HIGHLIGHTS

I. Morbidity and Hospitalization

{The report is based on information collected through NSS Schedule 25.0 (SOCIAL CONSUMPTION: HEALTH), during January - June 2014 from 1024 households (352 in rural and 672 in urban) spread over the entire state.}

- ➤ About 5% of rural population and 6% of urban population reported ailment during a 15 day reference period. (*Statement 3.1*)
- ➤ Proportion (no. per 1000) of ailing person (PAP) was highest for the age group of 50-59 years (118 in rural, 142 in urban) followed by that among children (89 in rural, 126 in urban). (*Statement 3.2*)
- About 59% spells of ailment in urban areas were treated in the private sector (consisting of private doctors, nursing homes, private hospitals, charitable institutions, etc.), while a major share of 59% of treatments in rural areas were undertaken from the public sources (consisting of HSC/ANM, PHC/CHC, public hospital, etc.) (*Statement 3.4*)
- ➤ Higher preference towards allopathy treatment was prevalent in both rural & urban sectors (around 93% in rural and 96% in urban). (*Statement 3.5*)
- Around 67% of the hospitalization cases (excluding childbirth) in rural areas were in the higher age group 30-70+ years, while about 65% of the same in the urban areas were from the lower age group of 0-29 years. (*Statement 3.6*)
- ➤ Both in rural and urban areas highest proportion (around 49% in rural and 60% in urban) for hospitalization (excluding childbirth) were reported for 'Infection' (inclusive of all types of fever, jaundice, tuberculosis, tetanus, diarrhoeas/dysentery and other infection). (Statement 3.7)
- ➤ In treating the in-patients, public hospitals dominated both the rural (around 84%) and urban areas (around 69%). (Statement 3.8)
- > On average, a higher amount was spent for non-hospitalized treatment of an ailment by the urban population (Rs. 1467) than the rural population (Rs. 853). (*Statement 3.9*)
- > Out of the total medical expenditure, around 61% in rural and 47% in urban areas was made for purchasing 'medicine' (AYUSH and Non-AYUSH) for non-hospitalized treatment. (*Statement 3.10*)

- ➤ The rural population spent, on an average, Rs.7683 for a hospitalized treatment in a public sector hospital and Rs. 12,070 for that in a private sector hospital. (*Statement 3.13*)
- As high as around 97% of rural population and 99% of urban population were not covered under any scheme of health expenditure support. (*Statement 3.14*)
- ➤ Rural households primarily depended on their 'household income/savings' (85%) and on 'borrowings' (6%) for financing hospitalized treatments, the urban households relied much more on their 'income/savings' (99%) for financing expenditure on hospitalization. (*Statement 3.15*)

II. Childbirth and Maternity Care Services

- Among women in the age-group 15-49 years, about 17% in the rural areas and 15% in the urban areas were reported as pregnant during the 365 days preceding the date of survey. (Statement 4.1)
- ➤ Wastage of pregnancy was highest (about 34%) in the age group of 35-39 years in rural areas. (Statement 4.1)
- ➤ In the rural areas, 25% childbirth took place in public hospitals and about 4% in private hospitals. In urban areas, the corresponding figures were 41% and about 10% respectively. About 71% childbirths took place under the category of 'Delivery at home' in rural areas. The same for urban areas was 49%. (*Statement 4.2*)
- An average of Rs. 2802 was spent per institutional childbirth in rural areas and Rs. 7437 in urban areas. (*Statement 4.3*)
- > Out of the total medical expenditure, about 71% in rural and 41% in urban areas were spent on purchasing medicines per hospitalized childbirth. (*Statement 4.4*)
- ➤ In the rural areas, about 91% of pregnant women took some pre-natal care (AYUSH + Non-AYUSH) and in urban areas, corresponding figure was 84%. (*Statement 4.5*)
- About 47% women in the rural areas and 60% in the urban areas availed some post-natal care services (AYUSH + Non-AYUSH) during the reference period. (*Statement 4.5*)
- ➤ On average, pregnant women spent Rs. 1767 for pre-natal care (AYUSH + Non-AYUSH) in rural areas, while the same for urban areas was Rs. 1380. Women spent Rs. 1280 and Rs. 1846 for post-natal care (AYUSH + Non-AYUSH) in rural and urban areas respectively. (Statement 4.6)

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

- ➤ In Nagaland, during January-June 2014, about 96% of the aged persons had at least one surviving child in both rural & urban sectors. (*Statement 5.1*)
- ➤ About 80% aged persons in rural and 49% aged persons in urban areas were living with their spouses. (*Statement 5.2*)
- About 19% of the aged persons in rural and 60% in urban areas were either partially or fully dependent on others for their day-to-day maintenance of livelihood. (*Statement 5.3*)
- Among economically dependent aged persons, cent percent in rural and 97% in urban areas had to depend upon their own children for financial support. (*Statement 5.4*)
- About 6% of the aged persons in rural and 9% in urban areas were either confined to their home or bed. For the age group 80+, 15% in the rural areas reported physical immobility. (*Statement 5.6*)
- About 52% of the rural aged population perceived that they were in an 'excellent/very good' state of health, while 77% of the urban aged felt they had a 'good/fair' state of health. (*Statement 5.7*)