Silfw

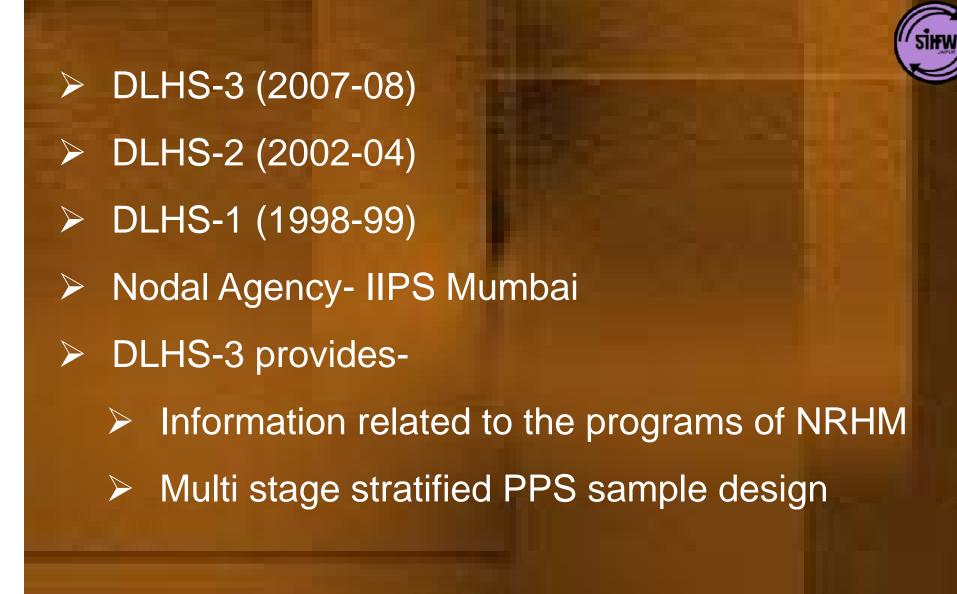
District Level Household Survey-III

State Institute of Health & Family Welfare Jaipur

DLHS –3



- One of largest ever demographic & Health surveys
- Carried out with a sample size of about 7 lack household covering all the districts of the country.
- Initiated in 1997
- Provide district level estimates on health indicators to assist policy makers
- Program admistrators in decentralized planning, monitoring and evaluation.





DLHS III survey preliminary results for 15 states (AP, BIH, CHT, GOA, JRK, KAR, KER, MP, ORS, PON, RAJ, SIK, TN, UP, WB) > information covered-> Marriage Fertility / infertility Maternal Health Child Health Family Planning General (VHSC, ANMs living at SC) quarters)

Marriage – main findings Mean Age at Marriage boys(20.7), girls(17.7) Girls marrying before reaching 18 years of age ▶ DLHS2- 50.8% ≻DLHS3- 41% > Mean age at marriage for both has increased between the two rounds of DLHS. \succ The difference in mean age of marriage (both) between states reporting lowest and highest was in the range of 8 years

Mean age at Marriage

Rajasthan -mean age at marriage for boys and girls is lower than the legal age at marriage > Bihar -female mean age at marriage is lower than legal age reported the lowest (17.6 years) >highest in Goa (25.1 years) In case of males Goa highest (29.6 yrs) Rajasthan (20.7 yrs) lowest

Fertility

- Sim
- Births to women during age 15-19 out of total births(4.7)
- Women with two children wanting no more(56.0)
- Mean children ever born to women aged 40-44 years(4.4)
- Infertility among women 15-44 years

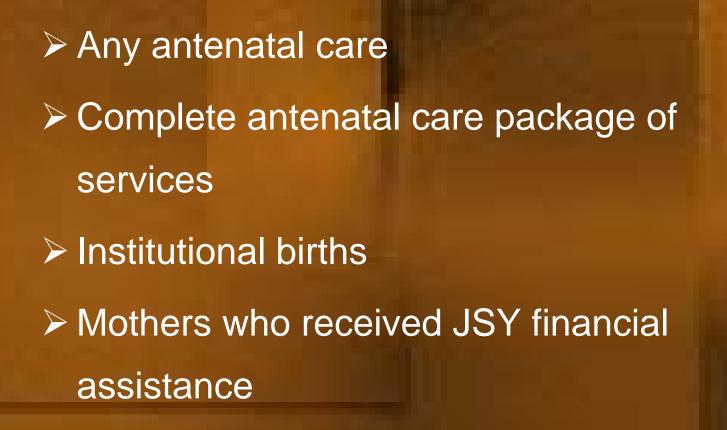
Fertility/infertility-main points



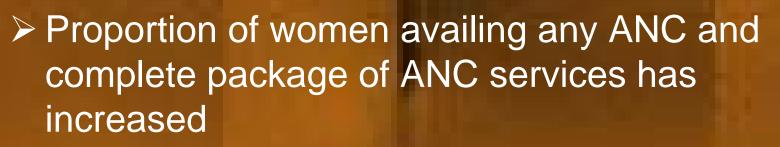
Out of total births, many states (AP, Bihar, Jharkhand, Chhattisgarh, Karnataka, UP, WB) have higher % of births to women aged 15-19 years

- Large no. of women (44% or higher) do not want any child after two children
- Mean number of children ever born to women aged 40-44 declined in most states.
- Infertility as high as 14% in some states (Goa, Karnataka, WB)

Maternal Health



Antenatal Care Services



- The difference between availing any ANC and complete package was substantial in high-focus states
- Follow-up ANC care services for ensuring complete coverage are required in all states

Institutional Deliveries



Increased in most of the states in the country
 High-focus states have shown tremendous growth in ID barring Sikkim, Jharkhand and Chhattisgarh
 Maximum increases in ID have been witnessed in states of Orissa, Bihar, Rajasthan and MP
 In Bihar, Chhattisgarh, Goa, Jharkhand, UP, the JSY assistance is received by a lower

percentage of women

In Rajasthan ID increased 15.2% compare with DLHS2

Child Health

Coverage in Child Immunization
 Other Child Health Indicators

Simw

Coverage in Child Immunization

 Full immunization coverage has improved across the states in the country
 DLHS2-23.9%

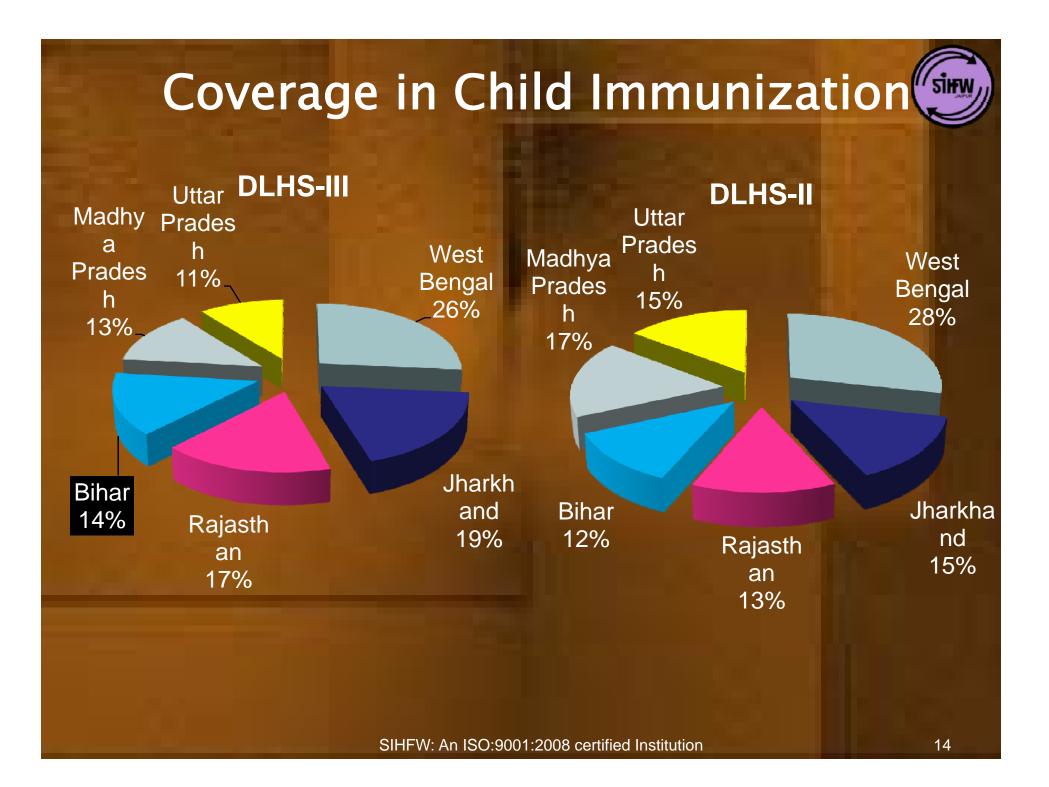
➢DLHS3-48.8%

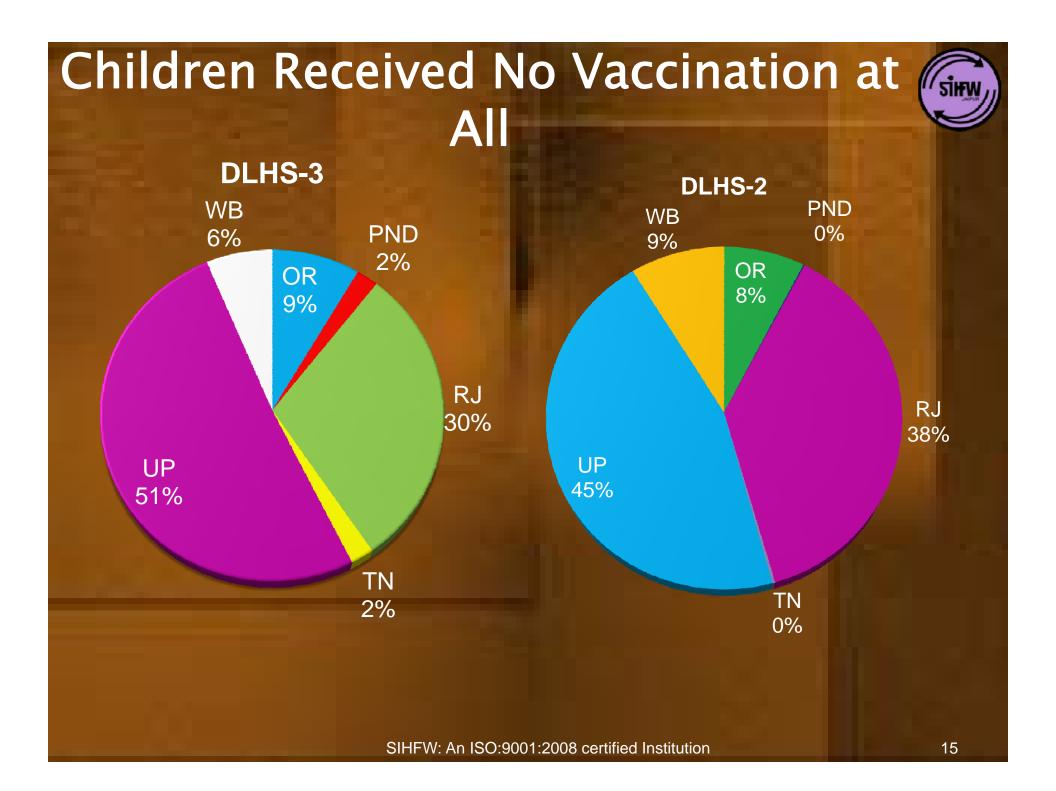
Jharkhand, Rajasthan and Bihar have shown very positive results while MP, UP and Chhattisgarh have lagged behind

Proportion of children who received no vaccination has declined

>DLHS2-29.6%

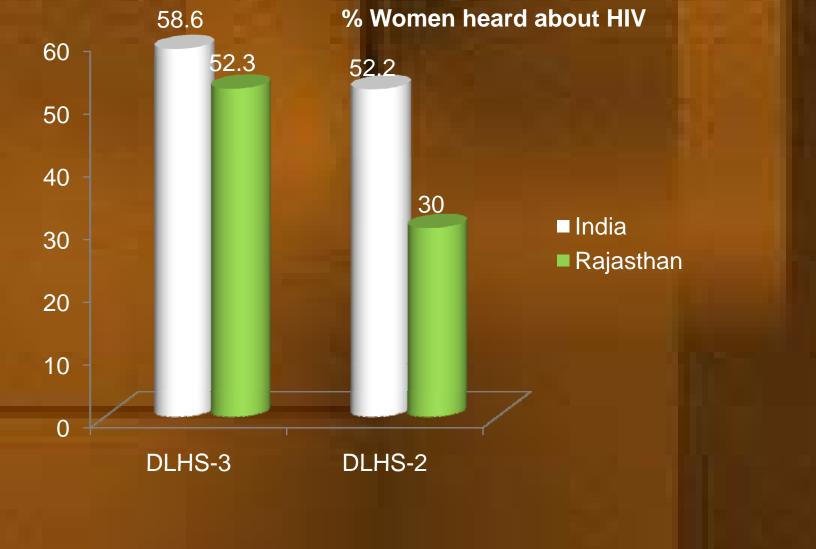
>DLHS3-14.3%







Awareness about HIV / AIDS

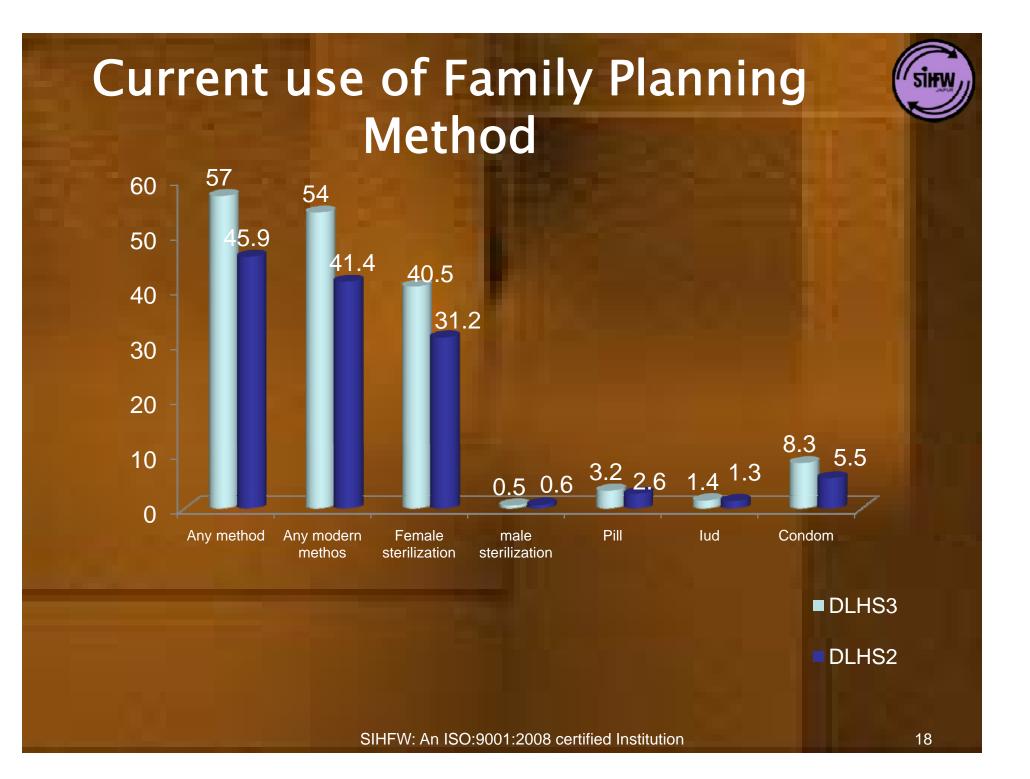


SIHFW: An ISO:9001:2008 certified Institution

Family Planning



Modern CPR
Method-wise CPR
Unmet Need for Family Planning
Limiting Need
Spacing Need



Unmet Need for Family Planning



- The unmet need for family planning varies considerably across the states and is particularly high in high focus states
 - Ranges from a minimum of 8.7% in AP to 37% in Bihar
 - > One in four to three women in high-focus states had unmet need for family planning
 - Limiting and spacing needs were the highest in Bihar, UP and Jharkhand

CPR and Unmet Need for Family Planning



- States with low CPR have higher levels of unmet need and the converse is true.
- Unmet need higher than CPR in states of UP, Bihar and Jharkhand
- > CPR has been marginal in most of the states barring Rajasthan
- States such as-

UP, Jharkhand, MP, Bihar, Chhattisgarh, Karnataka , TN, Kerala and Pondicherry have depicted decline in spacing method use.

Program Implication



 Maternal health indicators have progressed reasonably well.
 ANC and institutional deliveries have increased.
 Immunization coverage improved substantially.
 Community perceptions related to behavioral practices on initiation and exclusive breastfeeding

use of ORS and timely treatment for ARI needs reinforcement in the form of IPC and BCC.



- High-focus states have high unmet need for both limiting and spacing methods
- Unmet need has to be addressed systematically through appropriate service provisions, sterilization camps, IPC and BCC strategies

Infertility treatment services also required
 VHSC formation needs to be geared up



Thank You

For more details log on to www. sihfwrajasthan.com or contact : Director-SIHFW on sihfwraj@yahoo.co.in