

# FACT SHEET, GOA

## NATIONAL FAMILY HEALTH SURVEY, 1999

### Sample Size

Households.....	1,599
Ever-married women age 15–49.....	1,246

### Characteristics of Households

Percent with electricity.....	93.5
Percent within 15 minutes of safe water supply <sup>1</sup> .....	63.6
Percent with flush toilet.....	38.0
Percent with no toilet facility.....	41.1
Percent using govt. health facilities for sickness.....	22.2
Percent using iodized salt (at least 15 ppm).....	41.9

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

Percent urban.....	41.6
Percent illiterate.....	28.6
Percent completed high school and above.....	31.7
Percent Hindu.....	66.4
Percent Muslim.....	4.4
Percent Christian.....	28.9
Percent regularly exposed to mass media.....	88.4
Percent working in the past 12 months.....	47.4

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

Percent involved in decisions about own health.....	61.6
Percent with control over some money.....	82.4

### Marriage

Percent never married among women age 15–19.....	93.8
Median age at marriage among women age 25–49.....	23.2

### Fertility and Fertility Preferences

Total fertility rate (for the past 3 years).....	1.8
Mean number of children ever born to women 40–49.....	3.2
Median age at first birth among women age 30–49.....	24.6
Percent of births <sup>3</sup> of order 3 and above.....	24.8
Mean ideal number of children <sup>4</sup> .....	2.3
Percent of women with 2 living children wanting another child.....	15.7

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

Any method.....	47.5
Any modern method.....	35.9
Pill.....	0.9
IUD.....	1.9
Condom.....	4.9
Female sterilization.....	27.8
Male sterilization.....	0.4
Any traditional method.....	10.3
Rhythm/safe period.....	5.8
Withdrawal.....	4.5
Other traditional or modern method.....	1.4

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

Percent with unmet need for family planning.....	17.1
Percent with unmet need for spacing.....	7.3

<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

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

Percent told about side effects of method.....	16.3
Percent who received follow-up services.....	70.9

### Childhood Mortality

Infant mortality rate <sup>7</sup> .....	36.7
Under-five mortality rate <sup>7</sup> .....	46.8

### Safe Motherhood and Women's Reproductive Health

Percent of births <sup>8</sup> within 24 months of previous birth.....	23.0
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Percent of births<sup>3</sup> whose mothers received:

Antenatal check-up from a health professional.....	99.0
Antenatal check-up in first trimester.....	73.4
Two or more tetanus toxoid injections.....	86.1
Iron and folic acid tablets or syrup.....	94.7

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

Doctor.....	77.5
ANM/nurse/midwife/LHV.....	13.3
Traditional birth attendant.....	3.9

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

Percent reporting at least one reproductive health problem.....	40.2
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### Awareness of AIDS

Percent of women <sup>2</sup> who have heard of AIDS.....	76.3
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### Child Health

Median duration of breastfeeding (months).....	23.3
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Percent of children<sup>9</sup> who received vaccinations:

BCG.....	99.2
DPT (3 doses).....	93.4
Polio (3 doses).....	95.8
Measles.....	84.3
All vaccinations.....	82.6

Percent of children<sup>10</sup> with diarrhoea in the past

2 weeks who received oral rehydration salts (ORS).....	55.6
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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.....	98.2
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### Nutrition

Percent of women with anaemia <sup>11</sup> .....	36.4
Percent of women with moderate/severe anaemia <sup>11</sup> .....	9.1
Percent of children age 6–35 months with anaemia <sup>11</sup> .....	53.4
Percent of children age 6–35 months with moderate/severe anaemia <sup>11</sup> .....	29.8
Percent of children chronically undernourished (stunted) <sup>12</sup> .....	18.1
Percent of children acutely undernourished (wasted) <sup>12</sup> .....	13.1
Percent of children underweight <sup>12</sup> .....	28.6

<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

## 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 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 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 Goa, NFHS-2 field staff collected information from 1,599 households between 22 March 1999 and 21 June 1999 and interviewed 1,246 eligible women in these households. In addition, the survey collected information on 328 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**

Sixty percent of Goa’s population lives in rural areas. The age distribution is typical of a population that has experienced fertility declines in the recent past. The proportion of the population under age 5 is slightly lower than the proportion age 5–9, and the proportion under age 10 is lower than the proportion age 10–19. Twenty-four percent of the population are below age 15 and 10 percent are age 60 and above. The sex ratio of the *de facto* population in Goa is 1,028 females for every 1,000 males, much higher than the corresponding all-India sex ratio of 960.

The survey provides information on a variety of demographic and socioeconomic background characteristics. More than three-fourths of all household heads are male. A much higher proportion of households are headed by females in Goa (24 percent) than in India as a whole (10 percent). In the state, 63 percent of household heads are Hindu, 33 percent are Christian, and 4 percent are Muslim. Hindus constitute a larger proportion of the population in urban areas (68 percent) than in rural areas (60 percent), whereas Christians constitute a larger proportion of the population in rural areas (37 percent) than in urban areas (27 percent). Six percent of household heads belong to the scheduled castes, 6 percent belong to the other backward classes, and less than 1 percent belong to the scheduled tribes. Eighty-seven percent of household heads do not belong to a scheduled caste, a scheduled tribe, or an other backward class.

Questions about housing conditions and the standard of living of household members indicate some improvements since the time of NFHS-1. Ninety-four percent of households in Goa have electricity, up slightly from 92 percent at the time of NFHS-1. Sixty-two percent of

households have access to piped drinking water, up from 55 percent in NFHS-1. Forty-one percent of households do not have any toilet facility, down sharply from 52 percent in NFHS-1.

Eighty-nine percent of males and 75 percent of females age six and above are literate, an increase of only 1–2 percentage points from literacy rates at the time of NFHS-1. Despite negligible changes since NFHS-1, male and female literacy rates in Goa are much higher than male and female literacy rates for India as a whole (75 percent and 51 percent, respectively). Ninety-five percent of children age 6–14 currently attend school, almost the same as in NFHS-1 (94 percent). There is not much disparity between girls and boys in terms of school attendance, although girls lag slightly behind boys across all age groups.

Women in Goa tend to marry at a much older age than women in most other states. Only 6 percent of women age 15–19 have ever been married, which is substantially lower than the national average of 40 percent for that age group. According to NFHS-2, the average female in Goa gets married at age 25—much older than the legal minimum age of 18 years. On average, women in Goa are more than 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 Goa, 96 percent of women are involved in decisionmaking on at least one of four selected topics. A much lower proportion of women (62 percent), however, are involved in making decisions about their own health care. Less than half (47 percent) of women do work other than their own housework, and 73 percent of these women work for cash. Two-thirds of women who earn cash can decide independently how to spend the money that they earn. Forty-nine percent of working women report that their earnings constitute at least half of total family earnings, including 17 percent who report that the family is entirely dependent on their earnings.

### **Fertility and Family Planning**

Fertility is lower in Goa than in any other Indian state. At current fertility levels, women in Goa will have an average of 1.8 children each throughout their childbearing years, much lower than the national average of 2.9 children. Goa's total fertility rate is down from 1.9 children per woman at the time of NFHS-1, when it was also the lowest in the nation. The average number of children ever born to women age 40–49 fell by half a child between the two surveys, from 3.7 in NFHS-1 to 3.2 in NFHS-2.

Despite a low overall level of fertility, some population groups continue to have higher than average fertility. These groups include Muslim women, women belonging to the scheduled castes or other backward classes, and women who have not completed at least middle school.

A driving force behind a population's level of fertility is the extent of early childbearing. The median age at first childbirth for women age 30–34 is 26 years in Goa, and even among currently married women age 25–29 more than one out five women have not yet had a birth. Undoubtedly, the ability of women in Goa to delay childbearing has been an important contributing factor to the low fertility that exists 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 23 percent of births, mothers say that they would have preferred to delay the pregnancy. When asked about their preferred family size, half of women who already have three living children and more than one-third (36 percent) of women with four or more living children said that they consider the two-child family to be ideal. Even though Goa's overall level of fertility is extremely low, the gap between women's actual fertility experience and what they want or would consider ideal underscores the importance of continued efforts aimed at expanding or improving family welfare services to help women achieve their fertility goals. In Goa, 68 percent of women want at least one son and 65 percent want at least one daughter. Based on NFHS-2, there is a slight preference for sons, as indicated by the fact that 17 percent of women want more sons than daughters but only 5 percent want more daughters than sons.

Knowledge of contraception is virtually universal in Goa. Women are most familiar with female sterilization (99 percent), followed by the pill (90 percent), the condom (87 percent), the IUD (80 percent), and male sterilization (77 percent). Knowledge of modern spacing methods has increased by 3–14 percentage points since the time of NFHS-1, although use rates for these methods remain very low.

Despite the very low fertility level in Goa, current contraceptive use is relatively low. Only 48 percent of currently married women are currently using some method of contraception and 36 percent are using a modern method. The contraceptive prevalence rate in Goa is about the same as the rate for India as a whole (49 percent) and has not changed since NFHS-1. Contraceptive prevalence is much higher in urban areas (53 percent) than in rural areas (44 percent). Female sterilization is by far the most popular method, used by 59 percent of all current contraceptive users. The median age at sterilization (29 years) is three years higher in Goa than in India as a whole and has not changed much over time. In all, 28 percent of currently married women are sterilized, down from 30 percent at the time of NFHS-1. By contrast, less than 1 percent of women report that their husbands are sterilized. Five percent of women report using condoms. Use rates for the pill and the IUD remain very low, at 1 and 2 percent, respectively. Ten percent of women report that they are currently using traditional methods, fairly evenly distributed between the rhythm method and withdrawal.

Contraceptive use rises steadily with age, peaking at 62 percent for women age 40–44 and declining thereafter. Use also increases with the number of living children from 8 percent for women with no children and 31 percent for women with one child to 68–69 percent for women with three or more children. Although there is no evidence of a strong preference for sons among currently married women in Goa, women with at least two living children and one or more sons are consistently more likely to use contraception than are women who have the same number of children but have only daughters. However, it is women who have one daughter and one or more sons that are most likely to be using contraception, suggesting that the preferred combination of children is one that includes sons but also one daughter.

There is some variation in contraceptive prevalence among socioeconomic groups. Contraceptive prevalence is highest (67 percent) among schedule-caste women and is at least 50 percent among illiterate women, urban women, Hindu women, and women living in households with a low standard of living. Use of modern spacing methods—pills, IUDs, and condoms—is highest (12–16 percent) among women living in households with a high standard of living and

women who have completed at least high school. Modern spacing methods are used more frequently by women with one or two children than by women with no children or more than two children.

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 10 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. Unmet need is highest (20 percent or more) among women with one living child, women age 20–29, Muslim women, and literate women who have not completed high school. Most of these groups have a strong interest in both spacing and limiting their births, although unmet need among younger women and women with only one child is predominantly for spacing of births. 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. The need for promoting spacing methods is also made evident by the fact that almost one out of four non-first births (23 percent) in Goa is taking place within a period of 24 months after a previous birth, a period considered too short for the health of mothers and children.

For many years, the Government of India has been using electronic and other mass media to promote family planning. Among the different types of media, television has the broadest reach across all categories of women. Overall, 81 percent of ever-married women watch television at least once a week, 52 percent listen to the radio at least once a week, and 48 percent read a newspaper or magazine at least once a week. Twelve percent of ever-married women are not regularly exposed to television, radio, or other types of media. Eighty-six percent of women saw or heard a family planning message in the media during the few months preceding the survey. Television and wall paintings or hoardings are the primary sources of these messages. Exposure to family planning messages is relatively low among women from households with a low standard of living, women from other backward classes, and illiterate women.

More than two-thirds (68 percent) of women who use modern contraception obtained their method from a government hospital or other source in the public medical sector. Thirty percent obtained their method from the private medical sector. More than four-fifths of condom users get their supply from the private medical sector, whereas the same proportion of sterilized women had the procedure done by a provider in the public medical sector.

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 Goa, only 21 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 16 percent of all modern-method users were told by a health or family planning worker about possible side effects of the method they adopted. Seventy-one percent of the users of modern contraceptive methods, however, received follow-up services after accepting the method.

From the information provided in NFHS-2, a picture emerges of women delaying marriage and the birth of their first child until their mid-twenties and completing their childbearing around age thirty with less than two children. Nevertheless, there remains a sizable

unmet need for family planning in Goa. This need should be addressed in order to help women achieve their fertility goals and to minimize health risks associated with closely spaced births.

### **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 37 deaths at age 0–11 months per 1,000 live births, and the under-five mortality rate was 47 per 1,000 live births. According to NFHS-2, there has been a reduction in infant mortality from 62 per 1,000 live births during the 10–14 years before the survey to 37 per 1,000 during the most recent five-year period. However, a comparison of NFHS-1 and NFHS-2 data suggests that the infant mortality rate has not declined during the six years between the two surveys. Nevertheless, Goa continues to have one of the lowest levels of infant mortality in the entire country.

### **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 Goa, mothers of 99 percent of the children born in the three years preceding NFHS-2 received at least one antenatal check-up—much higher than the national average of 65 percent. Mothers of 96 percent of children received at least three antenatal check-ups and 73 percent received their first check-up in the first trimester of pregnancy. Ninety-five percent of women received iron and folic acid supplementation during their pregnancies, but a lower proportion (86 percent) received two or more tetanus toxoid vaccinations.

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, 91 percent of births in Goa were delivered in a medical facility. Five percent were delivered in the woman's own home and 4 percent in her parents' home. Trained health professionals assisted with the delivery in 95 percent of cases. Only 5 percent of deliveries were assisted by a *dai* (a traditional birth attendant), and less than 1 percent were attended only by relatives, friends, and other persons who were not health professionals. Overall, these results show that the reach of health services during pregnancy and delivery is quite extensive, reaching the overwhelming majority of women in Goa. Among all of the Indian states, Goa ranks consistently high on each of the maternity care indicators measured in NFHS-2.

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. In Goa, only 34 percent of children begin breastfeeding in the first hour and 62 percent in the first day of life. Moreover, for 47 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. In spite of the small number of births in Goa, the NFHS-2 data suggest that exclusive breastfeeding is not widely practised. However, the median duration of any breastfeeding is 23 months, or slightly under two years. At age 6–9 months, children should be receiving solid or mushy food in addition to breast milk. However, only about

two-thirds 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 these measures, 29 percent of children under age three years are underweight, 18 percent are stunted, and 13 percent are wasted. Child nutritional status has improved in Goa since the time of NFHS-1, when 34 percent of young children were underweight, 30 percent were stunted, and 16 percent were wasted. Despite these improvements, however, poor nutrition is still a serious problem in Goa. The proportions underweight and stunted are much higher than average for closely spaced births, older children (age 12–35 months), male children, children whose mothers are themselves undernourished, children whose mothers have not completed high school, children belonging to households with a low or medium standard of living, and Hindu children. Over half (53 percent) of children age 6–35 months are anaemic, including 28 percent who are moderately anaemic and 2 percent who are severely anaemic. Children of anaemic mothers are more likely to be anaemic than children whose mothers are not anaemic. In addition, children whose mothers are illiterate, who are living in households with a low standard of living, who are less than two years of age, who are Hindu, and who are male have higher than average levels of anaemia.

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 and the target now is to achieve 100 percent immunization coverage. In Goa, 83 percent of children age 12–23 months are fully vaccinated, including 76 percent who were fully vaccinated before their first birthday. All children in Goa have received at least some of the recommended vaccinations. Ninety-nine percent of children age 12–23 months have been vaccinated against tuberculosis, 93 percent have received three doses of DPT vaccine, and 96 percent have received three doses of polio vaccine. Measles vaccination coverage (84 percent) is slightly lower than coverage of other vaccines.

Immunization coverage has improved somewhat since NFHS-1, when three-fourths of children had been fully vaccinated and 5 percent had not received any vaccinations at all. The coverage of each of the vaccinations also improved considerably in the period between the two surveys. Dropout rates for the series of DPT and polio vaccinations are fairly low (3–4 percent) in Goa and have declined slightly since NFHS-1. 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-eight percent of children age 12–35 months have received any vitamin A supplementation, although a much lower percentage (52 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 Goa, 34 percent of children under age three were ill with fever during the two weeks preceding the survey, 19 percent had diarrhoea, and 17 percent were ill with ARI. Almost all children (98 percent) who became ill with ARI and 65 percent of children who were ill with diarrhoea were taken to a health facility or health provider. Mothers' knowledge of the appropriate treatment of diarrhoea is fairly high: 86 percent of mothers of children age less than three years know about oral rehydration salt (ORS) packets, although 36 percent of mothers incorrectly believe that when children are sick with diarrhoea, they should be given less to drink than usual. Seventy-six percent of children with diarrhoea received some form of oral rehydration therapy (ORT), including 56 percent who received ORS. Knowledge of ORS has increased substantially since NFHS-1, when it was 56 percent. Similarly, ORS use has increased substantially, from 27 percent at the time of NFHS-1 to 56 percent in NFHS-2.

Based on a weight-for-height index (the body mass index), more than one-fourth (27 percent) of women in Goa are undernourished. Nutritional deficiency is particularly serious for women living in households with a low standard of living, younger women, illiterate women, ever-married women who are not currently married, and women belonging to scheduled castes or other backward classes. Overall, 36 percent of women in Goa have some degree of anaemia, with 9 percent being moderately to severely anaemic. Anaemia is a serious problem among women in every population group, with prevalence rates ranging from 26 to 52 percent.

Only 42 percent of households use cooking salt that is iodized at the recommended level of 15 parts per million, suggesting that iodine deficiency disorders are likely to be a serious problem. Households with a low standard of living, scheduled-caste households, and rural households are much less likely than other households to be using adequately iodized cooking salt.

Forty percent of currently married women in Goa 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, 57 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 Goa, there is widespread acceptance among ever-married women that the beating of wives by husbands is justified under some circumstances. Almost 6 out of 10 women accept at least one of six reasons as a justification for a husband beating his wife. Domestic violence is also fairly common in Goa. Eighteen percent of ever-married women have experienced beatings or physical mistreatment since age 15, including 6 percent of women who 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 especially prevalent for ever-married women who are not currently married, women belonging to other backward classes, illiterate women, and women living in households with a low standard of living.



Overall, 18 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 suffer from tuberculosis, 2 percent suffer from asthma, less than 1 percent suffered from malaria during the three months preceding the survey, and 2 percent suffered from jaundice during the 12 months preceding the survey. Men are slightly more likely than women to suffer from tuberculosis and jaundice, women are slightly more likely than men to suffer from asthma, and women and men are about equally likely to suffer from malaria.

More than three-fourths of household respondents in Goa said that household members usually go to private hospitals or private doctors for treatment when they get sick. Twenty-two percent normally use the public medical sector. Even among households with a low standard of living, the majority (57 percent) normally use the private medical sector when household members become ill. 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. Although women had to wait about 29 minutes before being served, 96 percent said that the staff spent enough time with them. Ninety percent said that the staff talked to them nicely and 80 percent rated the facility as very clean. Ninety-seven 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, among household members age 15 and above, 29 percent of men and 5 percent of women drink alcohol, 18 percent of men and 2 percent of women smoke, and 8 percent each of men and women chew *paan masala* or tobacco.

The spread of HIV/AIDS is a major concern in India. In Goa, 76 percent of women have heard of AIDS. There are large differentials, however, with awareness of AIDS being particularly low among women who are not regularly exposed to the media, illiterate women, and women living in households with a low standard of living. Among women who have heard of AIDS, 83 percent received information about the disease from television, 35 percent from newspapers or magazines, and 27 percent from the radio, suggesting that government efforts to promote AIDS awareness through the electronic mass media have achieved some success. Among women who have heard of AIDS, one-quarter do not know of any way to avoid infection. Among women who know of ways to avoid infection, the method most commonly mentioned is avoiding injections or using clean needles. Only 15 percent of women mention using condoms as a way of avoiding infection. NFHS-2 results suggest that health personnel could play a much larger role in promoting AIDS awareness. In Goa, only 10 percent of women who know about AIDS received information about the disease from a health worker.