

FACT SHEET, UTTAR PRADESH*

NATIONAL FAMILY HEALTH SURVEY, 1998–99

Sample Size

Households.....	8,682
Ever-married women age 15–49	9,292

Characteristics of Households

Percent with electricity.....	36.6
Percent within 15 minutes of safe water supply ¹	77.5
Percent with flush toilet	10.2
Percent with no toilet facility	73.3
Percent using govt. health facilities for sickness.....	11.4
Percent using iodized salt (at least 15 ppm).....	48.8

Characteristics of Women²

Percent urban	20.0
Percent illiterate	70.2
Percent completed high school and above.....	11.1
Percent Hindu.....	83.0
Percent Muslim.....	16.0
Percent Sikh.....	0.6
Percent regularly exposed to mass media.....	45.3
Percent working in the past 12 months.....	23.4

Status of Women²

Percent involved in decisions about own health.....	44.8
Percent with control over some money	52.3

Marriage

Percent never married among women age 15–19.....	60.1
Median age at marriage among women age 20–49	15.3

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years).....	3.99
Mean number of children ever born to women 40–49	5.76
Median age at first birth among women age 20–49	19.1
Percent of births ³ of order 3 and above	58.0
Mean ideal number of children ⁴	3.1
Percent of women with 2 living children wanting another child.....	45.5

Current Contraceptive Use⁵

Any method.....	28.1
Any modern method.....	22.0
Pill.....	1.2
IUD	1.0
Condom.....	4.2
Female sterilization	14.9
Male sterilization.....	0.7
Any traditional method	5.7
Rhythm/safe period.....	4.1
Withdrawal.....	1.6

Other traditional or modern method.....0.4

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	25.1
Percent with unmet need for spacing.....	11.8

*Includes Uttaranchal

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	14.3
Percent who received follow-up services.....	50.5

Childhood Mortality

Infant mortality rate ⁷	86.7
Under-five mortality rate ⁷	122.5

Safe Motherhood and Women's Reproductive Health

Percent of births⁸ within 24 months of previous birth.....29.1

Percent of births³ whose mothers received:

Antenatal check-up from a health professional.....	34.3
Antenatal check-up in first trimester.....	16.9
Two or more tetanus toxoid injections.....	51.4
Iron and folic acid tablets or syrup.....	32.4

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

Doctor.....	14.2
ANM/nurse/midwife/LHV.....	8.1
Traditional birth attendant.....	34.6

Percent⁵ reporting at least one reproductive

health problem

Awareness of AIDS

Percent of women who have heard of AIDS.....20.2

Child Health

Percent of children age 0–3 months exclusively

breastfed.....	56.9
Median duration of breastfeeding (months).....	25.8

Percent of children⁹ who received vaccinations:

BCG.....	57.5
DPT (3 doses)	33.9
Polio (3 doses)	42.3
Measles	34.6
All vaccinations	21.2

Percent of children¹⁰ with diarrhoea in the past

2 weeks who received oral rehydration salts (ORS).....15.8

Percent of children¹⁰ with acute respiratory infection in

the past 2 weeks taken to a health facility or provider.....61.3

Nutrition

Percent of women with anaemia¹¹.....48.7

Percent of women with moderate/severe anaemia¹¹.....15.3

Percent of children age 6–35 months with anaemia¹¹.....73.9

Percent of children age 6–35 months with moderate/
severe anaemia¹¹.....54.5

Percent of children chronically undernourished

(stunted)¹².....55.5

Percent of children acutely undernourished (wasted)¹².....11.1

Percent of children underweight¹².....51.7

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

FACTSHEET, UTTARANCHAL

NATIONAL FAMILY HEALTH SURVEY, 1998-99

Sample Size

Households.....	1,092
Ever-married women age 15-49	1,093

Characteristics of Households

Percent with electricity	52.4
Percent within 15 minutes of safe water supply ¹	66.1
Percent with flush toilet	25.9
Percent with no toilet facility	61.4
Percent using govt. health facilities for sickness	23.3
Percent using iodized salt (at least 15 ppm)	60.1

Characteristics of Women²

Percent urban	22.2
Percent illiterate	53.7
Percent completed high school and above.....	23.7
Percent Hindu.....	93.5
Percent Muslim	3.8
Percent Sikh	1.6
Percent regularly exposed to mass media.....	58.3
Percent working in the past 12 months.....	21.3

Status of Women²

Percent involved in decisions about own health.....	54.3
Percent with control over some money	46.8

Marriage

Percent never married among women age 15-19.....	83.4
Median age at marriage among women age 20-49	17.8

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years).....	2.71
Mean number of children ever born to women 40-49	4.18
Median age at first birth among women age 20-49	20.4
Percent of births ³ of order 3 and above	46.5
Mean ideal number of children ⁴	2.7
Percent of women with 2 living children wanting another child.....	24.6

Current Contraceptive Use⁵

Any method.....	43.0
Any modern method.....	40.4
Pill.....	1.4
IUD	1.7
Condom.....	6.3
Female sterilization	27.3
Male sterilization.....	3.8
Any traditional method	2.4
Rhythm/safe period.....	0.7
Withdrawal.....	1.7
Other traditional or modern method.....	0.2

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	21.0
Percent with unmet need for spacing.....	10.5

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	25.1
Percent who received follow-up services.....	60.9

Childhood Mortality

Infant mortality rate ⁷	37.8
Under-five mortality rate ⁷	56.4

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth.....	24.8
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Percent of births³ whose mothers received:

Antenatal check-up from a health professional	43.5
Antenatal check-up in first trimester	22.9
Two or more tetanus toxoid injections.....	54.2
Iron and folic acid tablets or syrup.....	38.6

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

Doctor	24.9
ANM/nurse/midwife/LHV	9.8
Traditional birth attendant.....	45.8

Percent⁵ reporting at least one reproductive

health problem	41.5
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Awareness of AIDS

Percent of women who have heard of AIDS	35.7
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Child Health

Percent of children age 0-3 months exclusively breastfed.....	65.7
Median duration of breastfeeding (months).....	24.3

Percent of children⁹ who received vaccinations:

BCG	77.0
DPT (3 doses)	56.1
Polio (3 doses)	62.5
Measles	56.1
All vaccinations	40.9

Percent of children¹⁰ with diarrhoea in the past

2 weeks who received oral rehydration salts (ORS)	31.4
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Percent of children¹⁰ with acute respiratory infection in
the past 2 weeks taken to a health facility or provider

71.4

Nutrition

Percent of women with anaemia ¹¹	45.2
Percent of women with moderate/severe anaemia ¹¹	12.8
Percent of children age 6-35 months with anaemia ¹¹	76.6
Percent of children age 6-35 months with moderate/ severe anaemia ¹¹	51.6
Percent of children chronically undernourished (stunted) ¹²	46.5
Percent of children acutely undernourished (wasted) ¹²	7.3
Percent of children underweight ¹²	41.4

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

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 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 Uttar Pradesh, NFHS-2 field staff collected information from 8,682 households between 4 December 1998 and 20 March 1999 and interviewed 9,292 eligible women in these households. In addition, the survey collected information on 4,414 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

More than three-quarters (79 percent) of the population lives in rural areas. The age distribution is typical of high-fertility populations that have recently experienced some fertility decline, with relatively high proportions in the younger age groups and a slightly smaller proportion age 0–4 than age 5–9. Forty-two percent of the population is below age 15 and 5 percent is age 65 and above. The sex ratio is 948 females for every 1,000 males in rural areas but only 931 females for every 1,000 males in urban areas, suggesting that more men than women have migrated to urban areas.

The survey provides information on a variety of demographic and socioeconomic background characteristics. In the state as a whole, 83 percent of household heads are Hindu, 16 percent are Muslim, and 1 percent are Sikh. Muslims live disproportionately in urban areas, where they comprise 29 percent of household heads. Twenty percent of household heads belong to scheduled castes, 2 percent belong to scheduled tribes, and 26 percent belong to other backward classes (OBCs). Less than half of household heads 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. Thirty-seven percent of households in Uttar Pradesh have electricity, up from 30 percent in NFHS-1. Seventy-three percent of households do not have any toilet facility, compared with 77 percent in NFHS-1. However, there has been a slight decline in the use of piped drinking water between the two surveys (14 percent in NFHS-2 and 16 percent in NFHS-1).

Almost three-quarters (72 percent) of males and nearly half (43 percent) of females age six and above are literate, an increase of 8–11 percentage points from literacy rates at the time of NFHS-1. Seventy-seven percent of children age 6–14 currently attend school, a substantial increase from 61 percent in NFHS-1. The proportion of children attending school has increased for all age groups, particularly for girls, but girls still lag behind boys in school attendance. Moreover, the disparity in school attendance by sex grows with increasing age of children. At age 6–10, 84 percent of boys attend school, compared with 74 percent of girls. By age 15–17, 58 percent of boys attend school, compared with 33 percent of girls.

Women in Uttar Pradesh tend to marry at an early age. Thirty-two percent of women age 15–19 are already married, and an additional 8 percent report that they are married but *gauna* has yet to be performed. In rural areas, almost half of women age 15–19 have already married. Older women are more likely than younger women to have married at an early age: 57 percent of women who are now age 45–49 married before they were 15, compared with 20 percent of women age 15–19. Although this indicates that the proportion of women who marry young is declining rapidly, 62 percent of young women age 20–24 in Uttar Pradesh still marry before reaching the legal minimum age of 18 years. On average, women are more than 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 Uttar Pradesh, 84 percent of women are involved in decisionmaking on at least one of four selected topics. A much lower proportion of women (45 percent), however, are involved in making decisions about their own health care. Only 23 percent of women do work other than their own housework, and less than half of these women work for cash. Only half of women who earn cash can decide independently how to spend the money that they earn. Thirty-nine percent of working women report that their earnings constitute at least half of total family earnings, including 16 percent who report that the family is entirely dependent on their earnings.

Fertility and Family Planning

Fertility continues to decline in Uttar Pradesh. At current fertility levels, women will have an average of 4.0 children each throughout their childbearing years. The total fertility rate is down from 4.8 children per woman at the time of NFHS-1, but it is still one of the highest rates in India (higher than any other state except Meghalaya).

Efforts to encourage the trend toward lower fertility might usefully focus on groups within the population that have higher fertility than average. In Uttar Pradesh, women living in rural areas, illiterate women, poor women, Muslim women, and women from scheduled castes and scheduled tribes have much higher fertility than other women. Fertility rates are much lower in the Hill Region than in any other region in the state. One important feature of the fertility pattern 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 15 percent of total fertility. Studies in India and elsewhere have shown that health and mortality risks increase when women give birth at young ages—both for the women themselves and for their children. Family planning programmes focusing on women in this age group could make a significant impact on maternal and child health and could also reduce 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 14 percent of births over the three years preceding NFHS-2, mothers report that they did not want the pregnancy at all, and for another 11 percent of births, mothers say that they would have preferred to delay the pregnancy. When asked about their preferred family size, 19 percent of women who already have three living children and 11 percent of women with four or more living children said that they consider the two-child family to be ideal. This gap between women's actual fertility experience and what they want or would consider ideal suggests a need for expanded or improved family welfare services to help women achieve their fertility goals. In Uttar Pradesh, 94 percent of women want at least one son and 89 percent want at least one daughter. A strong preference for sons is indicated by the fact that more than half of women want more sons than daughters but only a negligible proportion want more daughters than sons.

If women in Uttar Pradesh 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 at least one modern family planning method. Women are most familiar with female sterilization (97 percent), followed by male sterilization (93 percent), the pill (85 percent), condoms (83 percent), and the IUD (74 percent). Knowledge of modern spacing methods has increased by 16–20 percentage points since the time of NFHS-1, although use rates for these methods remain very low.

Twenty-eight percent of married women are currently using some method of contraception, an increase from 20 percent at the time of NFHS-1, but much lower than the NFHS-2 national level of 48 percent. Contraceptive prevalence is almost twice as high in urban areas (45 percent) as in rural areas (24 percent). Female sterilization is by far the most popular method, used by more than half of all current contraceptive users. The median age at sterilization (28 years) is two years higher in Uttar Pradesh than in India as a whole. In all, 15 percent of currently married women are sterilized, a slight increase from 12 percent at the time of NFHS-1. By contrast, only 1 percent of women report that their husbands are sterilized. Four percent of women report that their husbands use condoms. Use rates for the pill and the IUD remain very low, at only 1 percent each. Six percent of women report that they are currently using traditional methods, mostly the rhythm method.

There are substantial variations in contraceptive prevalence among socioeconomic groups. Contraceptive prevalence is higher than 40 percent among urban women, women living in the Hill Region, women who have completed at least a high school education, Sikh women, and women living in households with a high standard of living. Use of modern spacing methods—pills, IUDs, and condoms—is highest (18–21 percent) among women living in urban areas and women who have completed at least high school.

Contraceptive use rises steadily with age, peaking at 46 percent for women age 35–39 and declining thereafter. Use also increases with the number of living children, to 38–39 percent among women with three or more children. A strong preference for sons is evident for women at every parity. Women who have 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. For example, almost half of women with three children and at least two sons use some method of

contraception. However, only 9 percent of women with three children all of whom are daughters use contraception.

Twelve 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 13 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 have a strong interest 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. Among the different types of media, television and radio have the broadest reach across all categories of women. Overall, 32 percent of ever-married women watch television at least once a week and 30 percent listen to the radio at least once a week. Nevertheless, more than half of women (55 percent) are not regularly exposed to television, radio, or other types of media. About half of women (53 percent) saw or heard a family planning message in the media during the few months preceding the survey. Television and radio are the primary sources of these messages. Exposure to family planning messages is relatively low among disadvantaged socioeconomic groups. Family planning messages reach only one-quarter to one-third of illiterate women, women from households with a low standard of living, and women belonging to scheduled tribes.

Almost three-quarters (71 percent) of women who use modern contraception obtained their method from a government hospital or other source in the public sector. Only 14 percent obtained their method from the private medical sector. The private medical sector, along with shops, is the major source for pills and condoms, however. The private medical sector plays a larger role in urban areas (where it is the source of modern methods for 27 percent of users) than in rural areas (where it is the source of modern methods for only 7 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 Uttar Pradesh, only 14 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 14 percent were told by a health or family planning worker about possible side effects of the method they adopted. Half 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 before the legal age at marriage, having their first birth at 19 years of age, and having about four children before ending their childbearing. However, only 38 percent of women with four or more living children use any method of family planning, so the risk of pregnancy remains substantial even for that group.

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 87

deaths at age 0–11 months per 1,000 live births. Despite the fact that the infant mortality rate decreased from 100 per 1,000 live births in NFHS-1, Uttar Pradesh had the highest level of infant mortality of any state except Meghalaya at the time of NFHS-2. The child mortality rate (39 deaths at age 1–4 years per 1,000 children reaching age one) was 15 percent lower than the corresponding rate in NFHS-1. Despite the improvement in child survival in recent years, 1 in 12 children in Uttar Pradesh still die in the first year of life, and 1 in 8 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 or in the Central and Bundelkhand Regions of the state, children whose mothers are illiterate, children from 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 births are closely spaced. Infant mortality is 48 percent higher among children born to mothers under age 20 than to mothers age 20–29. Infant mortality is almost three times as high among children born less than 24 months after a previous birth as among children born after a gap of 48 months or more. Clearly, efforts to expand the use of temporary contraceptive methods for delaying and spacing births would help reduce infant mortality as well as fertility. In addition, infant mortality rates are 57 percent higher for women who did not receive any of the recommended types of maternity-related medical care than for mothers who received some of the recommended types of care. Therefore, efforts need to be strengthened to increase utilization of services for antenatal care, delivery care, and postnatal care to improve the health of mothers and the chances of survival of their children.

Health and Health Care

Promotion of maternal and child health has been one of the most important components of the Reproductive and Child Health Programme of the Government of India. One goal is for each pregnant woman to receive at least three antenatal check-ups plus two tetanus toxoid injections and a full course of iron and folic acid supplementation. In Uttar Pradesh, mothers of only 35 percent of the children born in the three years preceding NFHS-2 received at least one antenatal check-up (only about half the level of 65 percent for India as a whole), and mothers of only 15 percent of children received at least three antenatal check-ups. Only one-third of women (32 percent) received iron and folic acid supplementation during their pregnancies (a smaller percentage than in any other state except Bihar), but mothers received the recommended number of tetanus toxoid vaccinations for more than half of children (51 percent). Women in disadvantaged socioeconomic groups are less likely than other women to be covered by each of the three recommended types of antenatal care. However, coverage is inadequate for all groups of women. In fact, for all births in the three years preceding the survey, only 4 percent of women in Uttar Pradesh received all of the recommended types of antenatal care.

The Reproductive and Child Health Programme encourages women to deliver in a medical facility or, if at home, with assistance from a trained health professional and to receive at least three check-ups after delivery. During the three years preceding NFHS-2, only 15 percent of births in Uttar Pradesh were delivered in a medical facility. Seventy-four percent were delivered in the woman's own home and 10 percent in her parents' home. Trained health professionals assisted with the delivery in only 22 percent of cases. Thirty-five percent of deliveries were assisted by a *dai* (a traditional birth attendant), and 43 percent were attended only by relatives, friends, and other persons who were not health professionals. Less than 10 percent

of births delivered at home were assisted by a health professional. Postpartum check-ups are rare for noninstitutional births in Uttar Pradesh. Only 7 percent of births that took place outside a medical facility were followed by a postpartum check-up within two months of delivery. Overall, these results show that health services during pregnancy, during delivery, and in the postpartum period are not reaching most women in Uttar Pradesh. Despite some gains in the utilization of these services over time, Uttar Pradesh consistently performs worse than almost every other state on each of the 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. Although breastfeeding is nearly universal in Uttar Pradesh, very few children begin breastfeeding immediately after birth—only 7 percent in the first hour and 13 percent in the first day. Moreover, for three-quarters 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 57 percent of children under four months of age are exclusively breastfed, as recommended at that age. The median duration of breastfeeding is 25 months, or slightly over two years, and the median duration of exclusive breastfeeding is 2.2 months. At age 6–9 months, children should be receiving solid or mushy food in addition to breast milk. However, only 17 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, 52 percent of children under age three years are underweight, 56 percent are stunted, and 11 percent are wasted. The trend in nutritional status over time gives a mixed picture. According to two of the three measures, child nutritional status has improved in Uttar Pradesh since the time of NFHS-1, when 57 percent of young children were underweight and 18 percent were wasted. However, the amount of stunting actually increased slightly between the two surveys (from 54 percent to 56 percent). Despite improvements in some measures, poor nutrition is still a serious problem in Uttar Pradesh. Undernutrition is much higher in rural areas than in urban areas and is particularly high among children from disadvantaged socioeconomic groups. Girls are more likely to be underweight and stunted than boys, but boys are slightly more likely to be wasted. Nearly three-quarters (74 percent) of children age 6–35 months are anaemic, including 48 percent who are moderately anaemic and 7 percent who are severely anaemic. Although there are some differentials in the prevalence of anaemia among groups, a large majority of children in every subgroup of the population are anaemic.

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 Uttar Pradesh, only 21 percent of children age 12–23 months are fully vaccinated, another 49 percent have received some but not all of the recommended vaccinations, and 30 percent have not been vaccinated at all. Fifty-eight percent of children age 12–23 months have been vaccinated against tuberculosis, 34 percent have received three doses of DPT vaccine, and 42 percent have received three doses of polio vaccine.

Immunization coverage, although far from complete, has improved somewhat since NFHS-1, when 43 percent of children had not received any vaccinations at all. The coverage of all vaccinations except DPT3 also improved considerably, but there has been almost no improvement in full vaccination coverage in Uttar Pradesh since the time of NFHS-1. The largest increases in vaccination coverage between NFHS-1 and NFHS-2 are for the first two doses of polio vaccine, undoubtedly because of the introduction of the Pulse Polio Immunization Campaign in 1995. Full immunization coverage is not as high as it might be primarily because only 35 percent of children have been vaccinated against measles and only 34 percent have received three doses of DPT vaccine. Dropout rates for the series of DPT and polio vaccinations are a continuing problem. Fifty-seven percent of children received the first DPT vaccination, but only 34 percent received all three doses. Similarly, 67 percent received the first polio vaccination, but only 42 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 14 percent of children age 12–35 months have received any vitamin A supplementation and only 10 percent received a dose of vitamin A in the six months preceding the survey.

NFHS-2 collected information on the prevalence and treatment of three health problems that cause considerable mortality in young children—fever, acute respiratory infection (ARI), and diarrhoea. In Uttar Pradesh, 28 percent of children under age three were ill with fever during the two weeks preceding the survey, 21 percent were ill with ARI, and 23 percent had diarrhoea. More than 60 percent of the children who became ill with ARI or diarrhoea were taken to a health facility or health provider. Knowledge of the appropriate treatment of diarrhoea remains low, however. Fifty-nine percent of mothers of children age less than 3 years know about oral rehydration salt (ORS) packets and 35 percent of mothers incorrectly believe that when children are sick with diarrhoea, they should be given less to drink than usual. Only 36 percent of children with diarrhoea received some form of oral rehydration therapy (ORT), including 16 percent who received ORS. The percentage of children with diarrhoea who received ORS has increased only slightly since NFHS-1, when it was 13 percent.

Based on a weight-for-height index (the body mass index), more than one-third (36 percent) of women in Uttar Pradesh 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, 49 percent of women in Uttar Pradesh have some degree of anaemia, and 15 percent are moderately to severely anaemic. Anaemia is a serious problem among women in every population group, with prevalence rates ranging from 35 to 58 percent. Pregnant women are much more likely than nonpregnant women to be moderately to severely anaemic.

About half of households (49 percent) 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 and households with a low standard of living are much less likely than other households to be using adequately iodized cooking salt.

Thirty-eight percent of currently married women in Uttar Pradesh report some type of reproductive health problem, including abnormal vaginal discharge, symptoms of a urinary tract infection, and pain or bleeding associated with intercourse. Among these women, 75 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 Uttar Pradesh, there is widespread acceptance among ever-married women that the beating of wives by husbands is justified under some circumstances. More than three out of five women accept at least one of six reasons as a justification for a husband beating his wife. Domestic violence is also fairly common in Uttar Pradesh. Twenty-two percent of ever-married women have experienced beatings or physical mistreatment since age 15 and 13 percent experienced such violence in the 12 months preceding the survey. Most of these women have been beaten or physically mistreated by their husbands.

Overall, only 3 percent of women received a home visit from a health or family planning worker during the 12 months preceding the survey. A large majority of the women who received a home visit expressed satisfaction with the amount of time that the worker spent with them and with the way the worker talked to them.

The survey collected information on the prevalence of tuberculosis, asthma, malaria, and jaundice among all household members. Disease prevalence based on reports from household heads must be interpreted with caution, however. The survey found that less than 1 percent of the population suffers from tuberculosis, 2 percent suffers from asthma, 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. Men are more likely than women to suffer from tuberculosis, asthma, and jaundice, but women are slightly more likely to suffer from malaria.

A large majority of household respondents in Uttar Pradesh (85 percent) said that household members usually go to private hospitals or private doctors for treatment when they get sick. Only 11 percent normally use the public medical sector. Even among poor households, only 9 percent normally use the public 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. Almost all women (99 percent) received the service they went for on their last visit. Although women had to wait about 25 minutes before being served, 96 percent said that the staff spent enough time with them. However, only 55 percent said that the staff talked to them nicely and only 51 percent rated the facility as very clean. Seventy 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, 34 percent of adult men and 3 percent of adult women smoke, 12 percent of men and less than 1 percent of women drink alcohol, and 36 percent of men and 11 percent of adult women chew *paan masala* or tobacco.

Although the spread of HIV/AIDS is a major concern in India, only 20 percent of women in Uttar Pradesh have even heard of AIDS. Awareness of AIDS is particularly low among women in rural areas, poor women, scheduled-tribe women, and women who are illiterate. Among women who have heard of AIDS, 90 percent learned about the disease from television and 39 percent from the radio, suggesting that government efforts to promote AIDS awareness through the electronic mass media have achieved some success. However, given the low level of exposure to mass media in Uttar Pradesh, AIDS programmes will have to find innovative ways of reaching women who are not exposed to mass media. Among women who have heard of AIDS, almost half (45 percent) do not know of any way to avoid infection. NFHS-2 results suggest that health personnel could play a much larger role in promoting AIDS awareness. In Uttar Pradesh, only 1 percent of women who know about AIDS learned about the disease from a health worker.