareness. In Himachal Pradesh, only 10 percent of women who know about AIDS learned about the disease from a health worker. The most frequently mentioned way of avoiding AIDS is to have only one sex partner. Only 40 percent of women who have heard of AIDS (24 percent of ever-married women age 15–49) mention that using condoms is a way of avoiding AIDS.