Health care utilization by source and levels of deprivation in major states of India: Findings from NFHS-2

K. Srinivasan and S.K. Mohanty

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Abstract:

There is an increasing body of evidences, coming up in recent years, derived from analysis of data from the National Sample Survey and other sources that the public health services are being increasingly used by the relatively better off sections of the society, leaving the poor and deprived to the medical and health services from the private sector. We propose to check the validity of the above findings using an independent data source, i.e., National Family and Health Survey-2. Thus the paper has twin objectives, first of assessing the differential in use of general health care and family planning services by socioeconomic strata of the population in rural and urban areas for the major states of India and secondly, to compare the findings with those of 52nd round of NSSO.

The analysis has been presented in 5 sections. Initially, we construct a household deprivation index to measure the extent of deprivation and validate the same with nutritional status of women and food intake in the household. In section 2 we have examined the utilization of general health services and the patterns emerging from the analysis. In section 3, we studied the utilization of family planning services, with emphasis on limiting methods. In section 4, we compare our findings with that of NSSO findings. Finally, we have presented a few implications of our study.

Some of our findings differ significantly from those of the NSS though there are some agreements. Our analysis does not appear to validate the NSS findings widely circulated in national and international circles that the public health services is disproportionately used by better off section of the society, with the exception of undivided Bihar and Uttar Pradesh. In the state of Bihar and Uttar Pradesh, the public sector is almost non existant for general health services. In many other states public health system still continues to play an important role in treatment of illness and continues to be main provider of family planning services, particularly, limiting methods irrespective of level of deprivation. However both the NSS and NFHS data agree on the increasing use of private health services in the country.

I. Introduction

The public health system in India has evolved over time as a large chain of population based sub-centers (SC), primary heath centers (PHC), community health centers (CHC) and district hospitals (DH) in the rural areas and health posts (HP), Urban Health Centers (UHC), referral hospitals including teaching hospitals in the urban areas. The setting of these chain of health centers with the necessary budget provisions from the Union Government began in independent India with the implementations of the recommendations of the Health Survey and Development committee set up under the chairmanship of Sir Joseph Bhore popularly called the Bhore Committee which surveyed the health conditions in the population of the country in 1943 and submitted its report in 1946. The sub-center and primary health centers in the rural areas which were initially set up at the rate one for 20,000 population and one for 100,000 population were intended to provide basic health care services to the population focusing on preventive services and treatment of minor ailments. The populations served by these centers was reduced over time on the recommendations of a number of subsequent committees set up by the government of India , notable among which is the Mudaliar Committee (1961), Srivastava committee (1970), the Mukherji committee (1974) and the National Health Policies of the Government of India formulated in 1983 and 2002. In all these committee recommendations it was tacitly assumed that while the preventive health services should be made uniformly available to all sections of the population, with regard to curative services the relatively better off sections of the population would be in a position to avail of such services from the private hospitals and private medical institutions on payment basis. Having adopted the socialistic pattern of society since independence the emphasis of the public health system was on meeting the basic health care needs of the poorer sections of the population on a free or heavily subsidized basis. After almost 50 years of such an expansion and diversification of health care services in the country it

is time to assess how far the public health services including the curative services are reaching the people and how the expansion of private health services have changed the extent of use of public services.

Mainly as a result of the public health system coupled with improvements in the nutritional levels of the population, personal hygiene and sanitation, the expectation of life at birth has almost doubled during 50 years from 32 in 1951 to 64 in 2001, the crude death rate declined by two-thirds from 27.4 in 1951 to 8.4 in 2001 and the infant mortality rates by more than half from 148 infant deaths per 1000 live births in 1951 to 66 in 2001. However the morbidity rates in the population has dramatically increased over the years partly as a result of the increase in the longevity of the population with many of the earlier communicable diseases, such as tuberculosis, malaria, water borne diseases continuing, newer communicable diseases coming in on such as HIV/AIDS and the burden of chronic diseases added on to the population because of a larger proportion of older persons in the same. In recent years there are a number of research studies focusing on the extent to which the public health system in the country is meeting the health care needs of the population, in this changed scenario, especially the needs of the poorer and the vulnerable sections of the society for whom they were primarily intended. These studies are largely based on social consumption surveys focusing on incidence of reported illnesses, their duration, type of treatment –in-patient as well as out patient, on a representative sample population in the country conducted by the National Sample Survey Organization (NSSO) from time to time. Particularly relevant are the 35th Round conducted during June 80-June 81, 42nd Round in July 86-July 87 and the most recently conducted 52nd Round July- June 1995-96. These surveys have revealed an increasing level of morbidity in the population, both acute and chronic illnesses (55% in the rural areas and 54% in the urban areas reporting some illness

within the past 15 days of the 95-96 survey), a significant proportion among them (16% in the rural areas and 9% in the urban areas) not taking any treatment at all because of financial reasons and a large proportion of those seeking medical treatment (81% in the rural areas sand 80% in the urban areas) taking it from private sources (private medical practitioners and nursing homes) paying very high fees and almost driven to bankruptcy because of such payments to private doctors and nursing homes. Of course these conditions varied significantly from state to state but the general impression that emerges from these data, which are widely quoted in India and abroad, is that the public health system including the net work of PHCs, CHCs and district hospitals do not serve the needs of the poor for which they are intended to serve. Instead they are being increasingly exploited by the better off sections of the society both in the rural and the urban areas. *These findings based on NSS data, which are widely quoted in India and abroad by the WHO and World Bank, in our view, need validation and check from another independent set of data before further whipping up on the public health system is made. We make a preliminary attempt in this paper using the data available from the NFHS-2.*

II. Objectives of the Study:

In this study we explore the extent to which households uses curative health services from different sources such as public, private and other health practitioner at different levels of deprivation in India and major states, both for urban and rural areas. The variable on utilization of health services from different sources is analyzed using the data collected in the National Family Health Survey-2 conducted during 1998-99 by the International Institute for Population Sciences, Mumbai.

Accordingly the objectives of this paper is two fold:

1. to find the differential use of the general medical and family planning services by different socio-economic strata of the population in the rural and urban areas of the larger states in the country and

2. to compare our findings the with the publicized results obtained from the National sample Survey, 52nd round conducted in 1995-96.

III Data and methods:

Unlike the NSS which had a battery of questions related to illness reported by the households during the past 15 days prior to the survey date and the type and source of medical services sought by the households, the NFHS-2 survey had only one question on source of medical help sought by the households at the time of sickness Viz;

Q 29 : When members of your household got sick, where do they usually go for treatment. We have reclassified the responses as follows

Public medical sector: Govt/Muncipal hospita, Govt dispensary, UHC/ UHP/ UFWC, CHC/Rural Hospital/PHC, Sub center, Govt mobile clinic, Govt paramedic and other public sector health facility

Private medical sector: Private hospital, private doctor, private mobile clinic and other private sector health facility

NGO/Paramedics: NGO/Trust Hospital/Clinic, Private paramedic, Pharmacy/drug store, Dai , shop

Others: Vaidya/Hakim/homeopath, Traditional healer, home treatment and others

It has to be admitted that the type of questions the responses from which our findings are based differ markedly from the NSS questionnaire and the differences in the results that we obtain have to be interpreted with caution. The NSS survey used a specially prepared, pre-tested and conducted survey for the study of morbidity and the nature of medical care sought by the population, classifying the diseases as acute and chronic, the nature of medical treatment sought as in-patient, out patient and the sources as various locations of the public health system and the private agencies. The classification of poverty levels of the households in the NSS is based on the percapita consumption expenditure of the households based on information on detailed expenditure on various items incurred by the household within the past one month In our study we used the response to the only above question for different house holds on source from which the medical services were availed by the households classified by different levels of deprivation using a "deprivation index" developed by us in an earlier paper. Our measure of morbidity is any recent illness of the family as perceived by them and the source of medical care sought is again as stated by them. Our measure of deprivation need not also correspond one-to-one with the measure of poverty measured by the NSS. However our findings are so divergently different from the NSS findings that they appear to be brought to academic and public domain for further discussions.

Deprivation Index used in the Study

The index of deprivation is based on simple measurement of deprivation of the households in three dimensions of deprivation:1) basic economic assets; 2) basic amenities and 3) basic communications with the outside world. This deprivation index is not a direct measure of the economic condition of the household as the percapita income or expenditure or the Standard of Living Index but a measure of the extent to which the household is deprived in the above three

dimensions. The variables used in each of these there dimensions are in a binary scale. They are 1) whether the household has a pucca house in urban area and a pucca or semi-pucca in the rural area, 2) whether the household in the rural area has some land and in the urban area has toilet facility for the first dimension and 3) whether the household has electricity, 4) whether the household has drinking water facility within his/her own residence for the second dimension and 5) whether there is at least one literate member in the household, 6) Whether the household has a radio/transistor /TV or bicycle for the third dimension. We postulate that in a modern market oriented economy the possession of basic economic, social and physical necessities of life could be considered as the basis of a dividing line of different levels of deprivation. The advantage of such a classificatory system is that it is based on actual physical or social possessions (adult literacy) rather than income data and can be used to measure the changes in deprivation levels over time. It is a prevalence data rather than incidence data such as consumption expenditure. A respondent might forget some of his/her expenditure over last 30 days, but he/she will make no mistake in stating his basic possessions. The objects to be included in these basic possessions that differentiate the deprived from the others can be debated and agreed upon but in this article we want to explore with a preliminary analysis of deprivation based on the above six variables. The range of scoring of a household on the deprivation measure is from 0 to 6.We considered a household which does not have any of the above six possessions as in ' abject deprivation' (AD); those which have one or two of the possessions in' moderate deprivation' (MD); three or four as in ' just above the deprivation' (JAD) and 5 or 6 items in ' well above deprivation' (WAD). We considered the two categories AD and MD together constituting the deprived sections of the population. The differentials in levels of deprivation by caste and religion have been examined in our earlier paper. The analysis has been carried out separately for rural and urban India. Table 1 provides detailed description of the variables in the construction of the deprivation index. We

examine the validity of this simpler index, analyze how the households are distributed by deprivation levels, and how the utilization of the health services in the public sector vary under different levels of deprivations. We also examine separately the differentials in the use of contraceptive services by different levels of deprivation.

IV. Findings

A. Validity of the Deprivation Measure.

Table 2 provides the distribution of households on the deprivation scores ranging from 0 to 6 as defined above for the country as a whole (inclusive of the fifteen states considered in the other tables) for the rural and the urban areas during 1998-99. The table reveals that in the rural areas 4.3% of the households are in "Abject Deprivation" with none of the six characteristics described above, and 31.5 % of the households are in deprivation" (AD+MD). In the urban areas these proportions are 1.2% and 10.7% respectively. In the rural and the urban areas combined the proportions are 3.4% and 25.7% respectively. It is worth noting that according to the Planning Commission the estimates of poverty, based on the head count ratio on the consumption expenditure data of the NSS, are 26.1% for the country as a whole, 27.1 for the rural areas and 23.6% for the urban areas. These estimates are fairly close to the estimates on deprivation that we have estimated above. It is worth noting that the deprivation scores for the urban areas are significantly lower than the poverty estimates of planning commission in urban areas.

Table 3 provides similar data as in Table 2 for each of the 15 larger states for which NFHS-2 data are available. In the rural areas, Absolute Deprivation (AD) proportion is highest in Bihar at 10.8% and the lowest in Punjab 0.3% (to the first decimal rounded). In the urban areas the highest proportion of AD is in Orissa, 8.7% and the lowest is in and Punjab (0.0). It is surprising that even in the industrially advanced states of Tamil Nadu and Maharashtra , the proportion of

households in absolute deprivation(AD) are relatively high at 4.5 and 3.9%. Among the states in the rural areas the percentage of households deprived (AD+MD) range from a high of 50% in Bihar, 44.2% in Orissa to a low of 5.3% in Punjab. The deprivation levels in the rural areas of Bihar and Orissa are really staggering. Even in West Bengal, Tami Nadu and Maharashtra the percentage of deprived households are 39.6%, 30.7 and 30.7 respectively. In the urban areas among these fifteen states more than one-fifth of the households are found to be deprived (AD+MD) in Orissa (27.5), and Bihar (21.2) and less than 5% found in Haryana (4.2), Kerala (4.2), and Punjab (0.5).

Tables 3 and 4 provide some sort of validation of scoring on deprivation on the basis of malnutrition measure in terms of the Body mass Index (BMI) of the married women in the households and reported nutritional intake of milk or curd and pulses or beans by the households. Table 3 reveals that in the rural areas the prevalence of under-nutrition in the house holds measured by the proportion of the women below BMI level of 18.5 is quite high in the deprived households (AD+MD) at 47-48%, and declines steadily for the JAD and WAD groups reaching almost to 25.8% among households with a score of 6. In the urban areas there is a steady decline of under-nourished children steadily according to the deprivation score from 51.5% at score 0 to 13.5 at score 6.

Table 4 reveals that the daily consumption of dairy proteins in the form of milk or curd increased steadily with the deprivation index (indicating decrease in percapita dairy protein consumption) and so did the consumption of vegetable proteins in the form of pulses and beans both in the rural and the urban areas. Thus we find deprivations measured in terms of physical and social amenities as described by us correlate strongly with the healthy food consumption patterns probably leading to a decline in undernourishment among women.

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B. Utilization of medical help from different sources in time of illness.

We now analyze the proportion of house holds seeking assistance from the public health and medical facilities (SC/ HP, PHC/UHC, District Hospitals), private sources and pharmaceutical shops and others in the rural and urban areas among households classified by 'deprivation score' as AD, MD, JAD and WAD as defined in the previous section. The data are given for the fifteen larger states for the rural and the urban areas separately. The utilization of a medical facility is based on the response to the question in NFHS-2 stated in section 1, as perceived and reported by the respondents for any illness in the family.

With regard to use of public health services during sickness there is wide variation across the states. We find that in states that have relatively better organized and managed public health and medical services, Kerala and Tamil Nadu, the use of such services is the maximum in most deprived population groups (as the system was intended to be), and in the groups which are economically better off or relatively well above the deprivation levels the use of public health services declined steadily and the proportion using private facilities increased sharply. In these two states slightly more than half the households in the deprived categories (AD and MD) used the public health and medical facilities in time of sickness and this proportion declined to less than one fourth in the category "WAD" (Well Above Deprived). On the other hand in the states of Uttar Pradesh and Bihar, the proportion using the public facilities hardly exceeded 10% in any of the four deprivation categories, excepting in WAD in Uttar Pradesh where it was 13%. These data show the extent to which the public health system has collapsed in these two states and even the poorest of the poor (AD and MD) are forced to seek assistance from private medical

practitioners in times of sickness who charge high fees and taking away most of the incomes of the poor. On the other hand in the states of Assam, Orissa and Rajasthan where the public health system seems to be relatively better organized though not well managed the proportion using these facilities are uniformly very high , more than 80% in Assam and Orissa in almost deprivation categories and more than 60% in high in all deprivation categories. The use of public health facilities by the deprived sections of the society seem to be mostly function of the availability of such facilities and less on the availability of the private facilities. On the other hand the use of contraceptive services , especially sterilization services, seem to be uniformly through the public health system in all the states and do not deem to depend on the organization and management of the health system, perse. This may be because of the provision of sterilization services has been largely done through camp approach pooling of all available medical and health resources for the specific purpose of meeting the targets set on them.

From Table 5 we see that the states can be categorized into three groups on the patterns of utilization of the public and private medical facilities. These are described below and carry distinct policy and programme implications.

Pattern- 1. Very low use of public health and medical facilities in the rural and the urban areas by all segments of the society as measured by the deprivation score.

States of Bihar and Uttar Pradesh follows this pattern. In these two states only 8 to 10% of the households without any significant variation across the deprivation score use the public health centers. This situation is indeed alarming and indicates total collapse of the public health system and calls for immediate assessment and of the system and implementation of necessary reforms.

To some extent, surprisingly, Punjab, and Andhra Pradesh falls in this category. In Punjab it is 14.2% and in Andhra Pradesh it is 14.6. In Punjab there is no variation across the deprivation levels and in Andhra Pradesh it was 25.9% in AD category (most deprived) and 18.2% in the MD category. The very high use of private medical facilities in Punjab even by the most deprived segments of the population may indicate the non-availability and poor quality of the public health services in this state as perceived by even by the poorest and most deprived segments of the population (more than 85% in Bihar and UP) whereby they have to pay relatively very high proportions off their small incomes for treatment of their illnesses is likely to keep them permanently locked up in the same deprivation category or push them further down the level.

Pattern- 2. **Extremely very high use of public health facilities without significant variations across deprivation levels.**

 The states of Assam and Orissa follows this condition. Here, in contrast to the Pattern-1, more than 80% of the households reported using public health/ medical facility during the time of a sickness in the household, without significant variations in this proportion across the deprivation levels. This may indicate non-availability of alternative medical facilities in these states or relatively better functioning of the health system in these states. This has to be investigated.

Pattern 3. Higher use of the public health system by the more deprived and lower use by the less deprived sections of the society.

This is the most desirable pattern of use for the public health system and the poorest of the poor make the maximum use of the system while the less deprived make increasing use of the private medical facilities, since they can pay for such services. This is the objective with which the public health facilities were originally set up. The states of Kerala, Rajasthan, Tamil Nadu,

Karnataka West Bengal and all the other states to some extent typify this pattern. In Krala, for example, on an average 39.4% of the households reported using public health system with this proportion ranging from 92% in AD (Abject Deprivation), 54% in MD category, 42% in JAD and 27 % in WAD. All other states follow this pattern variations in the levels of use across deprivation levels.

C. Utilization of family planning services.

While the patterns of use of the public health system vary widely across the states and the different deprivation groups there is a greater uniformity across the states in the use of the public system in the use of family planning methods , especially the limiting methods. Tables 7(a) and 7(b) present the details. Table 7(a) provides data at the national level on the percentage on the source of family planning services in the rural and urban areas at different deprivation scores. The top panel of the table provides information on the limiting methods and the bottom panel on the spacing methods. From the table it can be seen that with regard to source of use of limiting methods the public sources are the dominant source of service with 95% of the AD reporting this source coming down slightly with the increase in the score on deprivation with 85% from the JAD level. In the urban areas it is 88% at AD level declining to 67% at WAD level, with an overall average of 88%. Thus almost all of the sterilizations in the rural areas of country have been carried out from government health centers and hospitals and very small percentages are from the private sources. In the urban areas the proportion accessing from public sources declines from 88% in AD to 67% in the WAD level.

With regard to use of spacing methods ,the source of use is equally divided more in the favor of private sources than the public health centers and hospitals. The 'others" category of source denotes the pharmacy shops and they have played a great role as an important source of spacing

methods. In the rural areas the non-governmental sources "private and others combined) ranges form 60% in AD to 69% in WAD levels. In the urban areas it ranges from 62% in AD to 78% in WAD levels. In both the rural and urban areas the proportionate use of non-governmental sources increase with the deprivation score (decline in deprivation).

Table 7 (b) provides the data on source of use of contraceptive limiting methods for the states of Andhra Pradesh, Bihar, Maharashtra, Orissa, Tamil Nadu and Uttar Pradesh, six states at different levels of contraceptive use. This table reveals that irrespective of the level of use of the limiting method the public source continues to the dominant source of by the population as a whole irrespective of the levels of deprivation. In every state there is a small but steady decline in the use of the public source with the increase in the deprivation scores. For example in Tamil Nadu the public source is used by 86% in AD level and by 73% in the WAD level. In Uttar Pradesh it ranges from 100% to 96%. Thus the public health/ medical sources continue to play the predominant role in the use of contraceptive method in the country in all the states and all levels of population deprivation categories.

It is significant to note that even in those states where the utilization of public health/medical facilities in times of illness for the treatment of illnesses in the family is very low as Bihar, Uttar Pradesh (less than 10%), the percentage of those who had been using contraceptive methods , sterilization or spacing ,from such public sources is close to 100 % indicating that whatever remnant of public health facilities available in these states are working only on family planning activities.

V. Comparison with Findings from NSS surveys.

Table 6(b) provides data on the percentage of ailments receiving non-hospitalized treatment from public and private providers in major states of India as available from NSS surveys, 52nd round conducted during June 1995-June 1996. This round of the survey, as mentioned earlier, focused on illnesses, type and source of treatment, expenditures involved and other details of the household for any illness in the family during the past 15 days for out-patient treatment and for any hospitalization during the past one year. The focus of NFHS was different , fertility, child health, child mortality and contraceptive use. While the NSS used a very detailed questionnaire, in the NFHS there was only one question eliciting the source of treatment sought during any illness in the family without specifying a time period over which the illness occurred and all the respondents gave a definitive response to the source of treatment. However, in the NFHS a detailed household questionnaire has been canvassed in which information on all the household members, age, sex, marital status, occupation education etc was collected usually from the head of the household and the question on illness and source of treatment was carefully administered. Hence the validity of the response to this question is as good as in the NSS. The question on source of treatment of any illness in the family in the NFHS used in this analysis has already been described in the second section. No data on duration of illness and cost of treatments taken were collected.

The NSS survey reported that 17% of the rural population and 8% of the urban populations, reporting an illness during the past 15 days of the survey date did not take any medical treatment. Many illnesses of short duration within the past fortnight may be self- limiting in nature and not required any treatment. Even taking this fact into account only 19% in the rural areas and 20% in the urban areas mentioned the government sources as the treatment source compared to 31 % and 24%, respectively, in the NFHS-2 survey. When we compare by states the results differ

markedly. In the states of Assam, Orissa and Rajasthan, according to NSS in the rural areas, only 29, 38 and 36 percentages of the population of these three states used the public medical facilities compared to 81, 87 and 66 percentages according to NFHS. Similarly in the urban areas the percentages are 22, 34 and 41 percentages according to NSS compared to 43, 64 and 56 according to NFHS. These differences are too wide for dismissal on the basis of differences in data collection procedures. However, both the data sources agree broadly at the national level on the extent of private health care utilization. For example, NFHS-2 revealed that 63 percent households in rural India reported getting medical assistance from private medical sources (Table 6) against 64 percent reporting non-hospitalised treatment from private sector in the NSS. Similarly in urban India 73 percent households reported using the health care services from private sources in the NFHS as compared to 72 percent reported receiving treatment from private sources in NSS. Thus both the sources agree at the national level quite closely as far as use of private medical source is concerned. There is however a good deal of difference in the results from the two data sets when we compare at the state level. While figures for some states are close, some states have shown marked differences. The states that are close in private utilization are Haryana, Gujarat, Karnataka, Kerala, Maharashtra and Tamil Nadu.

This remarkable agreement in the findings between these two data sources at the national and state levels for many states is not found with regard to extent of use of public medical sources. Generally the extent of use of the public sources have been underestimated in the NSS or overestimated in the NFHS. Particularly striking are the differences between the two data sets for the three states Assam, Orissa and Rajasthan, mentioned above. Even with respect to government sources the urban estimates from the two sources are closer while the rural estimates differ at least by 10 percentage points. In rural India, 31 percent of households reported that they usually obtain treatment from public sources as compared to 19 percent as reported in NSS.

The states that are close in public sector utilisation are Bihar and Uttar Pradesh. In all other states the reporting of public health services is at least 10 percentage points higher in the present study compared to NSS estimates. In general the figures on utilization of public health services from NFHS-2 are higher than that of NSS.

VI: Some Implications:

Some of the implications of our analysis can be stated as follows.

1) It is undoubtedly true that in the states of Bihar and Uttar Pradesh the public sector as the sources of preventive and curative health services is almost non-existent. This is established by both the data sets, NSS and NFHS-2. However in the states of Assam, Orissa and Rajasthan the people, by and large, seem to rely heavily on the public health system during the time of their illness according to NFHS-2. In this respect there are substantial differences between the findings of NSS and NFHS-2

2) Our analysis does not appear to validate the NSS findings widely circulated in national and international circles on the extent to which the public sector health services is deteriorating and that its use is uniformly and disproportionately higher in the better off sections of the society and do not seem to be serving the poor, for whom it was intended in the first place, with the exception of UP and Bihar wherein the system is not serving practically anyone..

3) Finally, for family planning services, in all the states and across all economic strata, the public sector continues to be the major source of service including in urban India.

4) The NSS findings on the poor use of the public health system in the country cannot be generalized across all states and the public health system continues to play an important role in the treatment of illnesses in the households especially for the poorest and most deprived sections of the population and hence needs strengthening and better management. These findings call for

further focused studies on the public health system in the country for assessing the extent of use

and reasons for non-use by different segments of the society.

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Table 1: Variables used in computing Household Deprivation Score (HDS)

Place of residence	Variable used	Description	Categorization of households on deprivation based on total score
Rural	1.Adult Literacy 2.Type of House 3.Electricity 4.Drinking water facility 5.Radio/transistor or bicycle or Television 6.Land Holding	0= No adult literate in the household 1= Presence of any adult literate in household 0= Kachha House 1= Semi Pucca / Pucca House 0 = House is not electrified 1= House is Electrified 0= No arrangement within the residence 1= Own arrangement within the residence 0 = Neither radio nor transistor nor bicycle nor TV 1= At least one of these 0= No land 1= Have some land	0: ' Abject Deprivation' (AD) 1-2: "Moderate Deprivation' (MD) 3-4: "Just Above Deprivation" (JAD) 5-6: "'Well Above Deprivation" (WAD)
Urban	1.Adult Literacy 2.Type of House 3.Electricity 4. Drinking water 5.Radio/Bicycle/TV 6.Toilet facility	0= No adult literate in the household 1= Presence of any adult literate in house hold 0= Kachha/ Semi pucca House 1= Pucca House 0 = House is not electrified 1= House is Electrified 0= No arrangement within the residence 1= Any arrangement within the residence 0 = Neither radio/transistor nor bicycle nor TV 1= At least one of these 0= No toilet facility/others 1= Own/shared flash/ own pit toilet	0: ' Abject Deprivation' (AD) 1-2: "Moderate Deprivation' (MD) 3-4: "Just Above Deprivation" (JAD) 5-6: "'Well Above Deprivation" (WAD)

Table 2 (a): Percentage distribution of households on deprivation score, India, 1998-99

Composite score	Rural	Urban	Combined
0	4.3	1.2	3.4
1	10.8	3.3	8.7
2	16.4	6.2	13.6
3	20.9	10.9	18.1
4	22.0	14.3	19.9
5	18.5	22.5	19.6
6	7.1	41.6	16.6
N	66712	25541	92314

Table 2 (b): Percentage distribution of households on Household Deprivation Score by state and residence, 1998-99

State	Rural					Urban				
	AD	MD	JAD	WAD	N	AD	MD	JAD	WAD	N
Andhra Pradesh	5.9	28.8	41.3	23.9	2903	1.8	12.4	24.8	61.0	966
Assam	6.5	34.5	39.0	20.0	2812	1.3	13.0	23.0	62.7	300
Bihar	10.8	39.2	34.7	15.2	5620	2.6	18.6	24.9	53.8	719
Gujarat	2.4	20.6	39.1	37.9	2238	0.8	8.8	17.9	72.5	1694
Haryana	0.7	11.1	37.7	50.4	1939	0.3	3.9	13.7	82.0	896
Karnataka	2.1	21.2	41.0	35.7	2721	1.6	7.3	26.5	64.6	1552
Kerala	0.6	17.3	51.5	30.7	2153	0.1	4.1	20.2	75.5	682
Madhya Pradesh	0.3	21.1	51.0	27.6	5036	1.9	14.9	30.5	52.7	1708
Maharashtra	3.9	26.9	45.0	24.3	3290	1.0	10.0	36.6	52.4	2522
Orissa	7.6	36.9	40.8	14.7	4165	8.7	18.8	30.8	41.7	520
Punjab	0.3	5.0	21.2	73.4	2037		0.5	5.9	93.5	925
Rajasthan	2.0	27.0	42.8	28.2	4704	0.6	5.6	20.7	73.0	1591
Tamil Nadu	4.5	26.2	47.8	21.5	3483	1.4	13.8	35.7	41.9	1794
West Bengal	5.9	33.7	44.3	16.1	3454	1.3	8.9	19.8	70.0	1258
Uttar Pradesh	2.5	25.9	46.7	24.9	6797	0.8	6.8	20.2	72.3	1846
India	**4.3**	**27.1**	**42.9**	**25.6**	**66772**	**1.2**	**9.5**	**25.2**	**64.1**	**25541**

Table 3 (a): Percentage distribution of women on BMI by level of deprivation (Combined).

Composite score	Classification of BMI				
	Lt 18.5 (Under nourished)	18.5-24.5 (Normal)	24.51-30 (Over weight)	Above 30 (Obese)	N
0	48.4	49.7	1.7	.2	2209
1	48.4	49.5	1.9	.2	6094
2	45.8	51.0	2.8	.3	10179
3	42.0	52.7	4.7	.5	14823
4	36.7	54.1	7.9	1.2	17457
5	29.5	55.4	12.4	2.7	17664
6	18.0	51.7	23.6	6.7	14304
AD	48.4	49.7	1.7	0.2	209
MD	46.8	50.5	2.5	0.3	16272
JAD	39.2	53.5	6.5	0.9	32278
WAD	24.3	53.8	17.4	4.5	31967
Total	35.2	52.9	9.8	2.1	82726

Table 3 (b): Percentage distribution of women on BMI by levels of deprivation in India, 1998-99

Composite score	Rural					Urban				
	Lt 18.5	18.5-24.5 (Normal)	24.51-30	Above 30	N	Lt 18.5	18.5-24.5 (Normal)	24.51-30	Above 30	N
0	48.1	50.3	1.4	0.1	2004	51.5	43.6	4.4	0.5	204
1	48.2	49.9	1.7	0.2	5462	49.3	46.5	3.4	0.8	613
2	46.5	50.9	2.4	0.3	8929	41.2	52.0	6.2	0.6	1249
3	43.7	52.3	3.7	0.3	12402	33.7	54.7	10.2	1.4	2421
4	38.6	54.2	6.3	0.9	14301	28.2	53.6	15.4	2.7	3154
5	33.1	56.3	9.0	1.6	12655	20.4	53.1	21.0	5.5	5009
6	25.8	56.2	15.2	2.8	5154	13.5	51.4	28.3	8.9	9150
AD	48.1	50.3	1.4	0.1	2004	51.5	43.6	4.4	0.5	204
MD	47.2	50.5	2.1	0.2	14410	43.8	50.2	5.3	0.7	1861
JAD	40.9	53.3	5.1	0.6	26703	30.6	54.1	13.1	2.2	5575
WAD	31.0	56.3	10.8	1.9	17809	16.0	50.6	25.8	7.7	14158
Total	39.7	53.4	5.9	0.9	60927	22.4	51.4	20.6	5.6	21798

Table 4 (a): Percentage distribution of women on nutritional intake by level of deprivation in India, 1998-99 (Combined)

Composite score	Milk or curd				
	Daily	Weekly	Occasionally	Never	N
0	10.3	14.0	54.3	21.4	2370
1	14.4	16.6	49.1	19.9	6608
2	20.0	18.6	45.3	16.1	11113
3	25.7	19.0	41.9	13.5	16356
4	36.2	18.5	35.0	10.3	18928
5	49.3	17.5	26.1	7.1	19141
6	63.5	14.6	17.5	4.4	15589
AD	10.3	14.0	54.3	21.4	2370
MD	17.9	17.8	46.7	17.5	17720
JAD	31.3	18.7	38.2	11.8	35286
WAD	55.7	16.2	22.2	5.9	34730
Total	37.5	17.5	34.1	10.9	90105
	Pulses or beans				
0	25.0	48.6	25.2	1.2	2366
1	28.8	49.7	20.2	1.3	6611
2	33.8	48.4	16.8	1.0	11110
3	40.0	45.5	13.8	.7	16355
4	46.4	42.4	10.7	.5	18928
5	53.8	37.2	8.6	.3	19141
6	66.8	28.1	4.9	.3	15587
AD	25.0	48.6	25.2	1.2	2366
MD	32.0	48.9	18.1	1.1	17721
JAD	43.5	43.8	12.1	0.6	35284
WAD	59.6	33.1	6.9	0.3	34729
Total	47.0	40.8	11.6	.6	90100

Table 4 (b) : Percentage distribution of women on nutritional intake by levels of deprivation in Rural and Urban India,1998-99

	Rural					Urban				
	Daily	Weekly	Occasionally	Never	N	Daily	Weekly	Occasionally	Never	N
Milk or curd										
AD	10.0	14.0	54.4	21.7	2150	13.6	14.5	53.6	18.2	220
MD	17.6	17.5	47.2	17.8	15734	20.3	20.6	43.3	15.8	1986
JAD	31.2	18.2	38.9	11.7	29341	32.0	21.1	34.7	12.2	5944
WAD	54.2	16.3	23.5	6.1	19272	57.5	16.1	20.7	5.7	15458
Total	34.0	17.7	36.9	11.8	66497	47.5	17.7	26.4	8.3	23608
Pulses or beans										
AD	24.2	48.1	26.6	1.0	2145	32.1	52.9	11.8	3.2	221
MD	30.6	49.3	19.0	1.1	15734	42.4	46.0	10.9	0.7	1987
JAD	41.7	44.7	12.9	0.6	29340	52.1	39.5	8.1	0.3	5944
WAD	55.7	36.1	7.9	0.3	19272	64.6	29.3	5.8	0.3	15456
Total	42.6	43.4	13.3	0.7	66491	59.3	33.5	6.9	1.0	23608

Table 5 (a) : Percentage distribution of households Utilising of general health services by source and levels of deprivation, India,1998-99

Composite score	Source of Health Services Utilisation					
	Public	Private	Paramedical	NGO	Others	N
0	36.0	56.4	2.3	0.2	5.0	3107
1	36.4	55.8	2.5	0.5	4.9	7913
2	34.8	58.8	1.5	0.6	4.2	12360
3	32.4	61.6	1.5	0.7	3.7	16589
4	29.7	65.4	1.4	0.8	2.8	18269
5	25.5	70.3	1.2	0.6	2.4	18034
6	18.9	77.2	0.9	0.7	2.3	15319
AD	36.0	56.5	2.3	0.2	5.0	3107
MD	35.4	57.6	1.9	0.6	4.5	20273
JAD	31.0	63.6	1.4	0.8	3.3	34859
WAD	22.5	73.5	1.1	0.7	2.3	33353
Total	**29.0**	**65.6**	**1.4**	**0.7**	**3.2**	**91592**

Table 5 (b) : Percentage distribution of households utilising of general health services by source, levels of deprivation and place of residence, India,1998-99

Composite score	Rural						Urban					
	Public	Private	Paramedical	NGO	Others	N	Public	Private	Paramedical	NGO	Others	N
0	34.9	57.6	2.1	0.2	5.2	2801	46.7	47.4	3.3	0.3	2.3	306
1	36.3	55.5	2.5	0.4	5.2	7087	36.7	58.4	2.4	0.7	1.7	825
2	34.7	58.5	1.5	0.6	4.7	10815	35.9	61.0	1.4	0.9	0.8	1545
3	32.3	61.1	1.6	0.6	4.3	13822	33.2	63.7	1.0	1.2	0.9	2767
4	30.5	64.1	1.4	0.8	3.2	14617	26.4	70.5	1.1	0.9	1.1	3653
5	26.9	68.6	1.3	0.5	2.6	12315	22.6	73.8	1.0	0.7	1.9	5720
6	22.5	72.7	1.8	0.8	2.2	4725	17.3	79.2	0.5	0.7	2.3	10595
AD	34.9	57.6	2.1	0.2	5.2	2801	46.7	47.4	3.3	0.3	2.3	306
MD	35.3	57.3	1.9	0.5	4.9	17903	36.2	60.1	1.8	0.8	1.1	2372
JAD	31.4	62.7	1.5	0.7	3.8	28439	29.4	67.5	1.1	1.0	1.0	6420
WAD	25.7	69.8	1.4	0.6	2.5	17040	19.1	77.3	0.7	0.7	2.2	16314
Total	**31.1**	**62.8**	**1.6**	**0.6**	**3.8**	**66183**	**23.6**	**72.9**	**0.9**	**0.8**	**1.8**	**25421**

Table 6 (a): Percentage distribution of households utilising health services under different levels of deprivation by sources , place of residence and states

	Rural					Urban				
	Public	Private	NGO/P aramed ical	Others	N	Public	Private	NGO/P aramed ical	Others	N
Andhra Pradesh										
AD	25.9	64.1	8.2	1.8	170	35.3	58.8	5.9	-	17
MD	18.2	75.5	4.9	1.3	833	26.7	67.5	5.0	0.8	120
JAD	14.3	79.3	5.9	0.6	1194	17.4	77.6	4.6	-	241
WAD	7.9	84.0	6.2	1.8	693	11.6	84.0	1.7	2.6	588
All	14.6	78.4	5.8	1.2	2890	15.3	79.9	2.9	1.7	966
Assam										
AD	80.8	14.5	4.1	0.6	172	66.7	33.3	-	-	3
MD	82.2	15.1	2.5	0.2	916	59.0	33.3	5.3	-	39
JAD	82.5	14.2	2.6	0.6	1060	47.1	42.9	7.2	1.4	70
WAD	77.3	20.4	1.3	1.1	550	38.4	56.8	2.7	2.2	185
All	81.2	15.8	2.4	0.6	2698	43.4	50.2	4.1	1.7	297
Bihar										
AD	8.3	85.2	2.2	4.3	602	5.3	89.5	-	5.3	19
MD	8.7	84.7	2.7	3.8	2163	10.7	84.0	2.3	3.1	131
JAD	8.7	87.4	1.7	2.2	1921	17.7	79.4	1.7	1.1	175
WAD	6.5	89.3	1.7	2.5	829	19.6	74.5	4.0	2.1	377
All	8.3	86.4	2.1	3.1	5515	17.1	77.9	3.0	2.1	702
Gujarat										
AD	55.6	42.6	1.9	-	54	23.1	61.5	15.4	-	13
MD	48.8	49.5	1.3	0.4	461	38.9	57.0	4.0	-	149
JAD	38.4	60.1	1.5	-	874	28.9	66.4	4.6	-	304
WAD	23.4	73.7	2.5	0.4	849	12.1	85.0	2.4	0.5	1227
All	35.3	62.6	1.8	0.2	2238	17.6	79.0	3.0	0.4	1693
Haryana			-							
AD	35.7	64.3	-	-	14	33.3	66.7	-	-	3
MD	14.4	85.1	0.3	0.5	215	17.1	82.9	-	-	35
JAD	17.0	82.7	0.1	-	729	26.0	74.0	-	-	123
WAD	16.1	83.6	0.2	0.2	978	13.6	85.4	0.4	0.5	733
All	16.4	83.3		0.2	1936	15.5	83.7	0.3	0.4	894
Karnataka										
AD	50.0	50.0	-	-	56	60.0	40.4	-	-	25
MD	48.1	50.9	0.9	0.2	578	33.6	66.4	-	-	113
JAD	43.3	56.0	0.4	0.3	1114	30.4	68.9	0.5	0.2	408
WAD	32.7	66.2	0.7	0.4	970	16.2	81.7	0.9	1.2	998
All	40.7	58.4	0.6	0.3	2718	22.0	76.5	0.7	0.8	1544
Kerala										
AD	91.7	8.3	-	-	12	-				-
MD	54.2	42.6	1.1	2.1	373	64.3	32.1	3.6		28
JAD	41.5	56.2	0.8	1.5	1100	51.4	45.7	2.2	.7	139
WAD	26.8	69.1	1.7	2.4	660	27.1	65.8	2.3	4.7	512
All	39.4	57.5	1.1	1.9	2145	33.7	60.2	2.4	3.	680

Table: 6 a (contd)

	Rural					Urban				
	Public	Private	NGO/Para	Others	N	Public	Private	NGO/Para	Others	N
Madhya Pradesh										
AD	25.0	75.0	-	-	16	44.1	44.1	5.9	5.9	34
MD	36.9	58.4	4.1	0.6	1063	35.7	62.4	2.0	-	255
JAD	35.8	58.7	4.8	0.7	2564	31.3	67.4	1.1	0.4	521
WAD	30.4	66.3	1.9	1.4	1390	32.3	64.5	1.1	2.0	897
All	34.5	60.8	3.8	0.9	5033	32.7	64.7	1.3	1.3	1707
Maharashtra										
AD	32.0	64.8	-	3.1	128	58.3	29.2	12.5	-	24
MD	30.8	68.6	0.2	0.3	885	35.3	62.7	1.6	0.4	252
JAD	23	76.6	0.3	0.1	1478	21.3	77.1	1.1	0.5	922
WAD	18.8	79.7	0.8	0.6	799	10.5	87.9	0.7	0.9	1322
All	24.4	74.7	0.4	0.4	3290	17.4	80.9	1.0	0.7	2520
Orissa										
AD	86.1	7.3	0.6	6.0	316	80.0	13.3	2.2	4.4	45
MD	87.7	9.3	0.7	2.3	1537	67.0	26.8	3.1	3.1	97
JAD	86.0	11.5	0.8	1.6	1699	64.7	30.1	3.2	1.9	156
WAD	85.4	12.1	0.2	2.3	611	59.3	35.6	0.5	4.6	216
All	86.5	10.5	0.6	2.3	4163	64.2	30.4	1.9	3.5	514
Punjab										
AD	14.3	85.7	-	-	7	-	-	-	-	-
MD	15.7	84.3	-	-	102	-	100	-	-	5
JAD	16.9	82.4	0.5	0.2	432	21.8	74.5	3.6	-	55
WAD	13.4	86.2	0.1	0.3	1488	12.3	86.7	0.3	0.6	865
All	14.2	85.3	0.2	0.2	2029	12.8	86.1	0.5	0.5	925
Rjasthan										
AD	67.7	31.3	1.0	-	96	55.6	44.4	-	-	9
MD	70.7	27.0	0.5	1.9	1271	53.4	44.3	2.3	-	88
JAD	65.5	32.3	0.4	1.7	2007	53.9	44.2	-	1.8	330
WAD	61.0	34.6	1.5	2.9	1324	56.1	41.0	0.3	2.7	1162
All	65.7	31.5	0.7	2.1	4698	55.5	41.9	0.3	2.3	1589
Tamil Nadu										
AD	63.1	33.8	2.5	0.6	157	76.9	23.1	-	-	26
MD	56.6	42.3	0.9	0.2	911	55.1	42.5	2.0	0.4	247
JAD	39.9	59.1	0.7	0.3	1665	41.0	57.7	0.6	0.6	639
WAD	22.2	77.0	0.3	0.5	749	15.4	83.2	0.6	0.9	879
All	41.5	57.4	0.7	0.3	3482	30.9	67.6	0.8	0.7	1791
West Bengal										
AD	40.0	36.8	-	**23.2**	185	30.9	72.7	-	0.7	11
MD	34.6	30.0	4.4	**31.0**	1096	18.2	54.0	4.6	9.1	87
JAD	25.8	39.5	4.0	**30.7**	1462	23.5	64.2	5.3	80	243
WAD	21.6	49.2	4.8	**24.4**	541	12.1	78.7	2.2	7.0	875
All	28.8	37.8	4.0	**29.4**	3284	16.0	74.0	3.0	7.1	1216
UP										
AD	7.1	91.2	-	1.8	170	20.0	80.0	-	-	15
MD	9.3	85.8	2.1	2.8	1757	15.3	82.3	3.2	-	124
JAD	9.8	86.5	1.5	2.1	3169	15.3	81.5	2.7	0.5	372
WAD	13.0	84.3	1.5	1.2	1687	15.2	80.9	1.6	2.3	1333
All	10.4	85.9	1.6	2.1	6783	15.3	81.1	1.9	1.8	1844

Table 6 (b) Percentage of ailments receiving non-hospitalised treatment by public and private providers in major states of India , NFHS and NSSO

State	Rural				Urban			
	NSS		NFHS		NSS		NFHS	
	Public	Private	Public	Private	Public	Private	Public	Private
Andhra Pradesh	22 (29)	53 (71)	15	78	19 (22)	68 (78)	15	80
Assam	29 (52)	27 (48)	81	16	22 (35)	41 (65)	44	51
Bihar	13 (17)	65 (83)	8	86	33 (38)	53 (62)	17	78
Gujarat	25 (27)	67 (73)	35	63	22 (23)	75 (73)	18	79
Haryana	13 (13)	84 (87)	16	83	11 (11)	87 (89)	16	84
Karnataka	26 (34)	51 (66)	41	58	17 (19)	74 (81)	22	77
Kerala	28 (31)	61 (69)	39	58	28 (31)	62 (69)	34	60
Madhya Pradesh	23 (27)	62 (73)	35	61	19 (20)	75 (80)	33	65
Maharashtra	16 (18)	73 (82)	24	75	17 (18)	77 (82)	17	81
Orissa	38 (55)	31 (45)	87	11	34 (39)	53 (61)	64	30
Punjab	7 (7)	92 (93)	14	85	6 (6)	91 (94)	13	86
Rajasthan	36 (40)	54 (60)	66	32	41 (45)	50 (55)	56	42
Tamil Nadu	25 (32)	54 (68)	42	57	28 (30)	65 (70)	31	68
Uttar Pradesh	8 (9)	83 (91)	10	86	9 (10)	85 (90)	15	81
West Bengal	15 (19)	65 (81)	29	38	19 (21)	72 (79)	16	74
India	**19 (23)**	**64 (77)**	**31**	**63**	**20 (22)**	**72 (78)**	**24**	**73**

Source: Morbidity and Treatments of Aliments (Nov 1998), NSS 52nd Round , July 1995-June 1996, Table 4.11, p-24
Figures in the parenthesis shows the relative distribution of private and public sector utilization

Table 7 (a): Percentage distribution of women utilising family planning services by sources and place of residence in India

Limiting	Rural			Urban			Combined		
	Public	Private	Others	Public	Private	Others	Public	Private	Others
0	95.8	3.1	1.0	87.9	12.1		94.7	4.4	.9
1	94.3	5.0	.7	89.7	8.2	2.1	93.9	5.3	.8
2	94.4	4.4	1.2	91.1	5.6	3.2	93.9	4.6	1.4
3	93.2	6.0	.8	90.9	7.7	1.3	92.8	6.4	.9
4	89.5	9.6	.9	85.2	13.7	1.1	88.7	10.4	.9
5	86.2	12.6	1.2	73.5	23.9	2.6	82.7	15.7	1.6
6	82.5	16.2	1.3	63.2	34.5	2.4	70.7	27.4	2.0
AD	95.8	3.1	1.0	87.9	12.1		94.7	4.4	.9
MD	94.4	4.6	1.0	90.7	6.4	2.9	93.9	4.9	1.2
JAD	91.1	8.1	.8	87.6	11.2	1.2	90.4	8.7	.9
WAD	85.1	13.6	1.3	67.0	30.5	2.5	77.5	20.7	1.8
N	19780	2009	221	6245	1920	177	26025	3928	397
Spacing									
0	40.0	5.0	55.0			100.0	38.1	4.8	57.1
1	46.2	5.9	47.9	53.8	7.7	38.5	46.6	6.0	47.4
2	35.1	11.6	53.3	35.7	21.4	42.9	35.1	13.4	51.5
3	39.2	8.6	52.2	32.1	11.7	56.2	37.5	9.3	53.2
4	31.1	14.3	54.6	30.9	13.2	56.0	31.1	14.0	55.0
5	30.8	16.8	52.4	20.7	18.7	60.7	26.5	17.6	55.8
6	29.0	18.5	52.5	15.6	23.5	60.9	18.6	22.4	59.0
AD	40.0	5.0	55.0			100.0	38.1	4.8	57.1
MD	39.0	9.6	51.5	39.3	19.6	41.1	38.9	11.0	50.1
JAD	34.5	11.9	53.6	31.3	12.6	56.1	33.6	12.1	54.3
WAD	30.1	17.5	52.4	16.8	22.4	60.8	21.5	20.6	57.8
N	916	400	1470	564	623	1770	1481	1022	3240

Table 7 (b) : Percentage distribution of women using family Planning services (limiting method) by sources, level of deprivation and states

State	Rural			Urban			Combined		
	Public	Private	Total N	Public	Private	Total N	Public	Private	Total N
Andrhra Pradesh									
AD	95.8	4.2	48	66.7	33.3	9	91.2	8.8	57
MD	90.4	9.3	365	92.9	4.8	42	90.7	8.8	407
JAD	86.6	12.8	666	82.4	16.9	142	85.9	13.5	8.8
WAD	74.2	24.6	496	60.0	38.8	335	68.5	30.3	831
Total	83.9	15.4	1557	68.8	30.1	528	80.1	19.1	2103
Bihar									
AD	96.0	4.0	50	66.7	33.3	3	94.3	5.7	53
MD	93.9	5.7	264	77.8	22.2	27	92.4	7.2	291
JAD	87.4	12.2	485	84.4	15.6	32	87.2	12.4	517
WAD	75.7	23.7	350	59.7	39.5	129	71.3	28.1	480
Total	85.7	13.8	1149	66.5	33.0	191	82.9	16.6	1341
Maharashtra									
AD	96.6	3.1	32	100		3	94.4	5.6	36
MD	97.0	1.9	363	88.0	7.2	83	95.3	2.9	446
JAD	92.3	7.3	822	85.9	13.0	370	90.4	9.1	1192
WAD	81.9	17.2	443	53.5	43.7	460	67.4	30.7	902
Total	90.7	8.7	1660	69.9	27.8	916	83.2	15.5	2576
Orissa									
AD	90.7	8.7	61	100.0		11	98.6	1.4	73
MD	98.4	1.6	410	94.7	5.3	19	98.8	1.2	429
JAD	99.0	1.0	601	93.2	6.8	44	97.7	2.0	645
WAD	98.0	1.7	252	88.0	12.0	75	93.9	5.5	327
Total	97.9	1.8	1324	91.3	8.7	149	97.2	2.5	1474
Tamil Nadu									
AD	85.7	4.8	21	100.0		3	87.5	4.2	24
MD	86.4	10.6	273	93.3	5.3	75	87.7	9.5	349
JAD	83.5	14.2	649	82.4	16.5	279	83.2	14.9	928
WAD	72.8	22.6	305	56.7	40.7	337	64.2	32.2	642
Total	81.6	15.3	1248	71.2	26.9	694	77.8	19.5	1943
Uttar Pradesh									
AD	100.0		10				100.0		10
MD	95.9	4.1	171	100.0		4	96.0	4.0	175
JAD	97.0	3.0	461	91.5	7.0	71	96.2	3.6	532
WAD	94.0	6.0	384	80.2	19.8	258	88.5	11.5	642
Total	95.7	4.3	1026	82.9	16.8	333	92.6	7.4	1359

Appendix: Household ownership of durable goods, India

Durable goods	Urban	Rural	Total
1.Pressure cooker	65.2	16.0	29.6
2.Clock/watch	90.1	57.5	66.5
3.Electric fan	82.2	31.4	45.5
4.Bicycle	53.5	45.7	47.8
5.Radio/Transistor	53.2	32.2	38.0
6.Sewing machine	35.5	11.9	18.4
7.Telephone	20.1	2.6	7.4
8.Refrigerator	28.8	3.7	10.6
9.Television (B & W)	44.8	17.0	24.7
10.Television (colour)	27.3	3.5	10.1
11.Moped/scooter/motorcycle	25.0	6.0	11.2
12.Car	4.4	0.6	1.6
13.Water pump	9.3	8.2	8.5
14.Tractor	0.8	2.0	1.6
N	25243	65953	91196

Source: NFHS 2, 1998-99, All India Report