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AN ANALYSIS OF HEALTH PROFILE OF THANJAVUR DISTRICT AS ENVISAGED BY NATIONAL FAMILY HEALTH SURVEY 2019-21

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ABSTRACT

National Family Health Survey-5 (NFHS-5) fieldwork for India was conducted in two phases, during the years between 2019 and 2021 by 17 Field Agencies and gathered information from 636,699 households, 724,115 women, and 101,839 men. Information was gathered from 27,929 households, 25,650 women, and 3,372 men from Tamil Nadu and in Thanjavur from 826 households, 687 women, and 83 men. This research paper points out the health indicators in which Thanjavur District improved over the earlier NFHS and over the State as well as Country level averages in the NFHS-5. As per The NFHS -4 the sex ratio has raised marginally to 1053 and in the NFHS-5, sharply raised to 1112. The sex ratio of the country is also remarkably high crossing 1000 mark, first time in the Indian statistical history in the NFHS-5. NFHS-5 reveals positive note that the child sex ratio restoration back to 934. It reflects the changing mindset proliferating in the district towards the female. Amidst the negative mindset towards upbringing girl children in the state of Tamil Nadu, revealed by the reduced child sex ratio of 878 in NFHS -5 from 954 in NFHS-4 in Tamil Nadu a sharp positive increase in the child sex ratio in Thanjavur is fair enough to the fair sex. On the other hand, the reason for the reduction in the child sex ratio in the rest of the state of Tamil Nadu needs an immediate attention comparing the previous NFHS. It is also to be noted here that even the country level child sex ratio also is in increasing trend as per the present NFHS comparing its earlier survey.

KEYWORDS: ***National Family Health survey, Government sponsored health insurance schemes, health insurance, Sex ratio, child sex ratio, AB-PMJAY.***

JEL Classifications: I13, I18

The National Family Health Surveys (NFHS) are conducted by the Ministry of Health & Family Welfare and has played a crucial role in providing the Government of lndia and the stakeholders with reliable inputs to facilitate a stock taking of various flagship programmes as well as achieve the vision of the National Health Policy. The NFHS-S, with a reference period 2019-2021 is also expected to provide vital information on reproductive and child health, fertility and family planning, health insurance, nutrition, HIV/AIDS, non-communicable diseases and many other related issues.

The findings from NFHS have always provided valuable pointers to assess the extent of utilization of various services extended by the Government, particularly in the field of Maternal and Child Health (MCH). Also. the findings from previous rounds were instrumental in framing several programmes and interventions to tackle the issues identified for sub-optimal performance on some of the key indicators, specially for improving MCH, adolescent health, child outcomes. Likewise, NFHS-5 results information on several new aspects including, expanded domains of child immunization, components of micro-nutrients to children, frequency of alcohol and tobacco use, additional components of Non-communicable diseases (NCD) and expanded age ranges for measuring hypertension and diabetes among all aged l5 years or above etc. This is expected to give the necessary pointers for further strengthen of the programmes and identify areas for new strategies and interventions. Another significant contribution of NFHS-S is to provide recent estimates of SDG health indicators for tracking the progress made towards achieving the SDGs by the year 2030.

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PERIOD AND SAMPLE SIZE OF NFHS-5

NFHS-5 fieldwork for India was conducted in two phases, phase one from 17 June 2019 to 30 January 2020 and phase two from 2 January 2020 to 30 April 2021 by 17 Field Agencies and gathered information from 636,699 households, 724,115 women, and 101,839 men. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Tamil Nadu was conducted from 6 th January 2020 to 21st March 2020 prior to the lockdown and from 21st December 2020 to 31st March 2021 post lockdown by School of Public Health, SRM University. Information was gathered from 27,929 households, 25,650 women, and 3,372 men. In Thanjavur, information was gathered from 826 households, 687 women, and 83 men.

The earlier NFHS-4 fieldwork for India was conducted in 2015 & 2016 by 14 Field Agencies and gathered information from 601509 households, 699686 women, and 112122 men. In Tamil Nadu 27,929 households, 25,650 women, and 3,372 men and in Thanjavur, 799 households, 868 women, and 144 men were surveyed by EHI International Pvt Ltd.

SIGNIFICANCE OF THE PRESENT STUDY

Thanjavur District is one of the 38 Districts in the State of Tamil Nadu and it is one of the biggest districts in Tamil Nadu State with an area of 3,397 Square km. It lies on the east coast of Tamil Nadu. Thanjavur being the foremost district of the Cauvery delta occupies an important position in the agricultural map of Tamil Nadu state. Since its formation, the district is called as the rice bowl of Tamil Nadu.

As of 2011, Thanjavur district has recorded a Sex Ratio of 1035, the second highest among the districts in the State. Yet the trend witnessed in the rural Thanjavur District is not that much appreciable. The rural sex ratio in Thanjavur District first time fell below the urban sex ratio in the Census statistics as per the Census 2011. Further, child sex ratio was just 957 girls per 1000 boys compared to figure of 959 girls per 1000 boys in the earlier census 2001.The rural Child sex ratio fell down to 930 in District Level Health Survey 2012-13 and worsening still to 830 as per the National Family Health survey 2015-16, inferring that the District goes alarmingly sex selective which will affect not only the sex ratio at birth but also the adult sex ratio, as frequent abortions tend to lead to poorer health condition of the women. It reflects a masculine mindset proliferating in the rural part of the district undermining the very existence of the female children at the cost of the pregnant women's health.

So how the sex ratio is improved in the present NFHS and how the health infrastructure of the District is evolved to cater the health and welfare of the public, particularly women is analysed with the help of the outcomes of the NFHS-5 of Thanjavur comparing that of Tamil Nadu as well as of India as a whole.

This research paper thus figures out the health indicators in which Thanjavur District improved over the earlier NFHS and over the State and Country level averages in the recently conducted NFHS-5.

ANALYSIS AND RESULTS

The following Table compares the key health indicators of Thanjavur in NFHS-5 with those of Tamil Nadu State and Country along with its previous survey results.

Table No.1.: TABLE SHOWING NFHS-5 (2021) RESULTS OF THANJAVUR DISTRICT WITH THOSE OF TAMIL NADU AND INDIA

	THANJAVUR		TAMILNADU		INDIA	
Health Indicators	**NFHS 5**	**NFHS-4**	**NFHS-5**	**NFHS-4**	**NFHS-5**	**NFHS-4**
Population and Household Profile						
1. Female population age 6 years and above who ever attended school (%)	80.6	77.2	80.4	77.2	71.8	68.8
2. Population below age 15 years (%)	19.6	23.6	21.0	23.3	26.5	28.6
3. Sex ratio of the total population (females per 1,000 males)	1112	1059	1,088	1,033	1,020	991
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	934	833	878	954	929	919
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.3	95.4	98.3	98.3	89.1	79.7
6. Deaths in the last 3 years registered with the civil authority (%)	82.6	na	93.0	na	70.8	na
7. Population living in households with electricity (%)	98.8	98.2	99.3	99.0	96.8	88.0

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8. Population living in households with an improved drinking-water source(%)	99.7	99.6	98.6	97.7	95.9	94.4
9. Population living in households that use an improved sanitation facility2 (%)	79.6	46.8	72.6	52.5	70.2	48.5
10. Households using clean fuel for cooking(%)	69.4	47.3	82.9	73.0	58.6	43.8
11. Households using iodized salt (%)	95.3	78.5	92.0	82.8	94.3	93.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	70.6	69.5	66.5	64.1	41.0	28.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	30.1	na	25.2	na	13.6	na
14. Women who are literate(%)	83.8	na	84.0	na	71.5	na
15. Women with 10 or more years of schooling (%)	54.3	48	56.6	50.9	41.0	35.7
Marriage and Fertility						
16. Women age 20-24 years married before age 18 years (%)	4.1	13.7	12.8	16.3	23.3	26.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	1.8	na	na	na	na
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.4	3.5	6.3	5	6.8	7.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period(%)	98.2	88.5	98.3	91.4	77.3	57.6
20. Any method(%)	64.8	48.5	68.6	53.2	66.7	53.5
21. Any modern method(%)	60.6	47.1	65.5	52.6	56.5	47.8
22. Female sterilization (%)	51.7	42.2	57.8	49.4	37.9	36.0
23. Male sterilization (%)	0	0	0.1	0.0	0.3	0.3
24. IUD/PPIUD (%)	4.9	3.7	4.8	1.9	2.1	1.5
25. Pill (%)	0.2	0.2	0.3	0.2	5.1	4.1
26. Condom (%)	2.6	1	1.8	0.8	9.5	5.6
27. Injectables (%)	0.3	0	0.2	0.1	0.6	0.2
28. Total unmet need (%)	9.5	12.6	7.5	10.1	9.4	12.9
29. Unmet need for spacing(%)	2.7	5.2	3.0	4.8	4.0	5.7
30. Health worker ever talked to female non-users about family planning (%)	23.3	31.6	28.5	30.2	23.9	17.7
31. Current users ever told about side effects of current method(%)	66	77	82.6	76.6	62.4	46.6
32. Mothers who had an antenatal check-up in the first trimester (%)	86.1	73.9	77.4	64.0	70.0	58.6
33. Mothers who had at least 4 antenatal care visits (%)	93.7	90.2	89.9	81.1	58.1	51.2
34. Mothers whose last birth was protected against neonatal tetanus(%)	89.5	65.8	89.7	71.0	92.0	89.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	79.3	64.6	82.5	64	44.1	30.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	67.2	37.7	63.1	40.1	26	14.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99	95.7	98.8	96.0	95.9	89.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.8	64.4	93.2	74.0	78.0	62.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3425	2050	3,316	2,609	2,916	3,197
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	na	na	na	11.3	4.2	2.5

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41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	97.1	Na	94.9	na	79.1	na
42. Institutional births (%)	100	98.4	99.6	98.9	88.6	78.9
43. Institutional births in public facility (%)	59.5	65.1	66.9	66.7	61.9	52.1
44. Home births that were conducted by skilled health personnel(%)	0	1.1	0.2	0.6	3.2	4.3
45. Births attended by skilled health personnel10 (%)	100	99.2	99.8	99.2	89.4	81.4
46. Births delivered by caesarean section (%)	51.4	43	44.9	34.1	21.5	17.2
47. Births in a private health facility that were delivered by caesarean section (%)	77.1	63.6	63.8	51.3	47.4	40.9
48. Births in a public health facility that were delivered by caesarean section (%)	33.8	33.5	36.0	26.3	14.3	11.9
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%)	78.5	74.6	89.2	69.7	76.4	62.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only(%)	66.7	75.5	90.4	76.1	83.8	77.9
51. Children age 12-23 months who have received BCG (%)	100	96.6	97.6	94.9	95.2	91.9
52. Children age 12-23 months who have received 3 doses of polio vaccine13 (%)	78.5	86.1	91.5	82.3	80.5	72.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.2	91	94.8	84.5	86.7	78.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.4	93	95.8	85.1	87.9	81.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.9	Na	44.7	na	31.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%)	33.2	Na	66.4	na	36.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.4	78	92.3	68.2	83.9	62.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	49.8	72.7	68.2	73	71.2	64.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.8	84.7	89.8	86.1	94.5	90.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	10.2	15.3	10.1	14.0	4.2	7.2
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.8	7.7	3.7	8.0	7.3	9.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) . .	na	na	53.8	61.8	30.5	20.3
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) . .	na	na	28.9	41.3	60.6	50.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%) . .	na	na	60.2	73.2	68.9	67.9
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.6	5.3	1.1	2.8	2.8	2.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	69.4	83.3	67.4	82.2	69.0	73.2
67. Children under age 3 years breastfed within one hour of birth (%)	62.9	53.4	60.2	54.7	41.8	41.6
68. Children under age 6 months exclusively breastfed	na	na	55.1	48.3	63.7	54.9

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(%) . .						
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk(%) . .	na	na	66.5	67.5	45.9	42.7
70. Breastfeeding children age 6-23 months receiving an adequate diet(%)	10.5	24	12.8	21.4	11.1	8.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%) . .	na	na	24.1	47.1	12.7	14.3
72. Total children age 6-23 months receiving an adequate diet (%)	18.2	32.3	16.3	30.7	11.3	9.6
73. Children under 5 years who are stunted (height-for-age)(%)	19.6	26	25.0	27.1	35.5	38.4
74. Children under 5 years who are wasted (weight-for-height) (%)	8.3	20.4	14.6	19.7	19.3	21.0
75. Children under 5 years who are severely wasted (weight-for-height)19 (%)	3.7	7.5	5.5	7.9	7.7	7.5
76. Children under 5 years who are underweight (weight-for-age) (%)	21.9	22.9	22.0	23.8	32.1	35.8
77. Children under 5 years who are overweight (weight-for-height) (%)	4.9	3.2	4.3	5.0	3.4	2.1
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m2) (%)	12.7	15.7	12.6	14.6	18.7	22.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m2) (%)	42.8	33.3	40.4	30.9	24.0	20.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	54.8	na	55.9	na	56.7	na
81. Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	64.8	54.4	57.4	50.7	67.1	58.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)(%)	59.1	58.1	53.6	55.4	57.2	53.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	na	62	48.3	44.4	52.2	50.4
84. All women age 15-49 years who are anaemic22 (%)	59	58.2	53.4	55.0	57.0	53.1
85. All women age 15-19 years who are anaemic22 (%)	60	59.6	52.9	54.2	59.1	54.1
Women						
86. Blood sugar level - high (141-160 mg/dl) (%)	7.8	na	7.5	na	6.1	na
87. Blood sugar level - very high (>160 mg/dl) (%)	12.9	na	11.1	na	6.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	23.3	na	20.7	na	13.5	na
Men						
89. Blood sugar level - high (141-160 mg/dl)(%)	7.6	na	8.1	na	7.3	na
90. Blood sugar level - very high (>160 mg/dl) (%)	18.4	na	11.9	na	7.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	29	na	22.1	na	15.6	na
Women						
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17	na	14.3	na	12.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7	na	6.2	na	5.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.8	na	24.8	na	21.3	na
Men						
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.7	na	19.5	na	15.7	na

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99. Ever undergone a breast examination for breast cancer (%)	4.5	na	5.6	na	0.9	na
100. Ever undergone an oral cavity examination for oral cancer (%)	2.2	na	1.2	na	0.9	na
101. Women age 15 years and above who use any kind of tobacco (%)	7.6	na	4.9	na	8.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	22.4	na	20.1	na	38.0	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na	0.3	na	1.3	na
104. Men age 15 years and above who consume alcohol (%)	30	na	25.4	na	18.8	na

SEX RATIO IN THANJAVUR DISTRICT AS PER NFHS-5

The sex ratio of the population is calculated for number of females for every 1000 males, irrespective of age. The child sex ratio is also calculated in the same manner for the children aged upto 6 years. The total sex ratio in Thanjavur district as per 2011 census was 1035. This was recorded as 1021 in 2001 census. The child sex ratio in the Thanjavur district during 2011 census was 957 and this was 959 in 2001 census.

As per The NFHS -4 it has raised marginally to 1053 and in the NFHS-5, sharply raised to 1112. The sex ratio of the country is also remarkably high crossing 1000 mark, first time in the Indian statistical history in the NFHS-5. If the same result is reflected by the forthcoming census also, it will definitely be deemed as a good sign of gender sensitization witnessed in the society.

Yet rural sex ratio in Thanjavur District first time fell below the urban sex ratio as per the Census 2011. Further, child sex ratio was just 957 girls per 1000 boys compared to figure of 959 girls per 1000 boys in the earlier census 2001.The rural Child sex ratio fell down to 930 in District Level Health Survey 2012-13 and worsening still to 833 as per the National Family Health survey 2015-16, inferring that the District goes alarmingly sex selective which will affect not only the sex ratio at birth but also the adult sex ratio, as frequent abortions tend to lead to poorer health condition of the women. But the NFHS-5 reveals positive note that the child sex ratio restoration back to 934. It reflects the changing mindset proliferating in the the district towards the female. Amidst the negative mindset towards upbringing girl children in the state of Tamil Nadu, revealed by the reduced child sex ratio of 878 in NFHS -5 from 954 in NFHS-4 in Tamil Nadu a sharp positive increase in the child sex ratio in Thanjavur is fair enough to the fair sex. On the other hand, the reason for the reduction in the child sex ratio in the rest of the state of Tamil Nadu needs an immediate attention comparing the previous NFHS. It is also to be noted here that even the country level child sex ratio also is in increasing trend as per the present NFHS comparing its earlier survey.

Tamil Nadu, among 21 bigger states, tops in the Composite index developed by Health Management Information System (HMIS) based on analysis of April-June, 2021 of selected thirteen indicators covering RCH services, Patients services and Bed Occupancy Rate. But the same report also tells us that Tamil Nadu is only in the 5th place when it comes to actual sex ratio at birth as 944.

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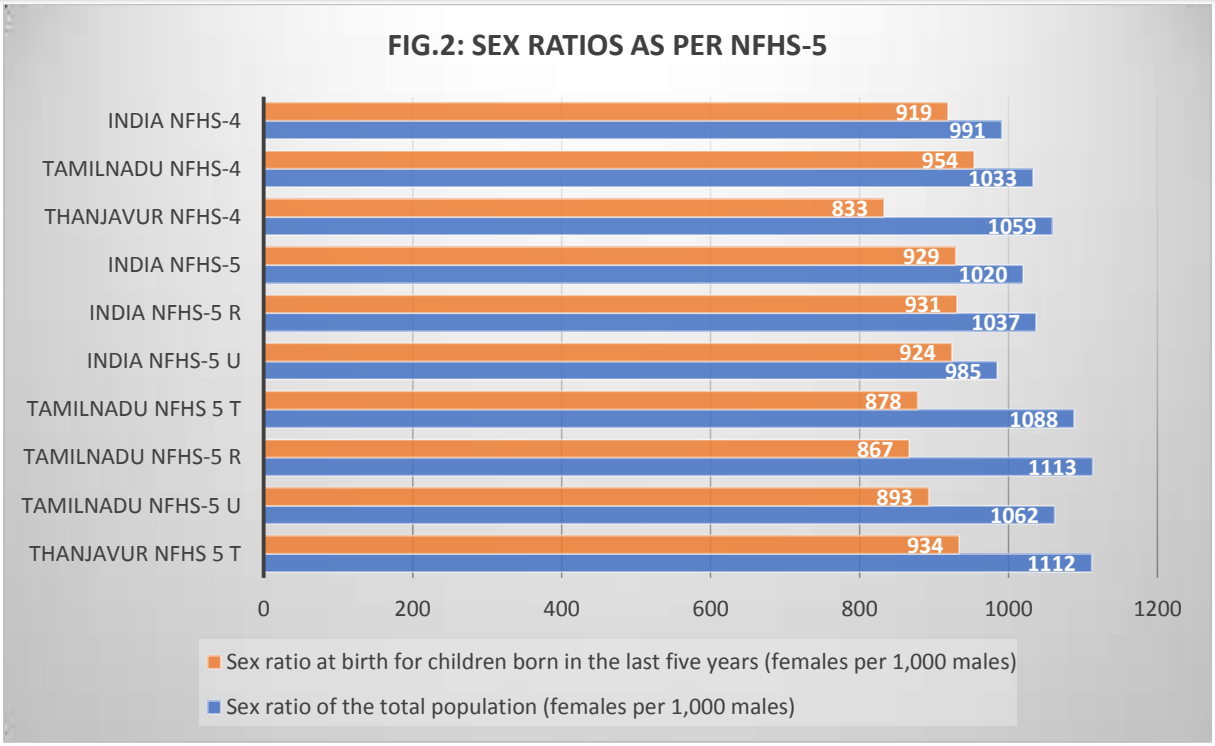

FEMALE LITERACY RATIO IN NFHS -5

Education alone can make the so-called weaker sex stronger. As per Census 2011, **t**he total literacy rate of Thanjavur district is 82.64%**.** The male literacy rate is 79.86% and the female literacy rate is 69.21% in Thanjavur district. Out of total population, 35.4% people lives in Urban areas while 64.6% lives in the Rural areas. The average literacy rate in urban areas is 89.2% while that in the rural areas is 79%.

As the female literacy is one of the key factor in women empowerment and in prevention of sex specific abortion the literacy rate is to be improved further. The NFHS -5 exhibits the exemplary improvement in this sphere with a female literacy rate of 83.8 which is surely have a positive relationship with an admiring sex ratio and improved child sex ratio in the Thanjavur District. The all-Indian Figure of 71.9 in NFHS-5 also is also a noteworthy sign and the Government's initiatives has made it possible.

OTHER FINDINGS

1. **Indicators In Which Thanjavur District Figures Are Much Better Than The Indian Average:** Out of the 104 indicators taken into consideration for comparison, following are the few important factors that are found better in Thanjavur comparing the Country's averages as per the NFHS-5**.** For example, Sex ratio of the total population (females per 1,000 males) improved a maximum by 92 comparing the country's average. Other indicators include: Households using iodized salt (%), Ever undergone an oral cavity examination for oral cancer (%), Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%), Population living in households with electricity (%), Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%), usage of IUD/PPIUD (%), Any modern method(%) of contraception usage Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%), Ever undergone a breast examination for breast cancer (%), Population living in households with an improved drinking-water source(%), Children age 12-23 months who have received BCG (%), Sex ratio at birth for children born in the last five years (females per 1,000 males), Children age 12-23 months who received most of their vaccinations in a private health facility (%), Total children age 6-23 months receiving an adequate diet (%), Ever undergone a screening test for cervical cancer (%), Female population age 6 years and above who ever attended school (%), Population living in households that use an improved sanitation facility (%), Children under age 5 years whose birth was registered with the civil authority (%), Births attended by skilled health personnel (%), Households using clean fuel for cooking(%),

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Institutional births (%), Deaths in the last 3 years registered with the civil authority (%), Women who are literate(%), Women with 10 or more years of schooling (%), Female sterilization (%), Mothers who received postnatal care from a doctor/nurse/.LHV/ANM/midwife/other health personnel within 2 days of delivery (%), Mothers who had an antenatal check-up in the first trimester (%), Children age 5 years who attended pre-primary school during the school year 2019-20 (%), Children who received postnatal care from a doctor/nurse/.LHV/ANM/midwife/other health personnel within 2 days of delivery (%), Women age 15-24 years who use hygienic methods of protection during their menstrual period(%), Children under age 3 years breastfed within one hour of birth (%), Households with any usual member covered under a health insurance/financing scheme (%), Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%), Mothers who had at least 4 antenatal care visits (%), and Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%).

2. **Indicators In Which Thanjavur Figures Are Much Better Than Tamil Nadu State Average:** Out of the 104 indicators taken into consideration for comparison, following are the few important factors that are found better in Thanjavur comparing the State's averages as per the NFHS-5**.** These include: Children age 12-23 months who received most of their vaccinations in a public health facility (%), Children age 12-23 months who received most of their vaccinations in a private health facility (%), Use of contraceptive Injectables (%), usage of Condom (%) and IUD/PPIUD (%), Female population age 6 years and above who ever attended school (%), Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%), Births attended by skilled health personnel(%), Institutional births (%), Mothers who received postnatal care from a doctor/nurse/.LHV/ANM/midwife/other health personnel within 2 days of delivery (%),Children under age 5 years whose birth was registered with the civil authority (%), Ever undergone an oral cavity examination for oral cancer (%), Prevalence of diarrhoea in the 2 weeks preceding the survey (%), Population living in households with an improved drinking-water source(%), Total children age 6-23 months receiving an adequate diet (%), Children who received postnatal care from a doctor/nurse/.LHV/ANM/midwife/other health personnel within 2 days of delivery (%), Children age 12-23 months who have received BCG (%), Children under age 3 years breastfed within one hour of birth15 (%), Households using iodized salt (%), Mothers who had at least 4 antenatal care visits (%), Households with any usual member covered under a health insurance/financing scheme (%), Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%), Children age 5 years who attended pre-primary school during the school year 2019-20 (%), Population living in households that use an improved sanitation facility (%), All women age 15-19 years who are anaemic(%), Sex ratio of the total population (females per 1,000 males), Sex ratio at birth for children born in the last five years (females per 1,000 males).

3. **Indicators In Which Thanjavur Figures Are Much Better Than Previous NFHS-4:** Following are the few important factors that are found better in Thanjavur in NFHS-5 comparing the NFHS-4, taken five years ago. It includes**:** Population living in households with an improved drinking-water source(%), Use of contraceptive Injectables, IUD/PPIUD, Condom, Female sterilization & Any modern method(%), Population living in households with electricity (%), Births attended by skilled health personnel (%), Households with any usual member covered under a health insurance/financing scheme (%), Institutional births (%), Children under 5 years who are overweight (weight-for-height) (%), Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%), Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%), Female population age 6 years and above who ever attended school (%), Children age 12-23 months who have received BCG (%), Mothers who had at least four antenatal care visits (%), Children under age 5 years whose birth was registered with the civil authority (%), Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%), Children age 12-23 months who received most of their vaccinations in a public health facility (%), Women with 10 or more years of schooling (%), Children under age 3 years breastfed within one hour of birth (%), Women age

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15-24 years who use hygienic methods of protection during their menstrual period(%), Mothers who had an antenatal check-up in the first trimester (%), Households using iodized salt (%), Households using clean fuel for cooking(%), Mothers whose last birth was protected against neonatal tetanus(%), Mothers who received postnatal care from a doctor/nurse/.LHV/ANM/midwife/other health personnel within 2 days of delivery (%), Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%), Population living in households that use an improved sanitation facility (%), Sex ratio of the total population (females per 1,000 males), Sex ratio at birth for children born in the last five years (females per 1,000 males).

4. **Indicators In Which Thanjavur Figures Are Much Better Than Country, State as well as Previous NFHS-4:** Following are the important health indicators which are favourable to Thanjavur District, giving better edge over the State, Country as well as the NFHS-4. These include: Female population age 6 years and above who ever attended school (%), Households using iodized salt (%), Households with any usual member covered under a health insurance/financing scheme (%),usage of IUD/PPIUD (%), Sex ratio of the total population (females per 1,000 males), Mothers who had an antenatal check-up in the first trimester (%), Mothers who had at least four antenatal care visits (%), Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%), Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%), Mothers who received postnatal care from a doctor/nurse/.LHV/ANM/midwife/other health personnel within 2 days of delivery (%),Sex ratio at birth for children born in the last five years (females per 1,000 males), Institutional births (%), Births attended by skilled health personnel (%), Births delivered by caesarean section (%), Births in a private health facility that were delivered by caesarean section (%), Children under age 5 years whose birth was registered with the civil authority (%), Children age 12-23 months who have received BCG (%), Children under age 3 years breastfed within one hour of birth (%), population living in households with an improved drinking-water source(%),Population living in households that use an improved sanitation facility (%).

Similarly, following are the important negative indicators that were significantly came down faster than the State, Country as well as its own NFHS-4 performance. These include: Women age 20-24 years married before age 18 years (%), Unmet need for spacing between two pregnancies (%), Children under 5 years who are stunted (height-for-age)(%), Children under 5 years who are wasted (weight-for-height) (%), Children under 5 years who are severely wasted (weight-for-height)(%) and Children under 5 years who are underweight (weight-for-age) (%).

CONCLUSION

The NFHS-5 presents a rosy picture of performance in the field of health by the Thanjavur District. It is well supported by the health infrastructure that it possesses. These NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector that has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services. For example the strengthening of public health care facility making people preferring it over private one, higher/ Universal health insurance coverage and reduction of out of pocket expenditures for health are the concerns that need to be addressed immediately.

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