

FACT SHEET – BIHAR*

NATIONAL FAMILY HEALTH SURVEY, 1998–99

Sample Size

Households.....	6,345
Ever-married women age 15–49	7,024

Characteristics of Households

Percent with electricity.....	18.2
Percent within 15 minutes of safe water supply ¹	65.7
Percent with flush toilet	13.3
Percent with no toilet facility	83.2
Percent using govt. health facilities for sickness.....	9.1
Percent using iodized salt (at least 15 ppm)	46.9

Characteristics of Women²

Percent urban	10.2
Percent illiterate	76.6
Percent completed high school and above.....	8.4
Percent Hindu.....	83.6
Percent Muslim.....	14.8
Percent Christian.....	0.8
Percent regularly exposed to mass media.....	27.3
Percent working in the past 12 months.....	26.4

Status of Women²

Percent involved in decisions about own health.....	47.6
Percent with control over some money	66.7

Marriage

Percent never married among women age 15–19.....	54.0
Median age at marriage among women age 20–49	15.1

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years).....	3.49
Mean number of children ever born to women 40–49	5.25
Median age at first birth among women age 20–49	19.1
Percent of births ³ of order 3 and above	54.7
Mean ideal number of children ⁴	3.3
Percent of women with 2 living children wanting another child.....	49.2

Current Contraceptive Use⁵

Any method.....	24.5
Any modern method.....	22.4
Pill.....	1.0
IUD	0.5
Condom.....	0.7
Female sterilization	19.2
Male sterilization.....	1.0
Any traditional method	1.6
Rhythm/safe period.....	0.9
Withdrawal.....	0.7

Other traditional or modern method.....0.5

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	24.5
Percent with unmet need for spacing.....	12.6

*Includes Jharkhand

¹Water from pipes, hand pump, covered well, or tanker truck

²Ever-married women age 15–49

³For births in the past 3 years

⁴Excluding women giving non-numeric responses

⁵Among currently married women age 15–49

Quality of Family Planning Services⁶

Percent told about side effects of method	15.8
Percent who received follow-up services.....	77.1

Childhood Mortality

Infant mortality rate ⁷	72.9
Under-five mortality rate ⁷	105.1

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth.....	25.2
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Percent of births³ whose mothers received:

Antenatal check-up from a health professional	36.0
Antenatal check-up in first trimester	15.1
Two or more tetanus toxoid injections.....	57.8
Iron and folic acid tablets or syrup.....	24.1

Percent of births³ whose mothers were assisted at delivery by a:

Doctor	14.5
ANM/Nurse/midwife/LHV	5.7
Traditional birth attendant.....	65.8

Percent⁵ reporting at least one reproductive

health problem	44.2
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Awareness of AIDS

Percent of women who have heard of AIDS.....	11.7
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Child Health

Percent of children age 0–3 months exclusively breastfed.....	55.2
Median duration of breastfeeding (months).....	≥36.0

Percent of children⁹ who received vaccinations:

BCG.....	37.7
DPT (3 doses)	24.2
Polio (3 doses)	41.0
Measles.....	16.6
All vaccinations	11.0

Percent of children¹⁰ with diarrhoea in the past

2 weeks who received oral rehydration salts (ORS)	15.4
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Percent of children¹⁰ with acute respiratory infection in the past 2 weeks taken to a health facility or provider

58.2

Nutrition

Percent of women with anaemia ¹¹	63.4
Percent of women with moderate/severe anaemia ¹¹	20.5
Percent of children age 6–35 months with anaemia ¹¹	81.3
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	54.4
Percent of children chronically undernourished (stunted) ¹²	53.7
Percent of children acutely undernourished (wasted) ¹²	21.0
Percent of children underweight ¹²	54.4

⁶For current users of modern methods

⁷For the 5 years preceding the survey (1994–98)

⁸For births in the past 5 years (excluding first births)

⁹Children age 12–23 months

¹⁰Children under 3 years

¹¹Anaemia—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.

¹²Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

FACT SHEET – JHARKHAND

NATIONAL FAMILY HEALTH SURVEY, 1998–99

Sample Size

Households.....	1,642
Ever-married women age 15–49.....	1,614

Characteristics of Households

Percent with electricity.....	23.6
Percent within 15 minutes of safe water supply ¹	33.8
Percent with flush toilet.....	12.1
Percent with no toilet facility.....	84.6
Percent using govt. health facilities for sickness.....	19.0
Percent using iodized salt (at least 15 ppm).....	56.1

Characteristics of Women²

Percent urban.....	17.2
Percent illiterate.....	76.3
Percent completed high school and above.....	6.7
Percent Hindu.....	82.6
Percent Muslim.....	11.7
Percent Christian.....	3.0
Percent regularly exposed to mass media.....	28.8
Percent working in the past 12 months.....	31.7

Status of Women²

Percent involved in decisions about own health.....	66.8
Percent with control over some money.....	64.5

Marriage

Percent never married among women age 15–19.....	62.3
Median age at marriage among women age 20–49.....	15.8

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years).....	2.76
Mean number of children ever born to women 40–49.....	4.83
Median age at first birth among women age 20–49.....	19.0
Percent of births ³ of order 3 and above.....	53.7
Mean ideal number of children ⁴	3.1
Percent of women with 2 living children wanting another child.....	48.4

Current Contraceptive Use⁵

Any method.....	27.6
Any modern method.....	24.9
Pill.....	1.5
IUD.....	0.3
Condom.....	1.1
Female sterilization.....	21.1
Male sterilization.....	0.9
Any traditional method.....	1.1
Rhythm/safe period.....	0.5
Withdrawal.....	0.7
Other traditional or modern method.....	1.6

Unmet Need for Family Planning⁵

Percent with unmet need for family planning.....	21.0
Percent with unmet need for spacing.....	11.1

¹Water from pipes, hand pump, covered well, or tanker truck

²Ever-married women age 15–49

³For births in the past 3 years

⁴Excluding women giving non-numeric responses

⁵Among currently married women age 15–49

Quality of Family Planning Services⁶

Percent told about side effects of method.....	18.4
Percent who received follow-up services.....	80.9

Childhood Mortality

Infant mortality rate ⁷	54.3
Under-five mortality rate ⁷	78.3

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth.....	25.2
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Percent of births³ whose mothers received:

Antenatal check-up from a health professional.....	41.7
Antenatal check-up in first trimester.....	18.0
Two or more tetanus toxoid injections.....	50.6
Iron and folic acid tablets or syrup.....	32.7

Percent of births³ whose mothers were assisted at delivery by a:

Doctor.....	11.7
ANM/Nurse/midwife/LHV.....	5.3
Traditional birth attendant.....	64.2

Percent⁵ reporting at least one reproductive

health problem.....	44.7
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Awareness of AIDS

Percent of women who have heard of AIDS.....	15.4
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Child Health

Percent of children age 0–3 months exclusively breastfed.....	55.8
Median duration of breastfeeding (months).....	≥36.0

Percent of children⁹ who received vaccinations:

BCG.....	44.4
DPT (3 doses).....	21.7
Polio (3 doses).....	36.5
Measles.....	18.2
All vaccinations.....	8.8

Percent of children¹⁰ with diarrhoea in the past

2 weeks who received oral rehydration salts (ORS).....	20.4
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Percent of children¹⁰ with acute respiratory infection in

the past 2 weeks taken to a health facility or provider.....	41.1
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Nutrition

Percent of women with anaemia ¹¹	72.9
Percent of women with moderate/severe anaemia ¹¹	28.6
Percent of children age 6–35 months with anaemia ¹¹	82.4
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	56.2
Percent of children chronically undernourished (stunted) ¹²	49.0
Percent of children acutely undernourished (wasted) ¹²	25.4
Percent of children underweight ¹²	54.3

⁶For current users of modern methods

⁷For the 5 years preceding the survey (1994–98)

⁸For births in the past 5 years (excluding first births)

⁹Children age 12–23 months

¹⁰Children under 3 years

¹¹Anaemia—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.

¹²Stunting 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 more than 90,000 ever-married women age 15–49. The NFHS-2 sample covers 99 percent of India's population living in all 26 states.

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 Bihar, NFHS-2 field staff collected information from 6,345 households between 3 December 1998 and 31 March 1999 and interviewed 7,024 eligible women in these households. In addition, the survey collected information on 2,947 children born to eligible women during the three years preceding the survey. One health investigator on each survey team measured the height and weight of women and young children and took blood samples to assess the prevalence of anaemia.

Background Characteristics of the Survey Population

According to the 1991 Census, 87 percent of the population of Bihar lives in rural areas. The age distribution is typical of high fertility populations, with a higher proportion of population in the younger age groups. Forty-two percent of the population is below age 15, and 4 percent is age 65 and above. The sex ratio is 955 females for every 1,000 males in rural areas but only 932 females for every 1,000 males in urban areas, suggesting that more men than women have migrated to urban areas.

The survey provides a variety of demographic and socioeconomic background information. In the state as a whole, 83 percent of household heads are Hindu, 15 percent are Muslim, and 1 percent are Christian. Muslims are more concentrated in urban areas, where they comprise 20 percent of household heads. Twenty-one percent of household heads belong to scheduled castes, 10 percent belong to scheduled tribes, and 50 percent belong to other backward classes (OBCs). Less than one-fifth of household heads do not belong to any of these groups.

Although there are some improvements since the time of NFHS-1, the housing conditions and the standard of living of household members remain very poor in Bihar. Only 18 percent of households in Bihar have electricity, and only 8 percent have piped drinking water, compared with 17 percent and 8 percent, respectively, in NFHS-1. Eighty-three percent of households in Bihar do not have any toilet facility.

Nearly two-thirds (63 percent) of males but only about one-third (35 percent) of females age six and above are literate, an increase of 3 percentage points for males and 6 percentage points for females from literacy rates at the time of NFHS-1. Sixty-three percent of children age

6–14 are attending school, an increase from 51 percent in NFHS-1. The proportions enrolled are rising rapidly at all levels of schooling, 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 15–17, 58 percent of boys attend school, compared with 35 percent of girls.

Women in Bihar tend to marry at an early age. Forty-six percent of women age 15–19 are already married. Age at marriage is much lower in rural areas than in urban areas. In rural areas, one-half (50 percent) of women age 15–19 are married, compared with only about one-quarter (24 percent) in urban areas. Older women are more likely than younger women to have married at an early age: 59 percent of women who are now age 45–49 married before they were 15, compared with 24 percent of women age 15–19. Although this indicates that the proportion of women who marry young is declining rapidly, the majority of women in Bihar 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 in NFHS-2, the survey asked women about their participation in household decisionmaking. In Bihar, 87 percent of women are involved in decisionmaking on at least one of four selected topics. A much lower proportion, however, are involved in decisionmaking about their own health care (48 percent), purchasing jewellery or other major household items (43 percent), or staying with parents or siblings (44 percent). Only 27 percent of women in Bihar do work other than housework, and 7 out of 10 of these women work for cash. Fifty-one percent of women who earn cash can decide independently how to spend the money that they earn.

Fertility and Family Planning

Fertility continues to decline in Bihar. At current fertility levels, women will have an average of 3.5 children each throughout their childbearing years. Although the total fertility rate has declined by about half a child in the six-year period between NFHS-1 and NFHS-2, it remains quite high and far from the replacement level.

Efforts to lower fertility might usefully focus on groups within the population that have higher fertility than average. In Bihar, rural women, illiterate women, poor women, and Muslim women have much higher fertility than other women. A more striking feature is the high level of childbearing among young women. The median age at first childbirth is 19 years, and women age 15–19 account for 16 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 13 percent of births over the three years preceding NFHS-2, mothers report that they did not want the pregnancy at all, and for another 12 percent of these births, mothers say that they would have preferred to delay the pregnancy. When asked about their

preferred family size, 18 percent of women who already have three children and 11 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.

If many women in Bihar are not using family planning, it may not be due to lack of knowledge. Knowledge of contraception is nearly universal: 99 percent of currently married women know at least one modern family planning method. Women are most familiar with female sterilization (99 percent), followed by male sterilization (97 percent), the pill (75 percent), the condom (64 percent), and the IUD (59 percent). Knowledge of modern spacing methods has increased by 10–18 percentage points since the time of NFHS-1, although use rates for these methods remain extremely low.

Only 25 percent of married women are currently using some method of contraception, a slight increase from 23 percent at the time of NFHS-1. Contraceptive prevalence is considerably higher in urban areas (39 percent) than in rural areas (23 percent). Female sterilization is by far the most popular method: 19 percent of currently married women are sterilized, a slight increase from 17 percent at the time of NFHS-1. By contrast, only 1 percent of women reported that their husbands are sterilized in both NFHS-1 and NFHS-2. Overall, sterilization accounts for 82 percent of total contraceptive use. Use rates for the pill, IUD, and condom remain very low, each at 1 percent or less.

Contraceptive prevalence varies widely among socioeconomic groups. Rural women, illiterate women, Muslim women, scheduled-tribe women, and women belonging to low standard of living households have much lower levels of contraceptive use than other women. Urban women, women with high school or more education, and women from households with a high standard of living are all more likely than other women to use the three modern spacing methods—pill, IUD, and condom, but the use of these methods does not exceed 10 percent in any group.

Given the near-exclusive 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 number of living children. In Bihar, contraceptive use does indeed go up with age, peaking at 41 percent for women age 40–44. Use also goes up with the number of children, peaking at 37 percent for women with three living children. Son preference has considerable effect on contraceptive use. Women who have one or more sons are more likely to use contraception than are women who have the same number of children but have only daughters.

Thirteen 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 12 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 for spacing declines from 30 percent among women age 15–19 to less than 2 percent among women age 35–49. The unmet need for limiting increases with age to peak at 22 percent among women age 30–34 and declines gradually among older women. 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 low in Bihar, where only 42 percent of rural residents live in villages that are electrified and only 5 percent live in villages that have a cable connection. Overall, only 20 percent of ever-married women listen to the radio at least once a week and only 17 percent watch television at least once a week. About three-quarters (73 percent) of women are not regularly exposed to radio, television, or other types of media. Exposure to each type of media is much higher among urban women, more-educated women, Christian women, women not belonging to a scheduled caste, scheduled tribe, or other backward class, and women from high standard of living households. Forty percent of women saw or heard a family planning message in the media during the few months preceding the survey. In addition to radio and television, wall paintings and hoardings are important sources of exposure to family planning messages in Bihar. As with the exposure to mass media itself, exposure to family planning messages is much lower among disadvantaged socioeconomic groups.

More than three-fourths (77 percent) of women who use modern contraception obtained their method from a government hospital or other source in the public sector. Only 18 percent obtained their method from the private medical sector. The private medical sector, along with shops, is the major source of pills and condoms, however. The private sector plays a larger role in urban areas (where it is the source of modern methods for 34 percent of users) than in rural areas (where it is the source of modern methods for 15 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 Bihar, only 15 percent of users of modern contraceptives who were motivated by someone to use their method were told about any other method. Only 16 percent were told by a health or family planning worker about possible side effects of the method they adopted, at the time of adopting the method. Seventy-seven percent of contraceptive users, however, have received follow-up services.

From the information provided in NFHS-2, a picture emerges of women marrying early, having their first child soon after marriage, and having two or three more children in close succession by the time they reach their late-20s. At that point, about one-third of women get sterilized. The median age for female sterilization has been declining in recent years and is now 27.7 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 73 (deaths of infants per 1,000 live births), a decrease from the corresponding rate of 89 per 1,000 live births in NFHS-1. The child mortality rate, at 35 (deaths of children age 1–4 years per 1,000 children reaching age one), declined from 42 at the time of NFHS-1. Expressed differently, 1 in 14 children die in the first year of life, and 1 in 10 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, children belonging to scheduled castes, and children from poor households.

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 49 percent higher among children born to mothers under age 20 than among children born to mothers age 20–29 (98 deaths, compared with 66, per 1,000 live births). Infant mortality is more than two and one-half 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 (110 deaths, compared with 41, 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 Bihar, mothers of only 36 percent of the children born in the three years preceding NFHS-2 received at least one antenatal check-up, and mothers of only 18 percent of these children received at least three antenatal check-ups. For 58 percent of these children, mothers received the recommended number of tetanus toxoid vaccinations, and for 24 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 lower for women who already have four or more 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, only 15 percent of births in Bihar were delivered in a medical facility. Among births delivered at home, only 10 percent were assisted by a health professional, but 78 percent by a traditional birth attendant. Only 1 out of 10 births outside a medical facility were followed by a postpartum check-up within two months of delivery. Overall, these results show that utilization of health services in Bihar during pregnancy, during delivery, and after childbirth remains very low. 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 the first four months of life. Although breastfeeding is nearly universal in Bihar, very few children begin breastfeeding immediately after birth—only 6 percent in the first hour and 21 percent in the first day. Fifty-five percent of children under four months of age are exclusively breastfed. The median duration of breastfeeding is more than three years, but the median duration of exclusive breastfeeding is only 1.9 months. At age 6–9 months, all children should be receiving solid or mushy food in addition to breast milk. However, only 15 percent of children age 6–9 months receive the recommended combination of breast milk and solid/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 international standards, 54 percent of children under age three years are underweight, a similar proportion (54 percent) are stunted, and 21 percent are wasted. Child nutritional status has improved in Bihar since the time of NFHS-1, when 63 percent of young children were underweight, 56 percent were stunted, and 24 percent were wasted, but undernutrition remains a serious problem in Bihar. 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. Four out of five 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 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 Bihar, only 11 percent of children age 12–23 months are fully vaccinated, 72 percent have received some but not all of the recommended vaccinations, and 17 percent have not been vaccinated at all.

Full immunization coverage in Bihar has remained at 11 percent since NFHS-1, but the percent not receiving any of the vaccinations has declined substantially from 54 percent in NFHS-1 to 17 percent in NFHS-2. This is primarily due to a big increase in the first two doses of polio vaccine, undoubtedly because of the introduction of the Pulse Polio Immunization Campaign in 1995. Full immunization coverage is so low primarily because only 17 percent of children have been vaccinated against measles. Dropout rates for the series of DPT and polio vaccinations are also a problem. Forty percent of children received the first DPT vaccination, but only 24 percent received all three doses; 81 percent received the first polio vaccination, but only 41 percent received all three doses. 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 10 percent of children age 12–35 months have received any vitamin A supplementation and only 7 percent have 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 Bihar, 31 percent of children under age three were ill with fever during the two weeks preceding the survey, 22 percent were ill with ARI, and 18 percent had diarrhoea. Fifty-eight percent of the children who became ill with ARI and 50 percent of the children who became ill with diarrhoea received advice or treatment from a health facility or health-care provider. Knowledge of the appropriate treatment of diarrhoea remains low. Only 38 percent of mothers of children age less than 3 years know about oral rehydration salt (ORS) packets and 32 percent of mothers incorrectly believe that when children are sick with diarrhoea, they should be given less to drink than usual. Only 41 percent of children with diarrhoea received some form of oral rehydration therapy (ORT), including 15 percent who received ORS. The percentage of children with diarrhoea who received ORS has increased slightly since NFHS-1, when it was

only 12 percent, suggesting that there has been very little improvement in the management of childhood diarrhoea.

Based on a weight-for-height index (the body mass index), two out of five (39 percent) women in Bihar 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, 63 percent of women in Bihar have some degree of anaemia, and 21 percent are moderately to severely anaemic. Anaemia is a serious problem among women in every population group, with prevalence rates ranging from 50 to 87 percent. Pregnant women are more likely than nonpregnant women to be moderately to severely anaemic, but much less likely to be mildly anaemic.

Less than one-half of households (47 percent) use cooking salt that is iodized at the recommended level of 15 parts per million (ppm), 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.

Forty-four percent of currently married women in Bihar 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, 69 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 Bihar there is widespread acceptance among ever-married women that the beating of wives by husbands is justified under some circumstances. About one-half (47 percent) of all ever-married women accept at least one of six reasons as a justification for a husband beating his wife. Domestic violence is also fairly common. Twenty-seven percent of ever-married women in Bihar have experienced beatings or physical mistreatment since age 15 and 18 percent experienced such violence in the 12 months preceding the survey. Most of these women have been beaten or physically mistreated by their husbands. Domestic violence against women is more prevalent in rural areas and among illiterate and poor women. Domestic violence is particularly high against working women.

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 about 1 percent of the population in Bihar suffers from tuberculosis, 2 percent suffers from asthma, 4 percent suffered from malaria during the three months preceding the survey, and 2 percent suffered from jaundice during the 12 months preceding the survey. Prevalence of asthma, tuberculosis, and malaria is much higher in rural areas than in urban areas, but prevalence of jaundice is slightly higher in urban areas. Men are more likely than women to suffer from tuberculosis, jaundice, and malaria, but women are slightly more likely to suffer from asthma.

Most households in Bihar (83 percent) go to private doctors or private hospitals or clinics for treatment when a family member is ill. Only 9 percent normally use the public medical sector. Even among poor households, only 8 percent normally use the public medical sector

when 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 in rural areas, where the majority of respondents are critical of staff attitudes and cleanliness of the facilities.

Overall, only 2 percent of women received home visits from health or family planning workers during the 12 months preceding the survey. The few who did receive home visits were not visited regularly—receiving only one home visit, on average, in the year 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.

NFHS-2 also collected information on selected lifestyle indicators for household members. According to household respondents, 26 percent of adult men and 6 percent of adult women smoke, 22 percent of adult men and 3 percent of adult women drink alcohol, and 52 percent of adult men and 7 percent of adult women chew *paan masala* or tobacco.

Although the spread of HIV/AIDS is a major concern in India, nearly 9 out of 10 women in Bihar (88 percent) have not heard of AIDS. Awareness of AIDS is particularly low among women in rural areas, and among women who are socioeconomically disadvantaged. Among women who have heard of AIDS, 83 percent learned about the disease from television and 55 percent from radio. Among women who have heard of AIDS, however, one-half do not know of any way to avoid infection. Survey results suggest that health personnel could play a much larger role in promoting AIDS awareness. In Bihar, only 1 percent of women who know about AIDS learned about the disease from a health worker.