

- The percentage with misconceptions about the transmission of TB ranges from 43-68 percent of women and 35-66 percent of men in all subgroups of background characteristics.

## 11.2 HEALTH PROBLEMS

All interviewed women and men were asked whether they have diabetes, asthma, goitre or any other thyroid disorder, any heart disease, or cancer. **Table 11.5.1** and **Table 11.5.2** show the number of women and men age 15-49 per 100,000 who have any of these diseases by background characteristics.

The prevalence of diabetes, as reported by respondents, is 2 percent among both men and women age 15-49 years. The prevalence of asthma is 2 percent among women and 1 percent among men age 15-49 years. Similarly, goitre or any other thyroid disorder is more prevalent among women (3%) than men (0.5%). One percent of both women and men age 15-49 have any heart disease and less than 1 percent have cancer.

**Trends:** The prevalence of diabetes has remained unchanged among both women and men since 2015-16 (2% in 2015-16 and 2019-21). The prevalence of goitre or any other thyroid disorder among women increased slightly from 2 percent in 2015-16 to 3 percent in 2019-21, whereas the prevalence of asthma among both sexes and goitre or any other thyroid disorder among men remained almost unchanged.

### Patterns by background characteristics

- Although the above-mentioned diseases affect all age groups and are present across all groups of background characteristics, their prevalence increases with age.
- The prevalence of diabetes among women and men in the highest wealth quintile (3%) is higher than the prevalence among women and men in the lowest wealth quintile (1%). The prevalence of diabetes is also higher in urban areas than rural areas.
- The prevalence of diabetes is highest in the southern states, whereas that of goitre or any other thyroid disorder among women is relatively high in most of the northern and southern states.

## 11.3 USE OF TOBACCO

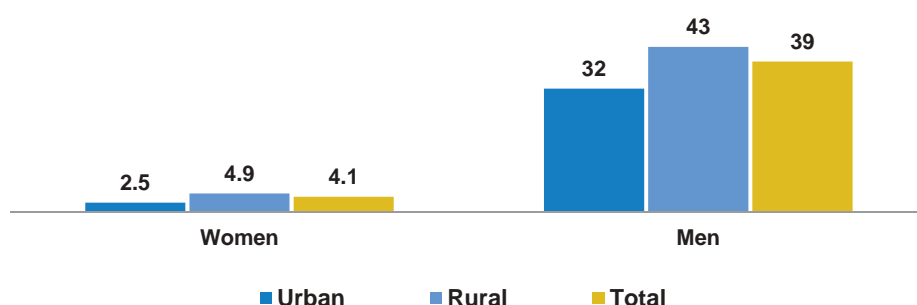
Tobacco use is associated with a wide range of diseases, including several types of cancers and heart and lung diseases, diabetes, eye disease, and rheumatoid arthritis. Studies have shown that in addition to sharing the same health risks as men, women who use tobacco experience difficulty in becoming pregnant and are at an increased risk of infertility, pregnancy complications, premature births, low birth-weight infants, stillbirths, miscarriages, and infant deaths

### 11.3.1 Consumption of Tobacco

Thirty-nine percent of men and 4 percent of women age 15-49 use some form of tobacco. The most common form of tobacco consumption among men is chewing *paan masala* or *gutkha* (15%), followed closely by smoking cigarettes (13%), using *khaini* (12%), and smoking *bidis* (7%). Among men who smoke cigarettes or *bidis*, 46 percent smoke 5 or more cigarettes or *bidis* each day on average. Among women, the most common form of tobacco used is chewing *paan masala* or *gutkha*, chewing *paan* with tobacco, and using *khaini* (1%) (**Table 11.7**).

### Figure 11.1 Tobacco Use by Sex and Residence

Percentage of women and men age 15-49



**Trends:** Use of any kind of tobacco decreased from 45 percent and 7 percent among men and women in 2015-16 to 39 percent and 4 percent among men and women, respectively, in 2019-21.

#### Patterns by background characteristics

- Among men as well as women, the use of any form of tobacco is higher in rural areas than in urban areas (**Figure 11.1**). Among men, in urban areas cigarettes are more popular than any other form of tobacco (**Table 11.8**).
- More than six in 10 men and about one-tenth of women with no schooling or less than 5 years of schooling use some form of tobacco. Tobacco use shows a substantial decrease with increasing levels of education among both men and women. However, almost one-fourth (24%) of men with 12 or more years of schooling use tobacco.
- There is an equally clear and continual decrease in tobacco use with increasing wealth quintiles. More than two in 10 (22%) men in the highest wealth quintile use tobacco, in comparison with 59 percent of men in the lowest wealth quintile. Nine percent of women in the lowest wealth quintile use tobacco.
- Women (11%) and men (52%) from scheduled tribes are more likely to use tobacco than those from any other caste/tribe group.

#### 11.3.2 Quitting Tobacco

The 2019-21 NFHS collected data on attempts to quit smoking or stop tobacco use in the 12 months preceding the survey by women and men age 15-49 who were using any kind of tobacco. Tobacco users who visited a doctor or other health care provider in the past 12 months were also asked whether they had received any advice to quit smoking or using tobacco in any form during the visits. All women and men age 15-49 were asked whether they were present when someone smoked in their home or elsewhere in the 30 days preceding the survey.

About 3 in 10 men and women who are tobacco users said they tried to stop smoking or using tobacco in any form in the 12 months preceding the survey. More than two-fifths (61%) of female and more than half (54%) of male tobacco users who visited a doctor or other health care provider in the 12 months preceding the survey were advised to stop smoking or using tobacco in any form. Nearly half (48%) of women and more than three-fifths (62%) of men were present when someone other than the respondent was smoking in their home or elsewhere in the 30 days preceding the survey (**Table 11.9**).

## 11.4 ALCOHOL USE, HEALTH INSURANCE, AND SOURCES OF HEALTH CARE

Information on alcohol use, health insurance coverage, and sources of health care among women and men are presented in this section. The reasons for not utilizing a government health facility, recent contacts with health personnel, matters discussed during contacts with health personnel, and problems in accessing health care are also discussed.

### 11.4.1 Use of Alcohol

Only 1 percent of women drink alcohol, compared with 22 percent of men. Among women who drink alcohol, 17 percent drink alcohol almost every day and 37 percent drink alcohol about once a week (**Table 11.11.1**). Among men who drink alcohol, 15 percent drink alcohol almost every day, 43 percent drink alcohol about once a week, and 42 percent drink less than once a week (**Table 11.11.2**). The percentage of women age 15-49 who drink alcohol is by far the highest among women in Arunachal Pradesh (18%) and Sikkim (15%). Alcohol use among men is highest in Goa (59%), Arunachal Pradesh (57%), and Telangana (50%) and is the lowest in Lakshadweep (1%) (**Table 11.12**).

**Trends:** The proportion of men who drink alcohol decreased, from 29 percent to 22 percent, between NFHS-4 in 2015-16 and NFHS-5 in 2019-21. During that period, the proportion of women who drink remained unchanged.

#### Patterns by background characteristics

- Drinking alcohol is more common among women from scheduled tribes (4%) than from any other caste/tribe group. Drinking is most common among Christian men (36%) and men belonging to “other” religions (49%), men with less than 5 years of schooling (33%), men from scheduled tribes (34%), and men age 35-49 (30%).

## 11.5 HEALTH INSURANCE COVERAGE

Health insurance coverage in India is far from satisfactory. Over two-fifths (41%) of households have at least one usual member covered under health insurance or financing scheme (**Table 11.13**). Only 30 percent of women age 15-49 and 33 percent of men age 15-49 are covered by health insurance or financing scheme. Almost half (46%) of those with insurance are covered by a state health insurance scheme and about one-sixth (16%) are covered by *Rashtriya Swasthya Bima Yojana* (RSBY). Three to six percent of women and 4-7 percent of men are covered by the Employee State Insurance Scheme (ESIS) or the Central Government Health Scheme (CGHS). The highest proportion of households covered under health insurance or financing scheme is found in Rajasthan (88%) and Andhra Pradesh (80%), and the lowest coverage (less than 15%) is in the Andaman & Nicobar Islands and Jammu & Kashmir (**Figure 11.2**).

**Trends:** The percentage of households in which at least one usual member is covered by health insurance or financing scheme increased from 29 percent to 41 percent between NFHS-4 and NFHS-5.

#### Patterns by background characteristics

- The percentage of households in which at least one usual member is covered by health insurance or financing scheme is highest in households with a Christian head of household (55%). The insurance coverage is slightly higher in rural areas (42%) than in urban areas (38%). Coverage is low among households whose head is a Sikh and households in the lowest wealth quintile.