

# FACT SHEET, TAMIL NADU

## NATIONAL FAMILY HEALTH SURVEY, 1999

### Sample Size

Households.....	5,281
Ever-married women age 15–49.....	4,676

### Characteristics of Households

Percent with electricity.....	78.8
Percent within 15 minutes of safe water supply <sup>1</sup> .....	61.2
Percent with flush toilet.....	32.8
Percent with no toilet facility.....	65.9
Percent using govt. health facilities for sickness.....	37.9
Percent using iodized salt (at least 15 ppm).....	21.2

### Characteristics of Women<sup>2</sup>

Percent urban.....	34.6
Percent illiterate.....	47.5
Percent completed high school and above.....	15.8
Percent Hindu.....	88.6
Percent Muslim.....	5.9
Percent Christian.....	5.2
Percent regularly exposed to mass media.....	79.7
Percent working in the past 12 months.....	53.8

### Status of Women<sup>2</sup>

Percent involved in decisions about own health.....	61.1
Percent with control over some money.....	79.0

### Marriage

Percent never married among women age 15–19.....	76.3
Median age at marriage among women age 20–49.....	18.9

### Fertility and Fertility Preferences

Total fertility rate (for the past 3 years).....	2.2
Mean number of children ever born to women 40–49.....	3.5
Median age at first birth among women age 25–49.....	20.6
Percent of births <sup>3</sup> of order 3 and above.....	23.1
Mean ideal number of children <sup>4</sup> .....	2.0
Percent of women with 2 living children wanting another child.....	10.8

### Current Contraceptive Use<sup>5</sup>

Any method.....	52.1
Any modern method.....	50.3
Pill.....	0.3
IUD.....	2.5
Condom.....	1.5
Female sterilization.....	45.2
Male sterilization.....	0.8
Any traditional method.....	1.8
Rhythm/safe period.....	1.3
Withdrawal.....	0.5
Other traditional or modern method.....	0.1

### Unmet Need for Family Planning<sup>5</sup>

Percent with unmet need for family planning.....	13.0
Percent with unmet need for spacing.....	6.6

### Quality of Family Planning Services<sup>6</sup>

Percent told about side effects of method.....	53.9
Percent who received follow-up services.....	71.4

### Childhood Mortality

Infant mortality rate <sup>7</sup> .....	48.2
Under-five mortality rate <sup>7</sup> .....	63.3

### Safe Motherhood and Women's Reproductive Health

Percent of births <sup>8</sup> within 24 months of previous birth.....	30.3
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Percent of births<sup>3</sup> whose mothers received:

Antenatal check-up from a health professional.....	98.4
Antenatal check-up in first trimester.....	59.5
Two or more tetanus toxoid injections.....	95.4
Iron and folic acid tablets or syrup.....	93.2

Percent of births<sup>3</sup> whose mothers were assisted at delivery by a:

Doctor.....	60.1
ANM/nurse/midwife/LHV.....	22.2
Traditional birth attendant.....	9.9

Percent<sup>5</sup> reporting at least one reproductive health problem.....

.....	27.8
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### Awareness of AIDS

Percent of women <sup>2</sup> who have heard of AIDS.....	87.3
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### Child Health

Percent of children age 0–3 months exclusively breastfed.....	48.3
Median duration of breastfeeding (months).....	16.1

Percent of children<sup>9</sup> who received vaccinations:

BCG.....	98.6
DPT (3 doses).....	96.7
Polio (3 doses).....	98.0
Measles.....	90.2
All vaccinations.....	88.8

Percent of children<sup>10</sup> with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS).....

.....	27.9
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Percent of children<sup>10</sup> with acute respiratory infection in the past 2 weeks taken to a health facility or provider.....

.....	82.9
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### Nutrition

Percent of women with anaemia <sup>11</sup> .....	56.5
Percent of women with moderate/severe anaemia <sup>11</sup> .....	19.8
Percent of children age 6–35 months with anaemia <sup>11</sup> .....	69.0
Percent of children age 6–35 months with moderate/severe anaemia <sup>11</sup> .....	47.2
Percent of children chronically undernourished (stunted) <sup>12</sup> .....	29.4
Percent of children acutely undernourished (wasted) <sup>12</sup> .....	19.9
Percent of children underweight <sup>12</sup> .....	36.7

<sup>6</sup>For current users of modern methods

<sup>7</sup>For the 5 years preceding the survey (1994–98)

<sup>8</sup>For births in the past 5 years (excluding first births)

<sup>9</sup>Children age 12–23 months

<sup>10</sup>Children under 3 years

<sup>11</sup>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.

<sup>12</sup>Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

<sup>1</sup>Water from pipes, hand pump, covered well, or tanker truck

<sup>2</sup>Ever-married women age 15–49

<sup>3</sup>For births in the past 3 years

<sup>4</sup>Excluding women giving non-numeric responses

<sup>5</sup>Among currently married women age 15–49

## 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 more than 90,000 ever-married women age 15–49 from 26 states of India. 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 one-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 Tamil Nadu, NFHS-2 field staff collected information from 5,281 households between 8 March 1999 and 7 June 1999 and interviewed 4,676 eligible women in these households. In addition, the survey collected information on 1,359 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**

About two-thirds (65 percent) of the population lives in rural areas. The age distribution is typical of a population that has been experiencing fertility decline. Twenty-nine percent of the population is below age 15, and 6 percent is age 65 and above. There are more females than males in the population in both rural and urban areas. The sex ratio is 1,049 females for every 1,000 males in rural areas and 1,005 females for every 1,000 males in urban areas.

The survey provides a variety of demographic and socioeconomic background information. In the state as a whole, 89 percent of household heads are Hindu, and 5 percent each are Muslim and Christian. Muslims and Christians live disproportionately in urban areas, where they comprise 10 percent and 8 percent of household heads, respectively. Twenty-four percent of household heads belong to scheduled castes, 1 percent belong to scheduled tribes, and 73 percent belong to other backward classes (OBCs). Only 2 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. Seventy-nine percent of households in Tamil Nadu have electricity and 68 percent have piped drinking water, compared with 64 percent and 51 percent, respectively, in NFHS-1. Sixty-six percent of households do not have any toilet facility, compared with 71 percent in NFHS-1.

Four-fifths (80 percent) of males and about three-fifths (58 percent) of females age six and above are literate, an increase of 2–3 percentage points from literacy rates at the time of NFHS-1. Ninety percent of children age 6–14 currently attend school, an increase from 82

percent in NFHS-1. The proportion of children attending school has increased for all age groups, particularly for girls, but girls still lag behind boys in school attendance. Moreover, the disparity in school attendance by sex grows with increasing age of children. At age 6–10, 96 percent of both boys and girls attend school. By age 15–17, 54 percent of boys attend school, compared with 42 percent of girls.

Women in Tamil Nadu tend to marry at an early age. Twenty-four percent of women age 15–19 are already married. In rural areas, one-fourth (26 percent) of women age 15–19 have already married. Older women are more likely than younger women to have married at an early age: 16 percent of women who are now age 45–49 married before they were 15, compared with 3 percent of women age 15–19.

Although this indicates that the proportion of women who marry young is declining, a considerable proportion of women age 20–24 in Tamil Nadu (25 percent) still marry before reaching the legal minimum age of 18 years. On average, women are about 6 years (5.8 years) younger than the men they marry.

As part of an increasing emphasis on gender issues in NFHS-2, the survey asked women about their participation in household decisionmaking. In Tamil Nadu, 98 percent of women are involved in decisionmaking on at least one of four selected topics. A much lower proportion (61 percent), however, are involved in making decisions about their own health care. Fifty-four percent of women do work other than their own housework, and more than four-fifths (82 percent) of these women work for cash. Only 40 percent of women who earn cash can decide independently how to spend the money that they earn. Twenty-eight percent of working women report that their earnings constitute at least half of total family earnings, including 9 percent who report that the family is entirely dependent on their earnings.

### **Fertility and Family Planning**

Fertility continues to decline in Tamil Nadu. At current fertility levels, women will have an average of 2.2 children each throughout their childbearing years, one of the lowest levels in India. The total fertility rate is down from 2.5 children per woman at the time of NFHS-1 and is now approaching the replacement level of just over two children per woman.

Efforts to encourage the trend toward lower fertility might usefully focus on groups within the population that have higher fertility than average. In Tamil Nadu, illiterate women, Muslim women, and women belonging to households with a low standard of living have somewhat higher fertility than other women, but the differences are not large. A more striking feature is the substantial amount of childbearing among young women. The median age at first childbirth is less than 21 years, and women age 15–19 account for 19 percent of total fertility. Studies in India and elsewhere have shown that health and mortality risks increase when women give birth at such young ages—both for the women themselves and for their children. Family planning programmes focusing on women in this age group could make a significant impact on maternal and child health as well as reducing overall fertility in the state.

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 6 percent of births over the three years preceding NFHS-2, mothers

report that they did not want the pregnancy at all, and for another 14 percent of births, mothers say that they would have preferred to delay the pregnancy. When asked about their preferred family size, three-fourths (75 percent) of women who already have three children and more than two-thirds (68 percent) of women with four or more children respond that they consider the two-child family ideal. This gap between women's actual fertility experience and what they want or would consider ideal suggests a need for expanded or improved family welfare services to help women achieve their fertility goals. In Tamil Nadu, 66 percent of women want at least one son and 64 percent want at least one daughter. A slight preference for sons is indicated by the fact that 10 percent want more sons than daughters but only 2 percent want more daughters than sons.

If women in Tamil Nadu are not using family planning, it is not due to lack of knowledge. Knowledge of contraception is universal: almost 100 percent of currently married women know at least one modern family planning method, and nearly all women are familiar with female sterilization. The level of knowledge is also quite high for male sterilization (94 percent), the pill (83 percent), the IUD (87 percent), and the condom (79 percent). Knowledge of modern spacing methods has increased by 8–18 percentage points since the time of NFHS-1, although use rates for these methods remain extremely low.

Fifty-two percent of married women are currently using some method of contraception, a slight increase from 50 percent at the time of NFHS-1. Contraceptive prevalence is slightly higher in urban areas (58 percent) than in rural areas (49 percent). Female sterilization is by far the most popular method. Forty-five percent of currently married women are sterilized, a substantial increase from 38 percent at the time of NFHS-1. By contrast, only 1 percent of women report that their husbands are sterilized, a decrease from 2 percent at the time of NFHS-1. Overall, sterilization accounts for 88 percent of total contraceptive use. Use rates for the pill (less than 1 percent), IUD (3 percent), and condom (2 percent) remain low.

Contraceptive prevalence does not vary widely among socioeconomic groups, although rural women, Muslim women, women belonging to scheduled castes, and women with a low standard of living are somewhat less likely than other women to use contraception. Rural women are less likely to use modern temporary methods than urban women. In addition, Muslim women, more-educated women, and women from households with a high standard of living are all more likely than other women to use IUDs and condoms, but the use of these methods does not exceed 11 percent in any group. Pill use is rare in all groups.

Given the 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 Tamil Nadu, contraceptive use does indeed go up with age, peaking at 69 percent for women age 35–39. Use also goes up with the number of children, peaking at 76 percent for women with three living children. Son preference (which is evident in all population groups but is lower in Tamil Nadu than in many other states) 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. Yet son preference is not a major obstacle to contraceptive acceptance in Tamil Nadu: One half of women with three or more daughters but no sons and 43 percent of women with two daughters and no sons have been sterilized.

Seven 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 6 percent are not using contraception although they do not want any more children. These women are described as having an ‘unmet need’ for family planning. The unmet need is highest for young women, who are particularly interested in spacing their births. These results underscore the need for strategies that provide spacing as well as terminal 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. Exposure to mass media is quite high in Tamil Nadu, where 99 percent of rural residents live in villages that are electrified and 73 percent live in villages that have a cable connection. Among the different types of media, television has the broadest reach across all categories of women, including those who have a low standard of living and those who are illiterate. Overall, 63 percent of ever-married women watch television at least once a week. Nevertheless, 20 percent of women are not regularly exposed to television, radio, or other types of media. Seventy-six percent of women saw or heard a family planning message in the media during the few months preceding the survey. Given the relatively high level of exposure to television and radio, it is not surprising that women are more likely to have seen or heard a family planning message on television and radio than through any other type of media. Exposure to family planning messages is relatively low among disadvantaged socioeconomic groups, yet messages reached more than 60 percent of illiterate women, women from households with a low standard of living, and women belonging to scheduled castes or scheduled tribes.

Almost three-fourths (74 percent) of women who use modern contraception obtained their method from a government hospital or other source in the public sector. Only 23 percent obtained their method from the private medical sector. The private medical sector, along with shops, is the major source of condoms, however. The private sector plays a larger role in urban areas (supplying 31 percent of women who use modern methods) than in rural areas (supplying 17 percent).

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 Tamil Nadu, only 7 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 54 percent were told by a health or family planning worker about possible side effects of the method they adopted. Seventy-one percent of users of modern contraceptive methods received follow-up services after accepting the method.

From the information provided in NFHS-2, a picture emerges of women marrying at about 20 years of age, having their first child soon after marriage, having a second and possibly a third child in close succession, and then being sterilized—all by the time they reach their mid-20s. The median age for female sterilization has been declining over time and it is now 25.3 years. Very few women use modern spacing methods that could help them delay their first births and increase intervals between pregnancies.

## **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 48 deaths at age 0–11 months per 1,000 live births, a decrease from the corresponding rate of 68 per 1,000 live births in NFHS-1. The child mortality rate, at 16 deaths at age 1–4 years per 1,000 children reaching age one, is lower than the rate of 20 recorded during NFHS-1. Expressed differently, 1 in 21 children die in the first year of life, and 1 in 16 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 who live in rural areas, children whose mothers are illiterate, and children from households with low standard of living.

Along with various socioeconomic groups, efforts to promote child survival need to concentrate on very young mothers and mothers whose children are closely spaced. Infant mortality is 26 percent higher among children born to mothers under age 20 than among children born to mothers age 20–29 (60 deaths, compared with 47, per 1,000 live births). Infant mortality is more than three times as high among children born less than 24 months after a previous birth as among children born after a gap of 48 months or more (86 deaths, compared with 28, per 1,000 live births). Clearly, efforts to expand the use of temporary contraceptive methods for delaying and spacing births would help reduce infant mortality as well as fertility.

## **Health and Health Care**

Promotion of maternal and child health has been one of the most important components of the Family Welfare 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 Tamil Nadu, mothers of 99 percent of the children born in the three years preceding NFHS-2 received at least one antenatal check-up, and mothers of 91 percent of these children received at least three antenatal check-ups. For 95 percent of these children, mothers received the recommended number of tetanus toxoid vaccinations, and for 93 percent of children, mothers received iron and folic acid supplementation. Coverage by all three interventions is somewhat lower for women in disadvantaged socioeconomic groups than for other women. Coverage is also low for women who already have four or five children.

The Family Welfare 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, more than three-fourth of births in Tamil Nadu were delivered in a medical facility. Among births delivered at home, 22 percent were assisted by a health professional and 78 percent only by a traditional birth attendant or other person. More than half (53 percent) of births outside a medical facility were followed by a postpartum check-up within two months of delivery. Overall, these results show that health services in Tamil Nadu are reaching many more women during pregnancy than during delivery or after childbirth. They also point to the important role of traditional birth attendants for the substantial proportion of births that occur at home.

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 nearly universal in Tamil Nadu, only 50 percent of children began breastfeeding in the first hour and 79 percent in the first day. Less than half (48 percent) of

children under four months of age are exclusively breastfed. The median duration of breastfeeding is 16.1 months and the median duration of exclusive breastfeeding is 1.8 months. At age 6–9 months, all children should be receiving solid or mushy food in addition to breast milk. However, only 55 percent of children age 6–9 months receive the recommended combination of breast milk and solid or mushy foods.

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, 37 percent of children under age three years are underweight, 29 percent are stunted, and 20 percent are wasted. Child nutritional status has improved in Tamil Nadu since the time of NFHS-1, when 46 percent of young children were underweight, but it is still a serious problem. Undernutrition is higher in rural areas than in urban areas and is particularly high among children from disadvantaged socioeconomic groups. The prevalence of undernutrition is about the same for girls as for boys. More than two-thirds (69 percent) of children age 6–35 months are anaemic, including a large majority of children in every subgroup of the population.

Child immunization is an important component of child-survival programmes in India, with efforts focusing 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 Tamil Nadu, 89 percent of children age 12–23 months are fully vaccinated, another 11 percent have received some but not all of the recommended vaccinations, and less than 1 percent have not been vaccinated at all. Tamil Nadu has a larger percentage of children age 12–23 months who are fully vaccinated than any other state in India.

Immunization coverage has improved substantially since NFHS-1, when only 65 percent of children were fully vaccinated and 3 percent had not been vaccinated at all. Ninety-nine percent of children age 12–23 months have been vaccinated against tuberculosis, 97 percent have received three doses of DPT vaccine, 98 percent have received three doses of polio vaccine, and 90 percent have been vaccinated against measles. 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. However, only 16 percent of children age 12–35 months have received any vitamin A supplementation and only 10 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 Tamil Nadu, 22 percent of children under age three were ill with fever during the two weeks preceding the survey, 10 percent were ill with ARI, and 14 percent had diarrhoea. Eighty-three percent of children who became ill with ARI and 67 percent of children who became ill with diarrhoea were taken to a health facility or health-care provider. Eighty-three

percent of mothers of children age less than three years know about oral rehydration salts (ORS). However, 42 percent of mothers incorrectly believe that when children are sick with diarrhoea, they should be given less to drink than usual. Forty-five percent of children with diarrhoea received some form of oral rehydration therapy (ORT) including 28 percent of children who received ORS. The percentage of children with diarrhoea who received ORS has increased substantially since NFHS-1, when it was only 19 percent, suggesting that there has been substantial improvement in the management of childhood diarrhoea.

Based on a weight-for-height index (the body mass index), more than one-fourth (29 percent) of women in Tamil Nadu are undernourished. Nutritional deficiency is particularly serious for women in rural areas 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, 57 percent of women in Tamil Nadu have some degree of anaemia, and 20 percent are moderately to severely anaemic. Anaemia is a serious problem among women in every population group, with prevalence rates ranging from 46 to 65 percent. Pregnant women are much more likely than nonpregnant women to be moderately to severely anaemic.

Only one-fifth of households (21 percent) use cooking salt that is iodized at the recommended level of 15 parts per million or more, suggesting that iodine deficiency disorders are likely to be a serious problem. Rural households and households with a low standard of living are much less likely than other households to be using adequately iodized cooking salt. Tamil Nadu has by far the lowest percentage of households using adequately iodized salt of any state in India.

More than a quarter (28 percent) of currently married women in Tamil Nadu report some type of reproductive-health problem, including abnormal vaginal discharge, symptoms of urinary tract infections, and pain or bleeding associated with intercourse. Among these women, one-half (51 percent) have not sought any advice or treatment. These results suggest a need to expand reproductive-health services and 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 Tamil Nadu, there is widespread acceptance among ever-married women that the beating of wives by husbands is justified under some circumstances. Seventy-two percent of women accept at least one of six reasons as a justification for a husband beating his wife. Domestic violence is also very common. Forty percent of ever-married women in Tamil Nadu have experienced beatings or physical mistreatment since age 15, and 16 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 26 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 less than 1 percent of the



population suffers from tuberculosis, 2 percent suffers from asthma, less than 1 percent suffered from malaria during the three months preceding the survey, and 1 percent suffered from jaundice during the 12 months preceding the survey. Prevalence of tuberculosis, asthma, and malaria is higher in rural areas than in urban areas, but jaundice is equally prevalent in urban and rural areas. Men are more likely than women to suffer from asthma, tuberculosis, and jaundice.

Most households in Tamil Nadu (55 percent) use private hospitals or clinics for treatment when a family member is ill. Only 38 percent normally use the public medical sector. Even among poor households, only 54 percent normally use the public medical sector when household members become ill. Most respondents are generally satisfied with the health care they receive. Ratings on quality of services are lowest for public-sector facilities visited by women in urban areas, where at least 42 percent of respondents are critical of staff attitudes and cleanliness of the facilities.

NFHS-2 also collected information on selected lifestyle indicators for household members. According to household respondents, 27 percent of adult men and less than 1 percent of adult women smoke, 21 percent of men and 1 percent of women drink alcohol, and 13 percent of men and 11 percent of women chew *paan masala* or tobacco.

The spread of HIV/AIDS is a major concern in India. Awareness of AIDS is high among women in Tamil Nadu. Eighty-seven percent of ever-married women have heard of AIDS, compared with only 40 percent of women in India as a whole. However, awareness of AIDS is relatively low among illiterate women, women in households with a low standard of living, scheduled-caste and scheduled-tribe women, and women living in rural areas. Among women who have heard of AIDS, 75 percent learned about the disease from television, suggesting that government efforts to promote AIDS awareness through the electronic mass media have achieved considerable success. Among women who have heard of AIDS, however, 12 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 Tamil Nadu, only 3 percent of women who know about AIDS received information about the disease from a health worker.