

FACT SHEET, GUJARAT

NATIONAL FAMILY HEALTH SURVEY, 1998–99

Sample Size

Households.....	3,932
Ever-married women age 15–49	3,845

Characteristics of Households

Percent with electricity.....	84.3
Percent within 15 minutes of safe water supply ¹	74.0
Percent with flush toilet	31.3
Percent with no toilet facility	54.9
Percent using govt. health facilities for sickness.....	27.7
Percent using iodized salt (at least 15 ppm).....	56.1

Characteristics of Women²

Percent urban	42.5
Percent illiterate	50.3
Percent completed high school and above.....	20.1
Percent Hindu.....	89.7
Percent Muslim	8.2
Percent Jain	1.1
Percent regularly exposed to mass media.....	66.2
Percent working in the past 12 months.....	50.8

Status of Women²

Percent involved in decisions about own health.....	71.4
Percent with control over some money	73.6

Marriage

Percent never married among women age 15–19.....	73.5
Median age at marriage among women age 20–49	17.9

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years).....	2.7
Mean number of children ever born to women 40–49	4.0
Median age at first birth among women age 25–49	20.1
Percent of births ³ of order 3 and above	40.9
Mean ideal number of children ⁴	2.5
Percent of women with 2 living children wanting another child.....	17.2

Current Contraceptive Use⁵

Any method.....	59.0
Any modern method.....	53.3
Pill.....	1.5
IUD	3.1
Condom.....	3.5
Female sterilization	43.0
Male sterilization.....	2.3
Any traditional method	5.6
Rhythm/safe period	4.8
Withdrawal.....	0.8
Other traditional or modern method.....	0.1

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	8.5
Percent with unmet need for spacing.....	4.8

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.....	9.5
Percent who received follow-up services.....	70.8

Childhood Mortality

Infant mortality rate ⁷	62.6
Under-five mortality rate ⁷	85.1

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth.....	31.9
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Percent of births³ whose mothers received:

Antenatal check-up from a health professional.....	86.3
Antenatal check-up in first trimester.....	35.8
Two or more tetanus toxoid injections.....	72.7
Iron and folic acid tablets or syrup.....	78.0

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

Doctor	37.4
ANM/nurse/midwife/LHV.....	16.1
Traditional birth attendant.....	42.4

Percent⁵ reporting at least one reproductive health problem

Percent	28.6
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Awareness of AIDS

Percent of women who have heard of AIDS.....	29.8
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Child Health

Percent of children age 0–3 months exclusively breastfed.....	65.2
Median duration of breastfeeding (months).....	22.0

Percent of children⁹ who received vaccinations:

BCG.....	84.7
DPT (3 doses)	64.1
Polio (3 doses)	68.6
Measles	63.6
All vaccinations	53.0

Percent of children¹⁰ with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)

Percent	28.9
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Percent of children¹⁰ with acute respiratory infection in the past 2 weeks taken to a health facility or provider

Percent	71.2
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Nutrition

Percent of women with anaemia ¹¹	46.3
Percent of women with moderate/severe anaemia ¹¹	16.8
Percent of children age 6–35 months with anaemia ¹¹	74.5
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	50.4
Percent of children chronically undernourished (stunted) ¹²	43.6
Percent of children acutely undernourished (wasted) ¹²	16.2
Percent of children underweight ¹²	45.1

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 approximately 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 Gujarat, NFHS-2 field staff collected information from 3,932 households between 27 November 1998 and 10 March 1999 and interviewed 3,845 eligible women in these households. In addition, the survey collected information on 1,324 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 three-fifths (59 percent) of Gujarat’s population lives in rural areas. The age distribution is typical of populations that have recently experienced a fertility decline, with relatively low proportions in the younger and older age groups. Thirty-three percent of the population is below age 15, and 5 percent is age 65 and above. The sex ratio of the *de facto* population is 947 females per 1,000 males for Gujarat as a whole, and is lower in urban areas (935) than in rural areas (955), suggesting that more men than women have migrated to urban areas.

The NFHS-2 estimates of the sex ratios of the *de jure* total population, at 942, and the sex ratio of the *de jure* population age 0–6, at 890, are both somewhat higher than the corresponding sex ratios provided by the 2001 Census provisional estimates, at 921 and 878, respectively, for a period approximately two years after NFHS-2. Notably, however, the sex ratios of the population age 0–6 from both NFHS-2 and the 2001 Census are 5–6 percent lower than the corresponding sex ratios for the total population. A comparison of the sex ratio at birth for the period 1996–98 (966) with the sex ratio at birth for the period 1992–95 (888) suggests great improvement in the sex ratio at birth in Gujarat over time. It should be noted that the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act which prohibits the use of prenatal diagnostic techniques for the purpose of antenatal sex determination was passed in 1994 and could have had an influence on the sex ratio at birth in Gujarat in the post-1995 period.

The survey provides information on a variety of demographic and socioeconomic background characteristics. In the state as a whole, 90 percent of household heads are Hindu, 8 percent are Muslim, 1 percent are Jain, and 1 percent are Christian. Muslims live disproportionately in urban areas, where they comprise 14 percent of household heads. Fifteen

percent of household heads belong to scheduled castes, 20 percent belong to scheduled tribes, 24 percent belong to other backward classes (OBCs), and 42 percent do not belong to any of these groups.

Questions about housing conditions and the standard of living of household members indicate some improvements since the time of NFHS-1. Eighty-four percent of households in Gujarat have electricity, up from 77 percent in NFHS-1, and 70 percent have piped drinking water, up from 65 percent in NFHS-1. Fifty-five percent of households do not have any toilet facility, down from 64 percent in NFHS-1.

More than three-quarters (77 percent) of males and more than half (54 percent) of females age six and above are literate, an increase of 1–2 percentage points from literacy rates in NFHS-1. Seventy-eight percent of children age 6–14 currently attend school, up slightly from 76 percent in NFHS-1. 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, 87 percent of boys and 80 percent of girls attend school. By age 15–17, however, 48 percent of boys and 35 percent of girls attend school.

Twenty-seven percent of women age 15–19 are already married, including 5 percent who are married but *gauna* has yet to be performed. In rural areas, 33 percent of women age 15–19 have already married. Older women are more likely than younger women to have married at an early age: 25 percent of women who are now age 45–49 married before they were 15, compared with 7 percent of women who are now age 15–19. Although this indicates that the proportion of women who marry young is declining rapidly, 41 percent of women in Gujarat still marry before reaching the legal minimum age of 18 years. On average, women are four 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 Gujarat, 96 percent of women are involved in decisionmaking on at least one of four selected topics. A much lower proportion (71 percent), however, are involved in making decisions about their own health care. Fifty-one percent of women do work other than own housework, and among these working women, 62 percent work for cash. Forty-three percent of women who earn cash can decide independently how to spend the money that they earn. Thirty-four percent of working women report that their earnings constitute at least half of total family earnings, including 7 percent who report that the family is entirely dependent on their earnings.

Fertility and Family Planning

Fertility continues to decline in Gujarat. At current fertility levels, women will have an average of 2.7 children each by the end of their childbearing years, down from 3.0 children per woman in NFHS-1.

Efforts to encourage the trend toward lower fertility might usefully focus on groups within the population that have higher fertility than average. In Gujarat, rural women, illiterate women, Muslim women, women from scheduled tribes and scheduled castes, and poor women have higher fertility than other women. The median age at first childbirth in Gujarat is 20.1 years, indicating that close to half of first births occur below age 20. When births of all orders are considered, 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 have an 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 3 percent of births over the three years preceding NFHS-2, mothers report that they did not want the pregnancy at all, and for another 6 percent of births, mothers say that they would have preferred to delay the pregnancy. When asked about their preferred family size, nearly half (47 percent) of women who already have three children and one-third (33 percent) of women with four or more children respond that they consider the two-child family to be ideal. This gap between women's actual fertility experience and what they want or would consider ideal suggests a need for expanded or improved family welfare services to help women achieve their fertility goals. In Gujarat, 79 percent of women want at least one son, and 68 percent want at least one daughter. A preference for sons is indicated also by the fact that 33 percent want more sons than daughters, but only 2 percent want more daughters than sons.

If women in Gujarat are not using family planning, it is not due to lack of knowledge. Knowledge of contraception is nearly universal: 98 percent of currently married women know about at least one modern family planning method. Women are most familiar with female sterilization (98 percent), followed by male sterilization (82 percent), the IUD (76 percent), the pill (72 percent), and the condom (68 percent). Knowledge of modern spacing methods has increased by 5–6 percentage points since the time of NFHS-1, although use rates for these methods remain very low.

Fifty-nine percent of married women are currently using some method of contraception, an increase from 49 percent at the time of NFHS-1. Contraceptive prevalence is slightly higher in urban areas (62 percent) than in rural areas (57 percent). Female sterilization is by far the most popular method: 43 percent of currently married women are sterilized, up from 38 percent at the time of NFHS-1. In contrast, only 2 percent of women report that their husbands are sterilized, down from 4 percent at the time of NFHS-1. Overall, sterilization accounts for 77 percent of total contraceptive use. Use rates for the pill, IUD, and condom remain low, at 2, 3, and 4 percent, respectively.

Contraceptive prevalence among currently married women does not vary much by socioeconomic characteristics, except that prevalence is higher for women from households with a high standard of living (66 percent) than for women from households with a low standard of living (53 percent). Muslim women, more-educated women, 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.

Given the strong emphasis on sterilization, women tend to adopt family planning only after they have achieved their desired family size. As a result, contraceptive use tends to rise steadily with age and with number of living children. In Gujarat, contraceptive use rises with age, peaking at 82 percent for women age 35–39. Use also rises with number of children, peaking at 76 percent for women with three or more living children. Son preference (which is

evident in all population groups) appears to have some 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. Yet son preference is not an insuperable obstacle to contraceptive acceptance in Gujarat, as one-third of women with three children all of whom are daughters use contraception.

Five 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 4 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 contraceptive methods in order to meet the changing needs of women over their lifecycle.

For many years, the Government of India has been using electronic and other mass media to promote family planning. Exposure to mass media is comparatively high in Gujarat, where 100 percent of rural residents live in villages that are electrified, and 32 percent live in villages that have a television cable connection. Among the different types of media, television has the broadest reach across all categories of women, including women who are poor and illiterate. Overall, 56 percent of ever-married women watch television at least once a week. It is still true, however, that 34 percent of women are not regularly exposed to television, radio, or any other type of mass media. Sixty-three 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, it is not surprising that women are more likely to have seen or heard a family planning message on television than through any other type of media. Exposure to family planning messages is relatively low among disadvantaged socioeconomic groups. Messages reached only 36 percent of illiterate women and 28 percent of women from households with a low standard of living. Messages reached 56 percent of scheduled-caste women and 39 percent of scheduled-tribe women.

Almost three-fourths (72 percent) of women who use modern contraception obtained their method from a government hospital or other source in the public sector. Only 21 percent obtained their method from the private medical sector. The private medical sector, along with shops, is the major source for pills and condoms. The private medical sector plays a larger role in urban areas (where it is the source of modern methods for 35 percent of users) than in rural areas (where it is the source of modern methods for only 10 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 Gujarat, only 12 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 10 percent 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 marrying around age 18 or 19, having their first child soon after marriage around age 20, having a second and

possibly a third child in close succession, and then being sterilized by the time they reach their mid-to-late 20s. The median age for female sterilization has been declining in recent years and is now 26.3 years. Few women use modern spacing methods that could help them delay their first birth 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 63 deaths at age 0–11 months per 1,000 live births, down from 69 per 1,000 live births in NFHS-1. The child mortality rate declined more, from 38 deaths at age 1–4 years per 1,000 children reaching age one to 24 per 1,000 in NFHS-1. The rates in NFHS-2 imply that 1 in 16 children still die in the first year of life, and 1 in 12 die before reaching age five. Child-survival programmes in Gujarat might usefully focus on specific groups of children with particularly high infant and child mortality rates, including children who live in rural areas, children whose mothers are illiterate, children belonging to scheduled castes or other backward classes (OBCs), 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 in Gujarat is 54 percent higher among children born to mothers under age 20 (86 deaths per 1,000 births) than among children born to mothers age 20–29 (56 deaths per 1,000 live births). It is 2.7 times higher among children born less than 24 months after a previous birth (97 deaths per 1,000 births) than among children born after a gap of 48 months or more (36 deaths 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 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 Gujarat, mothers of 86 percent of children born in the three years preceding NFHS-2 received at least one antenatal check-up, and mothers of 60 percent of the children received at least three antenatal check-ups. Mothers of 73 percent of the children received the recommended number of tetanus toxoid vaccinations, and mothers of 78 percent of the children 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 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, 46 percent of births in Gujarat were delivered in a medical facility. Among births delivered at home, 13 percent were assisted by a health professional and 79 percent by a traditional birth attendant. Only 10 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 Gujarat 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. However, although breastfeeding is nearly universal in Gujarat, very few children begin breastfeeding immediately after birth—only 10 percent in the first hour and 37 percent in the first day. Moreover, for 61 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. Only 65 percent of children under four months of age are exclusively breastfed. The median duration of breastfeeding is 22.0 months, but the median duration of exclusive breastfeeding is only 3.0 months. At age 6–9 months, all children should be receiving solid or mushy food in addition to breast milk, according to government guidelines. But only 47 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 these measures, 45 percent of children under age three years are underweight, a similar proportion (44 percent) are stunted, and 16 percent are wasted. Child nutritional status has improved in Gujarat since the time of NFHS-1, when 48 percent of young children were underweight, but it is still a serious problem. Undernutrition is much higher in rural areas than in urban areas and is particularly high among children from disadvantaged socioeconomic groups. The prevalence of undernutrition is somewhat greater for girls than for boys. Three-quarters 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 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 Gujarat, 53 percent of children age 12–23 months are fully vaccinated, another 40 percent have received some but not all of the recommended vaccinations, and 7 percent have not been vaccinated at all. Immunization coverage, although far from complete, has improved somewhat since NFHS-1, when only 50 percent of children were fully vaccinated and 19 percent had not been vaccinated at all.

The coverage of individual vaccines in Gujarat is much higher than would appear from information on full coverage alone. Eighty-five percent of children age 12–23 months have been vaccinated against tuberculosis, 64 percent have received three doses of DPT vaccine, and 69 percent have received three doses of polio vaccine. The largest increase in vaccination coverage between NFHS-1 and NFHS-2 is for Polio 1, where coverage increased from 78 to 90 percent.

Full immunization coverage is not as high as it might be, primarily because only 64 percent have received three doses of DPT and only 64 percent of children have been vaccinated against measles. Dropout rates for the series of DPT and polio vaccinations are also a problem. Eighty-three percent of children received the first DPT vaccination, but, as already mentioned, only 64 percent received all three doses; 90 percent received the first polio vaccination, but only 69 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 52 percent of children age 12–35 months received any vitamin A supplementation and only 26 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 Gujarat, 21 percent of children under age three were ill with fever during the two weeks preceding the survey, 20 percent had diarrhoea, and 11 percent were ill with ARI. Seventy-one percent of the children who became ill with ARI were taken to a health facility or health-care provider. Knowledge of the appropriate treatment of diarrhoea remains low. Only 62 percent of mothers of children age less than 3 years know about oral rehydration salt (ORS) packets, and 38 percent of mothers incorrectly believe that when children are sick with diarrhoea, they should be given less to drink than usual. Forty-two percent of children with diarrhoea received some form of oral rehydration therapy (ORT), including 29 percent who received ORS. The percentage of children with diarrhoea who received ORS has increased substantially since NFHS-1, when it was only 13 percent.

Based on a weight-for-height index (the body-mass index), more than one-third (37 percent) of women in Gujarat 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, 46 percent of women in Gujarat have some degree of anaemia, and 17 percent are moderately to severely anaemic. Anaemia is a serious problem among women in every population group, with prevalence rates ranging from 38 to 58 percent among the various groups. Pregnant women are much more likely than nonpregnant women to be moderately to severely anaemic.

Only 56 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. Rural households, scheduled-tribe households, and households with a low standard of living are much less likely than other households to be using adequately iodized cooking salt.

Twenty-nine percent of currently married women in Gujarat 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, 67 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 Gujarat, there is widespread acceptance among ever-married women that the beating of wives by husbands is justified under some circumstances. Approximately one-

third (36 percent) of women accept at least one of six reasons as a justification for a husband beating his wife. Ten percent of ever-married women in Gujarat have experienced beatings or physical mistreatment since age 15, and 6 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 especially prevalent for women who are not currently married and women living in households with a low standard of living.

In Gujarat, one-third of women received a home visit from a health or family planning worker during the 12 months preceding the survey. Women who received visits were visited often—eleven times, on average, in the year preceding the survey. A large majority (more than 90 percent) 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 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, 4 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 all conditions except jaundice is higher in rural areas than in urban areas. Men are more likely than women to suffer from tuberculosis and jaundice, less likely than women to suffer from malaria, and almost equally likely to suffer from asthma.

Most households in Gujarat (46 percent) go to private doctor for treatment when a family member is ill. Only 28 percent normally use the public medical sector. Even among poor households, only 46 percent normally use the public medical sector when members become ill. A large majority of respondents are generally satisfied with the health care they receive. Ratings on quality of services are somewhat 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, 26 percent of men and 1 percent of women currently smoke, 7 percent of men and 1 percent of women drink alcohol, and 25 percent of men and 8 percent of women chew *paan masala* or tobacco.

Although the spread of HIV/AIDS is a major concern in India, only 30 percent of women in Gujarat have ever heard of AIDS. Awareness of AIDS is particularly low among rural women, poor women, scheduled-tribe women, and illiterate women. Among women who have heard of AIDS, 86 percent learned about the disease from television and 15 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, however, more than one-third (35 percent) 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 Gujarat, only 4 percent of women who know about AIDS learned about the disease from a health worker.