FACT SHEET, WEST BENGAL
NATIONAL FAMILY HEALTH SURVEY, 1998–99

Sample Size
- Households....4,725
- Ever-married women age 15–49....4,408

Characteristics of Households
- Percent with electricity....36.7
- Percent within 15 minutes of safe water supply[1]....72.3
- Percent with flush toilet....33.8
- Percent with no toilet facility....54.9
- Percent using govt. health facilities for sickness....24.2
- Percent using iodized salt (at least 15 ppm)....61.7

Characteristics of Women[2]
- Percent urban....23.8
- Percent illiterate....50.0
- Percent completed high school and above....10.6
- Percent Hindu....74.5
- Percent Muslim....22.9
- Percent Buddhist/Neo-Buddhist....0.4
- Percent regularly exposed to mass media....61.4
- Percent working in the past 12 months....28.5

Status of Women[2]
- Percent involved in decisions about own health....45.1
- Percent with control over some money....51.4

Marriage
- Percent never married among women age 15–19....63.1
- Median age at marriage among women age 20–49....17.1

Fertility and Fertility Preferences
- Total fertility rate (for the past 3 years)....2.29
- Mean number of children ever born to women 40–49....4.21
- Median age at first birth among women age 20–49....19.4
- Percent of births[3] of order 3 and above....36.5
- Mean ideal number of children[4]....2.4
- Percent of women with 2 living children wanting another child....11.1

Current Contraceptive Use[5]
- Any method....66.6

- Any modern method....47.3
  - Pill....9.2
  - IUD....1.4
  - Condom....2.9
  - Female sterilization....32.0
  - Male sterilization....1.8

- Any traditional method....18.5
  - Rhythm/safe period....8.7
  - Withdrawal....9.8

- Other traditional or modern method....0.9

Unmet Need for Family Planning[5]
- Percent with unmet need for family planning....11.8
- Percent with unmet need for spacing....6.3

[1]Water from pipes, hand pump, covered well, or tanker truck
[2]Ever-married women age 15–49
[3]For births in the past 3 years
[4]Excluding women giving non-numeric responses
[5]Among currently married women age 15–49

Quality of Family Planning Services[6]
- Percent told about side effects of method....10.0
- Percent who received follow-up services....31.4

Childhood Mortality
- Infant mortality rate[7]....48.7
- Under-five mortality rate[7]....67.6

Safe Motherhood and Women's Reproductive Health
- Percent of births[8] within 24 months of previous birth....23.0

- Percent of births[3] whose mothers received:
  - Antenatal check-up from a health professional....89.5
  - Antenatal check-up in first trimester....35.1
  - Two or more tetanus toxoid injections....82.4
  - Iron and folic acid tablets or syrup....71.6

- Percent of births[3] whose mothers were assisted at delivery by a:
  - Doctor....35.3
  - ANM/nurse/midwife/LHV....8.7
  - Traditional birth attendant....29.6

- Percent[5] reporting at least one reproductive health problem....45.3

Awareness of AIDS
- Percent of women[2] who have heard of AIDS....26.4

Child Health
- Percent of children age 0–3 months exclusively breastfed....48.8
- Median duration of breastfeeding (months)....≥ 36.0

- Percent of children[9] who received vaccinations:
  - BCG....76.5
  - DPT (3 doses)....58.3
  - Polio (3 doses)....61.7
  - Measles....52.4
  - All vaccinations....43.8

- Percent of children[10] with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)....40.5

- Percent of children[10] with acute respiratory infection in the past 2 weeks taken to a health facility or provider....52.4

Nutrition
- Percent of women with anaemia[11]....62.7
- Percent of women with moderate/severe anaemia[11]....17.4
- Percent of children age 6–35 months with anaemia[11]....78.3
- Percent of children age 6–35 months with moderate/severe anaemia[11]....51.4
- Percent of children chronically undernourished (stunted)[12]....41.5
- Percent of children acutely undernourished (wasted)[12]....13.6
- Percent of children underweight[12]....48.7

[6]For current users of modern methods
[7]For the 5 years preceding the survey (1994–98)
[8]For births in the past 5 years (excluding first births)
[9]Children age 12–23 months
[10]Children under 3 years
[11]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.
[12]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 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 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 West Bengal, NFHS-2 field staff collected information from 4,725 households between 1 December 1998 and 23 April 1999 and interviewed 4,408 eligible women in these households. In addition, the survey collected information on 1,316 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

Three-quarters of the population in West Bengal lives in rural areas. The age distribution is typical of populations in which fertility has fallen recently; however, there are still higher proportions in the youngest age groups than in the oldest age groups. Thirty-four percent of the population is below age 15, and 5 percent is age 65 and above. The sex ratio is 963 females for every 1,000 males in rural areas and 912 females for every 1,000 males in urban areas, suggesting that more men than women have migrated to urban areas.

The survey provides a variety of demographic and socioeconomic background information. In the state as a whole, 98 percent of household heads are either Hindu (76 percent) or Muslim (22 percent). Muslims constitute a higher proportion of the population in rural areas (27 percent) than in urban areas (6 percent). In contrast, Hindus make up a larger proportion of the urban population (93 percent) than the rural population (70 percent). Twenty-three percent of household heads belong to scheduled castes, 7 percent belong to scheduled tribes, and 5 percent belong to other backward classes. Almost two-thirds of household heads do not belong to any of these groups.

Questions about housing conditions and the standard of living of household members indicate slight improvements since the time of NFHS-1. Thirty-seven percent of households in West Bengal have electricity and 25 percent have piped drinking water, compared with 33 percent and 18 percent, respectively, at the time of NFHS-1. Fifty-five percent of households do not have any toilet facility, compared with 60 percent in NFHS-1.

Seventy-six percent of males and 57 percent of females age six and above are literate. Literacy rates have remained virtually unchanged since NFHS-1. Seventy-nine percent of children age 6–14 currently attend school, an increase from 68 percent in NFHS-1. The proportion of children attending school has increased for all age groups, particularly for rural 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 and 82 percent of girls attend school, compared with 51 percent of boys and 37 percent of girls at age 15–17.

Women in West Bengal tend to marry at an early age. Thirty-six percent of women age 15–19 are already married. Less than 1 percent are married but *gauna* has yet to be performed. In rural areas, 43 percent of women age 15–19 have already married, compared with 17 percent of women age 15–19 in urban areas. Older women are more likely than younger women to have married at an early age: 36 percent of women who are now age 45–49 married before they were 15, compared with 10 percent of women age 15–19. Although this indicates that the proportion of women who marry young is declining rapidly, the majority of women in West Bengal still marry before reaching the legal minimum age of 18 years. On average, women are almost seven 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 West Bengal, 92 percent of women are involved in decisionmaking on at least one of four selected topics. A much lower proportion (45 percent) of women, however, are involved in making decisions about their own health care. Twenty-nine percent of women do work other than housework, and 89 percent of these women work for cash. Fifty-two percent of women who earn cash can decide independently how to spend the money that they earn. Fifty-one percent of working women report that their earnings constitute at least half of total family earnings, including 28 percent who report that the family is entirely dependent on their earnings.

Fertility and Family Planning

Fertility continues to decline in West Bengal. At current fertility levels, women will have an average of 2.3 children each throughout their childbearing years, one of the lowest fertility levels in India. The total fertility rate is down from 2.9 children per woman at the time of NFHS-1 and is approaching the replacement level of just over two children per woman.

Efforts to encourage the trend toward lower fertility might usefully focus on groups within the population that have higher fertility than average. In West Bengal, women living in rural areas, illiterate women, Muslim women, scheduled-caste and scheduled-tribe women, and women from households with a low standard of living have much higher fertility than other women. Fertility is slightly lower in Kolkata than in urban areas as a whole. One important feature of the fertility pattern in West Bengal is the high level of childbearing among young women. Among women age 25–49, the median age at first childbirth is 19 years, and women age 15–19 account for 23 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 9 percent of births over the three years preceding NFHS-2, mothers report that they did not want the pregnancy at all, and for another 20 percent of births, mothers say that they would have preferred to delay the pregnancy. When asked about their preferred family size, 51 percent of women who already have three living children and more than one-fourth (27 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 West Bengal, 80 percent of women want at least one son and 76 percent want at least one daughter. A preference for sons is indicated by the fact that almost 21 percent want more sons than daughters but only 3 percent want more daughters than sons.

If women in West Bengal are not using family planning, it is not due to lack of knowledge. Knowledge of contraception is nearly universal: 99 percent of currently married women know at least one modern family planning method. Women are most familiar with female sterilization (98 percent), followed by the pill (93 percent), male sterilization (84 percent), the condom (79 percent), and the IUD (73 percent). Knowledge of modern spacing methods has increased by 21–26 percentage points since the time of NFHS-1, although use rates of these methods remain low.

Sixty-seven percent of married women are currently using some method of contraception, an increase from 58 percent at the time of NFHS-1, and higher than the NFHS-2 national level of 48 percent. Contraceptive prevalence is higher in urban areas (73 percent) than in rural areas (65 percent). Female sterilization is by far the most popular method: 32 percent of currently married women are sterilized, an increase from 27 percent at the time of NFHS-1. By contrast, use of male sterilization has declined in recent years. Only 2 percent of women in NFHS-2 report that their husbands are sterilized, which is lower than the NFHS-1 estimate of 4 percent. Overall, sterilization accounts for 51 percent of total contraceptive use. Use rates for the pill (9 percent), IUD (1 percent), and condom (3 percent) remain very low. Traditional methods are an important part of contraceptive method mix in West Bengal. Nineteen percent of women report that they are currently using a traditional method, mostly withdrawal or the rhythm method.

Contraceptive prevalence in West Bengal does not vary widely among socioeconomic groups. Muslim women and scheduled-tribe women are less likely than other women to use contraception. Rural women, illiterate women, and women with a low standard of living are also less likely than other women to use contraception. Women with no living children are much less likely to be currently using contraception than other population groups. Urban women, women who have at least completed middle school, women belonging to other backward classes and 'other' castes/tribes, and women from households with a high standard of living are all more likely than other women to use the three modern spacing methods—pills, IUDs, and condoms. Although Muslim women have a lower contraceptive prevalence than other women, they are more likely to use the three modern spacing methods.

Given the emphasis on sterilization, women tend to adopt family planning only after they have achieved their desired family size. As a result, contraceptive use can be expected to rise

steadily with age and with number of living children. In West Bengal, contraceptive use generally increases with age, peaking at 81 percent for women age 35–39, then declines thereafter. Use also goes up with the number of children, peaking at 78 percent for women with three living children. Son preference appears to have a considerable effect on contraceptive use. Women who have one or more sons are much more likely to use contraception than women who have the same number of children but have only daughters.

Six percent of currently married women are not using contraception but say that they want to wait at least two years before having another child. Another 6 percent are not using contraception although they do not want any more children. These women are described as having an 'unmet need' for family planning. The unmet need is highest for young women, who 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, radio and television have the broadest reach across all categories of women. Overall, 42 percent of ever-married women listen to the radio at least once a week and 41 percent watch television at least once a week. Nevertheless, more than one-third (39 percent) of women are not regularly exposed to television, radio, or other types of mass media. Fifty-seven percent of women saw or heard a family planning message in the media during the few months preceding the survey. Radio and television are the primary sources of these messages. Exposure to family planning messages is relatively low among disadvantaged socioeconomic groups, including women from households with a low standard of living (38 percent), scheduled-tribe women (33 percent), and illiterate women (40 percent).

The majority (70 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 sector plays a larger role in urban areas (where it is the source of modern methods for 23 percent of users) than in rural areas (where it is the source of modern methods for 11 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 West Bengal, only 9 percent of users of modern contraceptives who were motivated by someone to use their method were told about any other method. 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. The likelihood of receiving information on other methods is greater if the worker came from the public sector (25 percent) than the private sector (15 percent). Thirty-one percent of modern contraceptive users 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 ending their childbearing at a fairly young age. Contraceptive prevalence is relatively high. However, improved coverage and quality of family planning services can further enable women to achieve their desired family size and/or space their births effectively.

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 49 deaths at age 0–11 months per 1,000 live births, a substantial decrease from the corresponding rate of 75 per 1,000 live births in NFHS-1. The child mortality rate, at 20 deaths at age 1–4 years per 1,000 children reaching age one, has decreased from 26 per 1,000 in NFHS-1. NFHS-2 indicates that 1 in 21 children die in the first year of life, and 1 in 15 die before reaching age five. Child-survival programmes might usefully focus on specific groups of children with particularly high infant and child mortality rates, such as children who live in rural areas, children whose mothers are illiterate, children belonging to scheduled castes or scheduled tribes, and children from households with a low standard of living.

Along with various socioeconomic groups, efforts to promote child survival need to concentrate on mothers under age 20 and above age 30, first-order births and those of order three or higher, and mothers whose children are closely spaced. Infant mortality is 39 percent higher among children born to mothers under age 20 than among children born to mothers age 20–29 (61 deaths, compared with 44, per 1,000 live births). Infant mortality is more than three times as high among children born less than 24 months after a previous birth as among children born after a gap of 48 months or more (78 deaths, compared with 24, 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 West Bengal, mothers of 90 percent of children born in the three years preceding NFHS-2 received at least one antenatal check-up (much higher than the level of 65 percent for India as a whole), and mothers of 57 percent received at least three antenatal check-ups. More than four-fifths (82 percent) of mothers received the recommended number of tetanus toxoid vaccinations, and almost three-fourths (72 percent) received iron and folic acid supplementation during their pregnancies. Women in disadvantaged socioeconomic groups are much less likely to be covered by each of the three recommended types of antenatal care than other women. Coverage is also relatively low for older women and for women who have many 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, only 40 percent of births in West Bengal were delivered in a medical facility. Forty-six percent of births were delivered in the woman's own home and 13 percent in her parents' home. Trained health professionals assisted with the delivery of 44 percent of births. Thirty percent of deliveries were assisted by a *dai* (traditional birth attendant), and 26 percent were attended only by friends, relatives, or other persons who were not health professionals. Only 7 percent of births delivered at home were attended by a health professional. Less than one-third (32 percent) of births outside a medical facility were followed by a postpartum check-up within two months of delivery.

Overall, these results show that maternity-related services are reaching more women during pregnancy than during delivery or after childbirth in West Bengal.

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 West Bengal, very few children begin breastfeeding immediately after birth—only 25 percent are breastfed within the first hour. However, the majority of children begin breastfeeding within the first day of birth. For more than three-quarters of births, mothers squeeze the first milk (colostrum) from the breast before breastfeeding begins. Only 49 percent of children under four months of age are exclusively breastfed, as recommended at that age by national policy. The median duration of breastfeeding is greater than three years, but the median duration of exclusive breastfeeding is only 1.1 months. At age 6–9 months, children should be receiving solid or mushy food in addition to breast milk. However, less than half (46 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, 49 percent of children under age three years are underweight, 42 percent are stunted, and 14 percent are wasted. Underweight prevalence has declined slightly since NFHS-1, when 55 percent of young children were underweight. 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 or stunted, but they are less likely to be wasted. Seventy-eight percent of children age 6–35 months are 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 focusing on six serious but preventable diseases—tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. The objective of the Universal Immunization Programme (UIP), launched in 1985–86, was to extend immunization coverage against these diseases to at least 85 percent of infants by 1990. In West Bengal, only 44 percent of children age 12–23 months are fully vaccinated, another 43 percent have received some but not all of the recommended vaccinations, and 14 percent have not been vaccinated at all.

Immunization coverage, although far from complete, has improved slightly since NFHS-1, when 22 percent of children received no vaccinations at all. There has also been an increase in the proportion of children fully vaccinated, from 34 percent in NFHS-1 to 44 percent in NFHS-2. With the exception of BCG vaccination coverage, the largest increases in vaccination coverage between NFHS-1 and NFHS-2 are for measles and the first two doses of polio vaccine. Improvements in polio vaccination coverage are undoubtedly due to the introduction of the Pulse Polio Immunization Campaign in 1995. According to NFHS-2, 78

percent of children age 12–23 months receive the first dose of DPT vaccination, but only 58 percent receive all three doses. Similarly, 84 percent of children age 12–23 months receive the first polio vaccination, but only 62 percent receive all three doses. Thus, dropout rates for the series of DPT and polio vaccinations continue to be a problem in West Bengal. More than three-fourths (77 percent) of children age 12–23 months have been vaccinated against tuberculosis, and 52 percent have been vaccinated against measles. It is also recommended that children under age five years receive oral doses of vitamin A every six months starting at age nine months. However, only 43 percent of children age 12–35 months received any vitamin A supplementation and only 24 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 West Bengal, 30 percent of children under age three were ill with fever during the two weeks preceding the survey, 25 percent were ill with ARI, and 8 percent had diarrhoea. Five out of 10 children who became ill with ARI or diarrhoea were taken to a health facility or health-care provider. Knowledge of the appropriate treatment of diarrhoea remains less than optimal, however. Although 76 percent of mothers of children age less than 3 years know about oral rehydration salt (ORS) packets, 58 percent incorrectly believe that when children are sick with diarrhoea, they should be given less to drink than usual. In addition, only 34 percent of mothers know two or more signs for medical treatment of diarrhoea. Fifty-four percent of children with diarrhoea were taken to a health facility or health provider, and 73 percent of children with diarrhoea received some form of oral rehydration therapy (ORT), including 41 percent who received ORS. ORS use has not improved since NFHS-1, when it was 47 percent.

Based on a weight-for-height index (the body mass index), 44 percent of women in West Bengal are undernourished. Nutritional deficiency is particularly serious for women in rural areas and women in disadvantaged socioeconomic groups. Women who are undernourished themselves are also much more likely than other women to have children who are undernourished. Overall, 63 percent of women in West Bengal 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 55 to 74 percent. Pregnant women are more likely than nonpregnant women to be moderately anaemic.

Sixty-two 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 problem in West Bengal. Rural households and households with a low standard of living are much less likely than other households to be using adequately iodized cooking salt**.**

Forty-five percent of currently married women in West Bengal 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, almost three-fourths (73 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 West Bengal there is some acceptance among ever-married women that

the beating of wives by husbands is justified under some circumstances. Almost one-fourth (23 percent) of women accept at least one of six reasons as a justification for a husband beating his wife. Eighteen percent of ever-married women in West Bengal have experienced beatings or physical mistreatment since age 15, with one-half of physically mistreated women experiencing 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 among unmarried women, illiterate women, women from households with a low standard of living, and women in nuclear households. Surprisingly, working women are also more likely to have experienced domestic violence than nonworking women.

Overall, only 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 home visits 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, 3 percent suffers from asthma, 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. For each of the four conditions, the prevalence is higher in rural areas than in urban areas and among males than females.

A large majority (60 percent) of household respondents in West Bengal said that household members usually go to private hospitals or clinics for treatment when then get sick. Almost one-quarter (24 percent) normally use the public medical sector. Use of private-sector services is much higher in urban areas than in rural areas. It is also higher among households with a high standard of living than among other households. Households with a low standard of living are more likely to use services in the public medical sector than households with a higher standard of living. Most respondents are generally satisfied with the health care they receive. Ratings on quality of services are lower for public-sector facilities than for private-sector facilities, as well as for facilities in rural areas than for those in urban areas.

NFHS-2 also collected information on selected lifestyle indicators for household members. According to household respondents, 40 percent of men and 3 percent of women smoke, 11 percent of men and 2 percent of women drink alcohol, and 23 percent of men and 16 percent of adult women chew *paan masala* or tobacco.

Although the spread of HIV/AIDS is a major concern in India, only 24 percent of women in West Bengal have heard of AIDS. Awareness of AIDS is particularly low among illiterate women (5 percent), scheduled-tribe women (5 percent), women with a low standard of living (5 percent), and women who are not regularly exposed to media (3 percent). Among women who have heard of AIDS, 85 percent learned about the disease from television, 31 percent from radio, and 26 percent from newspapers and magazines, suggesting that the government's efforts to promote AIDS awareness through the electronic mass media and print media have achieved some success. However, given the low level of mass media exposure in West Bengal, the 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, 51 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 West Bengal, only 2 percent of women who know about AIDS learned about the disease from a health worker.