

Executive Summary on Report- Health in India, NSS 75th round

1. Introduction

The first full-scale NSS health survey was conducted in the 28th round of NSS (1973-74). Since the 1990s there have been four health surveys of NSO (erstwhile NSSO): those of the 52nd round (July, 1995 – June, 1996), the 60th round (January, 2004-June, 2004), the 71st round (January, 2014–June, 2014), and the 75th round (July, 2017-June, 2018), on which the present report is based. While all were all-India surveys capable of providing State/UT and national level estimates, the 60th and 71st round surveys were 6-month surveys with a smaller sample size in terms of number of households interviewed as well as villages and urban locations selected for survey.

The NSS 75th round survey conducted during July, 2017 to June, 2018 covered the whole of the Indian Union. It collected data from 1,13,823 households spread over every district of the country. The rural households belonged to 8,077 randomly selected villages and the urban households to 6,181 randomly selected urban blocks.

2. Objective of the survey

The main objective of this survey was to gather basic quantitative information on the health sector: morbidity, profile of ailments including their treatment, role of government and private facilities in providing healthcare, expenditure on medicines, expenditure on medical consultation and investigation, hospitalisation and expenditure thereon, maternity and childbirth, the condition of the aged, etc.

For all important parameters, separate estimates were provided for population in each gender, State/UT and sector (rural/urban) combination, and for many parameters, by age-group as well.

3. Indicators

The indicators presented in the report are of the following kinds:

- ✚ Morbidity, nature of ailments, treatment seeking behaviour
 - Ailments prevailing during a period of last 15 days
 - Hospitalisation during a period of last 365 days

- ✚ Maternity and childbirth
 - details of pre-natal and post-natal care
 - place of birth

- ✚ Average medical expenditure
 - per spell of ailment experienced
 - per case of hospitalisation excluding childbirth cases
 - per case of hospitalisation for childbirth cases

- ✚ Population aged 60 and above: living arrangement and mobility
- ✚ Immunisation of children of age 0-5 years

4. Limitations of the survey

- ✚ The Concepts and Definitions used in the survey were explained to the respondent by the interviewer and information was collected on the basis of the responses received from the informant, not on the basis of any record.
- ✚ Information on ailments was collected on the basis of the perception of the respondents. Consequently, the rates and ratios presented in this report are based on the responses received during the course of the survey and not on the basis of any record.
- ✚ In case of a small set of important diseases, a medical diagnosis was made a necessary condition for classifying a reported condition as a case of the disease – diphtheria, whooping cough, TB, HIV/AIDS, cancers, diabetes, glaucoma and hypertension. In other cases, the diseases were identified by the respondents themselves, sometimes with the help of the interviewer to whom they reported their symptoms. Thus, possibilities of over-reporting, under-reporting and misclassifying ailments were all present. The perception of a physical or mental condition as an ailment and the propensity to consider it important enough to report would vary across individuals and cultures. The results of the survey are influenced by these factors.
- ✚ Information on expenditure components in the survey were recorded on the basis of the responses received and not from any record.

5. Design based population estimates

- ✚ Like most NSS surveys, this survey used a moving reference period, meaning that different surveyed households reported information for different time points or periods depending on the date of survey. Population estimates, required for deriving rates were based on the data collected on household size. For simplicity, the population estimates used for deriving the ailing person were based on the household size as reported (on the date of survey) without adjusting for former members who were reported to have died during the reference period of 15 days preceding the date of survey.
- ✚ On the other hand, the population estimates used for deriving the proportion of persons treated as in-patient in hospital during a 365-day period were adjusted to include the members who had died during the 365-day reference period.
- ✚ It may be noted that this survey was not specifically designed to estimate number of households and persons, but these figures can be used to combine rates and ratios pertaining to different indicators. These are design based estimates used for specific purpose only.

6. Estimates by quintile class of household consumer expenditure

- ✚ In order to study the variation in morbidity, health expenditure, choice of healthcare facility etc. across population at different levels of living, a measure of level of living was derived for each surveyed household based on information collected on its usual monthly consumer expenditure.
- ✚ The information on households' usual monthly consumer expenditure (UMCE) was collected through a single question and hence the same is not comparable with the monthly per

capita consumer expenditure (MPCE) estimates compiled on the basis of the information collected either in a full-fledged survey on household consumer expenditure or in other NSS surveys where five questions was used. This allowed estimates to be generated separately for 5 different equal-sized classes of population at different quintile class of household expenditure. These classes were formed separately for rural and urban sectors of India as a whole.

7. Key findings of the survey

Some of the key findings at all-India level obtained from this survey are stated below:

I. Morbidity and Hospitalisation

- ✚ Proportion of persons that responded as ailing (PPRA) in a 15-day period:
 - About 7% of rural population (6% for rural males and 8% for rural females) and 9% of urban population (8% for urban males and 10% for urban females) reported as ailing during a 15 day reference period.

- ✚ Proportion of persons that responded as ailing in a 15-day period for specific age-groups:
 - Proportion of persons (%) that responded as ailing (PPRA) was highest for the age group of 60 & above followed by that among in the age-group 45-59.
 - About 28% in the age-group 60+ (28% both among males and females) and 11% in the age-group 45-59 (9% among males and 14% among females) were reported as ailing during a 15 day reference period.

- ✚ Estimated number of cases of Anaemia and Tuberculosis:
 - Decline in estimated number of cases of Anaemia has been observed in NSS 75th round (5,96,200 cases) from the level of NSS 71st round (8,80,700 cases).
 - Proportion of persons suffering from Tuberculosis has become half in NSS 75th round (38 per 1,00,000 persons) from the level of NSS 71st round (76 per 1,00,000 persons).

- ✚ Percentage of persons treated as in-patient any time during a 365-day period:
 - About 2.6% in rural population (2.6 % rural males and 2.7 % rural females), 3.4 % in urban population (3.4 % urban males and 3.5 % urban females) and 2.9 % at all-India level (2.8 % rural males and 2.9 % urban females) were treated as in-patient at any time during last 365 days.
 - Among persons aged 60 & above, 7.7 % in rural India (8.6 % rural males and 6.8 % rural females), 10.2 % in urban India (11.6 % urban males and 8.8% urban females) and 8.5 % at all- India level (9.6 % males and 7.5 % females) were treated as in-patient at any time during last 365 days.

- ✚ In-patient hospitalization (excluding childbirth) by type of hospital for availing treatment:
 - About 31% of the hospitalised cases had infectious diseases followed by injuries (around 11%), cardio-vascular (around 10%) and gastro-intestinal (around 9%).

- About 42% (46% in rural areas, 35% in urban areas) of population availed treatment in Public hospitals, 55% (52% in rural areas, 61% in urban areas) of population availed treatment in Private hospitals (excl. charitable, NGO-run) and 2.7% (2.4% in rural areas, 3.3% in urban areas) of population availed treatment in Charitable/trust/NGO-run hospitals.
 - Percentage of hospitalised cases availed treatment from Public hospital has increased in NSS 75th round (46%: rural and 35%: urban) as compared to NSS 71st round (42%: rural and 32%: urban).
- ✚ Healthcare service provider for treatment of ailments:
- In case of ailments, about 33% ailments in rural areas and 26% ailments in urban areas were treated in Government hospitals while, in Private hospitals, 21% ailments in rural areas and 27% ailments in urban areas were treated. 41% ailments in rural areas and 44% ailments in urban areas were treated by Private doctors/clinics and remaining 5.2% ailments in rural areas and 2.2% ailments in urban areas were treated in Informal health care provider and Charitable/trust/NGO-run hospitals.
 - Percentage of treated spells of ailment from Govt./Public institutions has increased in NSS 75th round (33 % in rural and 26 % in urban) from NSS 71st round (28 % in rural and 21 % in urban) and also from other past surveys on Health conducted during NSS 60th and 52nd rounds.
- ✚ Higher preference towards allopathy treatment was prevalent (around 95%) in both the sectors.
- ✚ Population with health expenditure coverage:
- About 14% of the rural population and 19% of the urban population had health expenditure coverage.
 - Among them, about 13% of rural and 9% of urban population were covered by Government sponsored health insurance (“PradhanMantri Jan AarogyaYojana” or “AYUSHMAN BHARAT” Scheme launched on 23rd September, 2018 was not covered under this survey to estimate the population under health expenditure coverage).
- ✚ Receipt of free medical services:
- In rural India, percentage of cases of treatments receiving free ‘medicines’, ‘X-ray/ECG’, and ‘other diagnostic test’ have gone up from 12.0%, to 13.8%, 10.9% to 12.6% and 15.6% to 18.1% respectively in NSS 75thround compared to NSS 71stround for in-patient treatments.
 - In urban India, percentage of cases of treatments receiving free ‘medicines’, ‘X-ray’ and ‘other diagnostic test’ have gone up from 12.3% to 14.4%, 12.6% to 12.9% and 15.6% to 17.2% respectively in NSS 75thround compared to NSS 71stround for in-patient treatments.
- ✚ Average medical expenditure per hospitalisation case (excluding childbirth):
- On an average, about Rs. 16,676 in rural India and Rs. 26,475 in urban India were spent on medical expenditure for hospitalisation.
 - In Government/Public hospitals, on an average, about Rs. 4,290 in rural and Rs. 4,837 in urban areas and in Private hospitals about Rs. 27,347 in rural and Rs. 38,822 in urban areas

were spent. At all-India level, Rs. 4,452 and Rs. 31,845 were spent in Government/Public hospitals and Private hospitals respectively.

- Average medical expenditure for hospitalisation has decreased in NSS 75th round in both rural and urban areas and also at all-India level as compared to NSS 71st round (Rs. 5636: rural, Rs. 7670: urban and Rs. 6120: all-India).
- ✚ Average out-of-pocket medical expenditure (OOPME) per hospitalisation case (excluding childbirth):
 - On an average, about Rs. 15,937 in rural India and Rs. 22,031 in urban India were spent as out-of-pocket medical expenditure for hospitalisation.
 - In Government/Public hospitals, on an average, about Rs. 4,072 in rural and Rs. 4,408 in urban areas and in Private hospitals about Rs. 26,157 in rural and Rs. 32,047 in urban areas were spent.
- ✚ Population by major source of finance for expenditure:
 - Rural households primarily depended on their 'household income/savings' (80%) and on 'borrowings' (13%) for financing expenditure on hospitalisation. Dependence of the urban households on their 'income/savings' was slightly more (84%) for financing expenditure on hospitalisation, than on 'borrowings' (about 9%).

II. Childbirth and Maternity Care Services

- ✚ Among women in the age-group 15-49 years, about 7.4% in the rural areas and 5.3% in the urban areas were reported as pregnant during the 365 days preceding the date of survey.
- ✚ Place of childbirth:
 - In rural areas, about 90% childbirths were institutional (in Government/private hospitals) and in urban areas it was about 96%.
 - Among institutional childbirths, in rural areas, about 69% cases were in Government hospitals and about 21% in private hospitals and, in urban areas, about 48% cases were in each of Government hospitals and private hospitals.
 - Among non-institutional childbirths, about 10% cases were in rural areas and in urban areas it was about 4%.
- ✚ Pre-natal and post-natal care:
 - Among women in the age-group 15-49 years, about 97% (97% in rural areas and 98% in urban areas) of women took pre-natal care and about 88% (87% in rural areas and 90% in urban areas) of women took post-natal care.
 - On an average, about Rs. 2,786 (Rs. 2,271 in rural areas and Rs. 4,405 in urban areas) was spent on pre-natal care and about Rs. 1,306 (Rs. 1,137 in rural areas and Rs. 1,832 in urban areas) was spent on post-natal care.

- ✚ Hospital childbirth (including normal, caesarean and other type of delivery) and surgery:
 - For hospitalised childbirth, about 81% in rural and 64% in urban areas, pregnant women had normal delivery and 18% in rural and 35% in urban areas, pregnant women had caesarean delivery.
 - Surgery was done in about 28% of hospital childbirths in India (in rural India: about 24%; in urban India: about 41%).
 - In Government hospitals only about 17% of childbirths were surgery cases (in rural India: about 14%; in urban India: about 26%) and, in Private hospitals about 55% of childbirths were surgery cases (in rural India: about 54%; in urban India: about 56%).
- ✚ Average expenditure per hospital childbirth:
 - About Rs. 2,404 in rural India and Rs. 3,106 in urban India were spent on an average for childbirth at Government hospitals and about Rs. 20,788 in rural and Rs. 29,105 in urban were spent for childbirth at private hospitals.
- ✚ Average out-of-pocket medical expenditure (OOPME) per hospital childbirth:
 - On an average, about Rs. 5,357 in rural India and Rs. 13,292 in urban India were spent as out-of-pocket medical expenditure for hospital childbirth.
 - In Government/Public hospitals, on an average, about Rs. 1,410 (about Rs. 1,305 in rural and Rs. 1,874 in urban areas) and in Private hospitals about Rs. 21,231 (about Rs. 18,501 in rural and Rs. 25,096 in urban areas) were spent.

III. Status of the Aged Persons (60 & above)

- ✚ Economic Independence of aged persons:
 - In rural India, about 28% (48% male and 10% female) aged persons and in urban India 33% (57% male and 11% female) aged persons were economically independent.
- ✚ Financial support for Economically Dependent aged persons:
 - In rural India, about 79% (92% males and 72% females) and in urban India, about 76% (91% male and 70% female) economically dependent aged persons were financially supported by their own children.
 - In rural India, about 15% (4% males and 21% females) and in urban India, about 18% (4% males and 24% females) economically dependent aged persons were financially supported by their spouse.
- ✚ Living arrangement of aged persons:
 - In rural India, about 81% males and 48% females were living with their spouses and in urban India, about 83% males and 46% females were living with their spouses.
- ✚ Physical mobility of aged persons:
 - In rural India, about 92% (93% males and 91% females) and in urban India, about 92% (94% male and 91% female) aged persons were physically mobile.

IV. Immunisation of Children (0-5 years)

With a view to have an overall idea on the immunisation scenario, information on immunisation and some related indicators have been collected on the basis of the responses received from the informants and not on the basis of any medical record like mother child protection card (MCPC).

Immunisation among children aged 0-5 years:

- Among rural India, about 97% of both boys and girls and in urban India, about 98% of boys and 97% of girls had received any vaccination.
- About 58% (57% boys and 60% girls) children in rural India and about 62% (62% boys and 61% girls) children in urban India had been fully immunised. About 59% of boys and 60% of girls at all-India level had been fully immunised (i.e., received all 8 prescribed vaccinations – BCG, OPV- 1, 2,3, DPT – 1,2,3 and measles).

Source of Immunisation among children aged 0-5 years:

- About 95% of children in rural India and 86% of children in urban India had received any vaccination from Government/ Public hospital (including HSC/PHC/CHC/Aganwari centre/mobile medical unit).
- About 5% of children in rural India and 14% of children in urban India had received any vaccination from other sources (including Private hospital/Private doctors/clinics/Charitable/NGO run hospital).