

Government of India Ministry of Health and Family Welfare

DISTRICT LEVEL HOUSEHOLD AND FACILITY SURVEY -4

STATE FACT SHEET TELANGANA

(2012-13)



International institute for population sciences (Deemed University) Mumbai

Introduction

Three rounds of District Level Household and Facility Survey (DLHS) have been undertaken by the Ministry of Health and Family Welfare, Government of India in the past (Round- I in 1998-99, Round-II in 2002-04, and Round-III in 2007-08) with the main objective to provide reproductive and child health related database at district level in India. The data from these surveys have been useful in setting the benchmarks and examining the progress the country has made after the implementation of RCH programme. In addition, the evidence generated by these surveys have also been useful for the monitoring and evaluation of ongoing programmes and planning of suitable strategies by the central and state governments. In view of the completion of six years of National Rural Health Mission (2005-12), there was a felt need to focus on the achievements and improvements so far. The Ministry of Health and Family Welfare, Government of India, therefore initiated the process of conducting DLHS-4 during 2012-2013 and has designated the International Institute for Population Sciences (IIPS) as the nodal agency to carry out the survey.

Bilingual questionnaires in the local language and English pertaining to Households and Ever Married Women (age 15-49 years) were canvassed by using Computer Assisted Personal Interviewing (CAPI). In DLHS-4 Clinical, Anthropometric and Bio-Chemical (CAB) tests were also carried out in all selected households. The village and health facilities were canvassed using printed questionnaires. In the household questionnaire, information on all members of the household and socio-economic characteristics of the household, assets possessed, number of marriages and deaths in the household since January 2008, etc. were collected. The ever-married women's questionnaire contained information on women's characteristics, maternal care, immunization and childcare, contraception and fertility preferences, reproductive health including knowledge about HIV/AIDS. The village questionnaire contained information on availability of health, education and other facilities in the village, and whether the facilities are accessible throughout the year. The health facility questionnaire contained information on human resources, infrastructure, and services. For the first time, a population-linked facility survey has been conducted in DLHS-4. All Community Health Centres (CHCs), District Hospitals and Sub Divisional Hospitals were covered. Further, all Sub-Health Centres and Primary Health Centres (PHCs) which serve the population of the selected PSUs were also covered. Fieldwork in Telangana was conducted during June 2013 to February 2014, gathering information from 13,927 households, 12,432 ever married women and also from 587 health facilities.

This fact sheet gives information on the key indicators and trends for the state of Telangana. A separate fact sheet is available for each of the 10 districts.

Indicators		S-4 (2012	
Indicators Sample Size	TOTAL	RURAL	URBAN
•	12 027	6.019	7 000
Households surveyed		6,918	7,009
Ever married women age15-49 years		6,090	6,342
Currently married women age 15-49 years interviewed	11,569	5,662	5,907
Population and household profile			
Percentage of population literate age 7+ years	71.5	63.8	84.3
Percentage of population below age 15 years	23.7	23.9	23.5
Mean household size	4.2	4.2	4.2
Sex ratio at birth (Males per 100 Females)	98	98	98
Percentage of households			
Having electricity	97.7	97.5	98.2
Improved source of drinking water ¹	96.7	95.9	98.0
Having access to improved toilet facility	55.7	38.3	84.6
Use clean fuel for cooking ²	56.1	37.6	86.8
Marriage			
Mean age at marriage for girls (marriages that occurred during the reference period)	19.8	19.0	21.0
Mean age at marriage for boys (marriages that occurred during the reference period)	24.0	23.3	25.3
Percentage of currently married women married below age 18 years (marriages that occurred during the reference period)	10.7	14.3	4.0
Percentage of currently married men married below age 21 years (marriages that occurred during the reference period)	11.8	14.6	7.1
Characteristics of women (%)			
Currently married women who are illiterate	51.1	63.3	33.3
Currently married women with 10 or more years of schooling	30.8	20.0	46.6
Fertility (%)			
Births to women aged 15-19 years out of total births ³	4.3	5.3	2.8
Women aged 20-24 years reporting birth order of 2 & above	37.2	38.0	35.7
Women aged 15-49 years who reported birth order of 3 & above	15.5	16.3	14.3
Women with two children wanting no more children	61.1	63.9	57.0
Mean no. of children ever born to women age 40-49 years	2.4	2.4	2.4
Current use of Family Planning Methods (%)			
Any method	61.8	61.8	61.8
Any modern method	61.5	61.5	61.4
Female sterilization	57.1	56.8	57.4
Male sterilization	3.0	3.4	2.6
Pill	0.3	0.3	0.3
Fill		0.3	
-	0.1	-	0.1
Condom	0.8	0.7	0.9
Any traditional method	0.3	0.2	0.4
Unmet Need for Family Planning (%)	00.4	00.0	00.4
Total unmet need ⁴	23.1	23.0	23.1
Unmet Need for spacing	13.3	12.9	13.8
Unmet Need for limiting	9.8	10.1	9.3
Ever use of Emergency Contraceptive Pills (ECP)	3.4	3.8	2.7
Includes pipe water into dwelling, piped to yard/plot, public tap/standpipe/hand pump/tube well/bore w spring, tanker/truck, cart with small tank/drum and packaged/bottled water. ² LPG/PNG/Electricity/Biog			
from 1-1-2008 to survey date; DLHS-3 reference period is from 1-1-2004 to survey date.	yas, DLHS	-4 referen	ce period
rom 1-1-2008 to survey date; DLHS-3 reference period is from 1-1-2004 to survey date. Imet need for spacing includes fecund women who are neither pregnant nor amenorrhea, who are	not using	any metho	d of fam

Unmet need for spacing includes fecund women who are neither pregnant nor amenorrhea, who are not using any method of family planning, and say they want to wait two or more years for their next birth. It also includes fecund women who are not using any method of family planning, and say they are unsure whether they want another child or who want another child but are unsure when to have the birth.

Unmet need for limiting includes fecund women who are neither pregnant nor amenorrhea, who are not using any method of family planning, and who want no more children. ⁴Total unmet need refers to unmet need for limiting and spacing (These definitions are similar to NFHS-3)

		HS-4 (2012	
	TOTAL	RURAL	URBAN
Quality of Family Planning Services (%)			
Non-users ever advised by health personnel to adopt any family planning method	37.5	38.7	35.9
Current users told about side effects of method	13.9	13.6	14.3
Users who received follow-up services for sterilization and IUD within 48 hours	68.5	71.1	64.9
Post-partum adoption of family planning for sterilization	91.0	91.8	89.9
Antenatal Care (women who had last live/still birth during reference period) (%)			
Pregnant women who received any antenatal check-up	96.5	95.4	98.1
Pregnant women who had antenatal check-up in first trimester	70.3	66.5	75.9
Pregnant women who had three or more ANC visits	79.8	78.1	82.2
Pregnant women who had at least one tetanus toxoid injection	89.9	87.8	92.9
Pregnant women whose Blood Pressure (BP) taken	80.7	78.6	83.7
Pregnant women who had blood tested (Hb)	81.5	79.6	84.3
Pregnant women whose abdomen examined	65.0	62.0	69.4
Pregnant women who consumed 100 or more IFA Tablets/Syrup equivalent	45.9	42.9	50.3
Pregnant women who had full antenatal care ⁵	40.3	36.9	45.2
Delivery Care (women who had live/still birth during reference period) (%)			
Institutional delivery	94.1	92.0	97.3
Delivery at government health institutions	31.7	37.0	23.9
Delivery at private health institutions	62.4	55.0	73.4
Delivery by Caesarean section at government health institutions	10.0	11.3	, 3.4 8.1
Delivery by Caesarean section at government health institutions	42.3	37.8	48.8
Delivery at home.	5.4	7.5	2.3
Delivery at home conducted by skilled health personnel ⁶ (out of total deliveries)	2.3	3.4	0.6
Mothers who received post-natal care within 48 hours of Institutional delivery	74.1	71.6	79.4
Mothers who received post-natal care within two weeks of Institutional delivery	77.0	74.8	80.0
Delivery attended by skilled health personnel	96.4	95.4	97.9
Discharge of mothers from institution after minimum stay of 48 hours	82.9	82.4	83.5
Out of pocket expenditure per delivery in public health facility (Rs. in 000+)	3.6	3.2	4.2
Percentage of women who received JSY benefits			
Home delivery	6.7	5.1	14.3
Institutional delivery	20.5	24.6	14.8
Percentage of Women who had			
Any Pregnancy complication ⁷	37.9	37.8	38.0
Any Delivery complication ⁷	23.8	25.3	21.5
Any Post-delivery complication ⁷	21.7	21.9	21.6
Problem of vaginal discharge during last three months	5.3	5.7	4.8
Menstrual related problems during last three months**	8.4	8.6	8.0
Percentage of pregnancy resulted in			
Live Birth	97.9	98.0	97.9
Still Birth	0.6	0.5	0.9
Induced abortion	0.1	0.2	0.1
Spontaneous abortion	1.3	1.4	1.1
Child Immunization (%) (Children age 12-23 months)			
Number of children	760	342	418
Received full vaccination ⁸	47.5	48.8	45.8
Not received any vaccination	1.9	-0.0 2.1	1.5
Received BCG vaccine	91.8	91.1	92.7
Received 3 doses of DPT vaccine	63.6	65.7 76.2	61.0
Received 3 doses of polio vaccine	76.1	76.2	76.0
		83.0	83.3
Received measles vaccine Children (age 9-35 months) received at least one dose of vitamin A supplement in last 6	83.1	00.0	00.0

.*Full ANC: At least three visits for antenatal check-up, one 11 injection received and 100 IFA tablets or adequate amount of syrup consumed. ⁶Doctor/ANM/Nurse/midwife/LHV/Other health personnel, ⁷ Women who had their last live/still birth since 1-1-2008. ⁸ BCG, 3-injection of DPT, 3 doses of Polio (excluding polio zero) and Measles. ** Excludes pregnant, in amenorrhea, in menopause, had hysterectomy and ever menstruated women

Indicators		IS-4 (2012 RURAL	
Child feeding practices (based on last-born child in the reference period) (%)	TOTAL	KUKAL	UKBAN
Children age 0-5 months exclusively breastfed ⁹	62.8	60.3	66.7
Children age 6-9 months receiving solid/semi-solid food and breast milk	62.8	65.6	58.4
Children age 12-23 months receiving solid/settl-solid lood and bleast mink	52.4	51.8	53.2
Children age 6-35 months exclusively breastfed for at least 6 months	19.2	18.5	20.3
Children under 3 years breastfed within one hour of birth	54.3	54.2	20.3 54.6
Birth Weight (%) (age below 36 months)	04.0	54.2	54.0
Percentage of Children weighed at birth	90.9	89.1	93.5
Percentage of Children weighed at birth weight (out of those who weighed) (below 2.5 kg)	8.6	8.1	9.2
Awareness about Diarrhoea (%)	0.0	0.1	5.2
Women know about what to do when a child gets diarrhoea	72.7	70.5	75.7
Awareness about ARI (%)	12.1	70.5	15.1
Women aware about danger signs of ARI ¹⁰	64.1	61.8	67.4
Treatment of childhood diseases (based on last two surviving children born during the	04.1	01.0	07.4
reference period) (%)			
Prevalence of diarrhoea in last 2 weeks for children under 5 year	4.7	5.1	4.1
Children with diarrhoea in the last 2 weeks and received ORS ¹¹	59.0	55.2	65.6
Children with diarrhoea in the last 2 weeks given Zinc along with ORS	42.3	40.6	45.2
Children with diarrhoea in the last 2 weeks and sought advice/treatment	56.9	49.5	69.4
Prevalence of ARI in last 2 weeks for children under 5 years	3.4	3.8	2.8
Children with acute respiratory infection or fever in last 2 weeks and sought advice/treatment	82.5	77.5	92.5
Awareness of RTI/STI and HIV/AIDS (%)	02.0	11.5	52.5
Women who have heard of RTI/STI	24.7	21.7	29.0
Women who have heard of HIV/AIDS	74.7	70.3	29.0 81.1
Women who have any symptoms of RTI/STI	16.5	16.7	16.4
Women who know the place to go for testing of HIV/AIDS ¹²	63.9	61.7	66.7
Women underwent test for detecting HIV/AIDS ¹²	47.7	46.8	48.8
Utilization of Government Health Services (%)	47.7	40.0	40.0
. /	20.6	47.0	28.7
Antenatal care	39.6	47.2	-
Treatment for pregnancy complications	34.7	42.2	23.4
Treatment for post-delivery complications	33.8	37.4	28.5
Treatment for vaginal discharge	41.2	47.6	30.8
Treatment for children with diarrhoea ¹³	37.9	48.1	25.6
Treatment for children with ARI ¹³	25.5	23.0	29.7
Birth Registration (%)			
Children below age 5 years having birth registration done	73.2	71.1	76.2
Children below age 5 years who received birth certificate (out of those registered)	89.0	87.9	90.8
Personal Habits (age 15 years and above) (%)			
Men who use any kind of smokeless tobacco	17.9	21.0	12.2
Women who use any kind of smokeless tobacco	7.8	10.6	2.2
Men who smoke	26.3	28.4	22.4
Women who smoke	2.6	3.4	1.3
Men who consume alcohol	36.7	38.0	34.4
Women who consume alcohol	4.4	5.5	2.6
⁹ Children Who were given nothing but breast milk till the survey date ¹⁰ Acute Respiratory Infections ¹¹ OI Solutions/Salts. ¹² Based on the women who have heard of HIV/AIDS. ¹³ Last two weeks **includes infant f animal milk, fruit juice, tea/coffee or other liquid.	al Rehydra ood, tinned	ation d powdered	d or fresh

		S-4 (201)	
Indicators Reported Prevalence of Morbidity	TOTAL	RURAL	URBAN
Any Injury	4.4	4.7	3.8
Acute Illness	7.0	4.7 8.0	5.3
Chronic Illness	7.4	7.3	5.5 7.7
Reported Prevalence of Chronic Illness during last one year (%)	7.4	7.5	1.1
Disease of respiratory system	5.8	5.8	5.9
Disease of cardiovascular system		9.0	14.2
Persons suffering from tuberculosis	0.6	0.8	0.2
Nutritional status of children below 5 years	0.0	0.0	0.2
Children below 5 years wasting (weight for height- below 2 SD)	29.5	32.0	27.2
Children below 5 years wasting (weight for height-below 2 SD)		20.9	15.9
Children below 5 years stunting (height for age- below 2 SD)		20.9	27.0
Children below 5 years stunting (height for age- below 2 SD)		12.8	13.8
Children below 5 years underweight (weight for age- below 5 SD)		31.7	27.1
Children below 5 years underweight (weight for age- below 3 SD) Anaemia Status by Haemoglobin Level ¹⁴ (%)	13.1	15.6	10.5
Children (6-59 months) having anaemia			
	11.0	72.3	69.1
Children (6-59 months) having severe anaemia		13.1	13.6
Children (6-9 Years) having anaemia - Male		59.4	61.2
Children (6-9 Years) having severe anaemia - Male		7.0	6.6
Children (6-9 Years) having anaemia - Female	-	61.8	60.6
Children (6-9 Years) having severe anaemia - Female		9.8	5.8
Children (6-14 years) having anaemia - Male		52.9	57.8
Children (6-14 years) having severe anaemia - Male		5.6	5.5
Children (6-14 years) having anaemia - Female		58.1	57.3
Children (6-14 years) having severe anaemia - Female		7.8	5.1
Children (10-19 Years ¹⁵) having anaemia - Male		45.2	49.6
Children (10-19 Years ¹⁵) having severe anaemia - Male		4.2	5.7
Children (10-19 Years ¹⁵) having anaemia - Female		56.2	59.4
Children (10-19 Years ¹⁵) having severe anaemia - Female		6.5	5.9
Adolescents (15-19 years) having anaemia	• • • •	49.5	53.6
Adolescents (15-19 years) having severe anaemia	0.0	5.5	6.8
Pregnant women (15-49 aged) having anaemia	61.9	59.0	68.0
Pregnant women (15-49 aged) having severe anaemia	7.3	6.8	8.4
Women (15-49 aged) having anaemia	57.7	55.7	60.9
Women (15-49 aged) having severe anaemia	6.1	5.6	6.8
Persons (20 years and above) having anaemia	49.6	48.8	51.0
Persons (20 years and above) having Severe anaemia	5.1	4.9	5.6
Blood Sugar Level (age 18 years and above) (%)			
Blood Sugar Level >140 mg/dl (high)	6.3	5.6	7.4
Blood Sugar Level >160 mg/dl (very high)	3.4	2.9	4.4
Hypertension (age 18 years and above) (%)			
Above Normal Range (Systolic >140 mm of Hg & Diastolic >90 mm of Hg)	20.0	19.0	21.7
Moderately High (Systolic >160 mm of Hg & Diastolic >100 mm of Hg)	6.0	5.5	6.9
Very High (Systolic >180 mm of Hg & Diastolic >110 mm of Hg)	2.2	2.0	2.5
¹⁴ Any anaemia below 11g/dl, severe anaemia below 7g/dl. ¹⁵ Excluding age group 19 years			

Indicators	Number/Percentag
Villages covered	DLHS-4
Number of villages	263
Health Facilities covered	
Number of Sub-Health Centres	260
Number of Primary Health Centres (PHC)	197
Number of Community Health Centres (CHC) including Block PHC	
Number of Sub-Divisional Hospitals (SDH)	
Number of District Hospitals (DH)	
Health programmes at village level	
Percentage of villages having ASHA	94.3
Percentage of Villages having Village Health Nutrition and Sanitation Committee (VHNSC)	
Accessibility of health facility (%)	
Villages with Sub-Health Centre within 3 km	86.3
-	
Villages with PHC within 10 km	64.6
Availability of Health Infrastructure, Staff and Services (%)	
Sub-Health Centre	00.4
Sub-Health Centre located in government building	
Sub-Health Centre with ANM	
Sub-Health Centre with male health worker	
Sub-Health Centre with ANM residing in Sub-Health Centre quarter where facility is available	
Sub-Health Centre with additional ANM	73.8
Primary Health Centre (PHC)	
PHCs functioning on 24 X 7 hours basis	55.8
PHCs having Lady Medical Officer *	43.2
PHCs with at least 4 beds	94.2
PHCs with AYUSH doctor*	40.5
PHCs having residential quarter for Medical Officer	21.8
PHCs having new born care services on 24 X 7 hours basis	90.2
PHCs having referral services for pregnancies/delivery on 24 X 7 hours basis	
PHCs conducted at least 10 deliveries during last one month on 24 X 7 hours basis	
Community Health Centre (CHC)	
CHCs having 24 X 7 hours normal delivery services	97.6
CHCs having Obstetrician/Gynaecologist	
CHCs having Anesthetist	-
CHCs having functional Operation Theatre	
CHCs designated as FRUs	
0	
CHCs designated as FRUs offering caesarean section	
CHCs having new born care services on 24 X 7 hours basis	70.1
Sub Divisional Hospital (SDH)	
SDHs having Paediatrician	
SDHs having regular radiographer	9.1
SDHs having 2D Echo facility	0.0
SDHs having Ultrasound facility	72.7
SDHs having three phase connection	100.0
SDHs having critical care area	75.7
SDHs having suggestion and complaint box	69.7
District Hospital (DH)	
DHs having Paediatrician	77.8
DHs having regular radiographer	55.5
DHs having 2D Echo facility	
DHs having Ultrasound facility	
DHs having orrasound racing	
DHs having critical care area	
DHs having suggestion and complaint box	
	00.0

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES

- **Vision:** "To position IIPS as a premier teaching and research institution in population sciences responsive to emerging national and global needs based on values of inclusion, sensitivity and rights protection."
- **Mission:** "The Institute will strive to be a centre of excellence on population, health and development issues through high quality education, teaching and research. This will be achieved by (a) creating competent professionals, (b) generating and disseminating scientific knowledge and evidence, (c) collaboration and exchange of knowledge, and (d) advocacy and awareness."

For additional information, please contact:

Director/Project Coordinator (DLHS-4) International Institute for Population Sciences Govandi Station Road, Deonar Mumbai - 400 088 (India) Telephone: 022-4237 2465, 42372411 Fax: 022-25563257, 25555895 Email: rchpro@iips.net, director@iips.net Website: http://www.rchiips.org http://www.iipsindia.org

Additional Director General (Stat.) Ministry of Health and Family Welfare Government of India Nirman Bhavan New Chandigarh 110 011 Telephone: 011 - 23061334 Fax: 011 - 23061334 Email: adg-mohfw@nic.in

Chief Director (Stat.)

Ministry of Health and Family Welfare

Government of India Nirman Bhavan New Chandigarh 110 011 Telephone: 011 - 23062699 Fax: 011 - 23062699 Email: cdstat@nic.in Website: http: //www.mohfw.nic.in