

Ministry of Health and Family Welfare

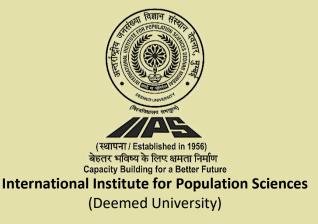
Compendium of Fact Sheets

KEY INDICATORS

STATE AND DISTRICTS OF ASSAM

National Family Health Survey (NFHS-5)

2019-20



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NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 41 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Assam. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. Information was gathered from 30,119 households, 34,979 women, and 4,973 men. Fact sheets for each district in Assam are also available separately.

Assam - Key Indicators

Assam - Rey mulcators	•	NEUO		NEUO 4
Indicators		NFHS-5		NFHS-4
Indicators		2019-20		(2015-16)
Population and Household Profile	Urban		Total	Total
1. Female population age 6 years and above who ever attended school (%)	87.9	76.5	78.2	75.0
2. Population below age 15 years (%)	21.3	29.5	28.3	30.3
3. Sex ratio of the total population (females per 1,000 males)	982	1,017	1,012	993
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	916	970	964	929
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.0	96.2	96.3	94.2
6. Deaths in the last 3 years registered with the civil authority (%)	80.5	62.8	65.5	na
7. Population living in households with electricity (%)	99.0	91.5	92.6	78.3
8. Population living in households with an improved drinking-water source ¹ (%)	92.3	85.0	86.0	84.2
9. Population living in households that use an improved sanitation facility ² (%)	69.7	68.4	68.6	49.0
10. Households using clean fuel for cooking ³ (%)	85.5	33.7	42.1	25.1
11. Households using iodized salt (%)	99.6	98.6	98.8	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	50.1	61.9	60.0	10.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.1	4.4	4.4	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate ⁴ (%)	87.5	75.4	77.2	na
15. Men who are literate ⁴ (%)	92.6	82.8	84.3	na
16. Women with 10 or more years of schooling (%)	49.0	26.2	29.6	26.2
17. Men with 10 or more years of schooling (%)	53.2	32.2	35.5	33.2
18. Women who have ever used the internet (%)	49.0	24.4	28.2	na
19. Men who have ever used the internet (%)	67.4	37.8	42.3	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	22.3	33.4	31.8	30.8
21. Men age 25-29 years married before age 21 years (%)	18.3	22.5	21.8	15.0
22. Total fertility rate (children per woman)	1.5	1.9	1.9	2.2
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.8	12.5	11.7	13.6
24. Adolescent fertility rate for women age 15-19 years ⁵	41	64	61	72
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	15.2	23.4	22.5	32.8
26. Infant mortality rate (IMR)	22.7	33.1	31.9	47.6
27. Under-five mortality rate (U5MR)	33.0	39.9	39.1	56.5
Current Use of Family Planning Methods (currently married women age 15-49 years)				
28. Any method ⁶ (%)	61.4	60.7	60.8	52.4
29. Any modern method ⁶ (%)	42.3	45.8	45.3	37.0
30. Female sterilization (%)	9.3	8.9	9.0	9.5
31. Male sterilization (%)	0.1	0.1	0.1	0.1
32. IUD/PPIUD (%)	3.4	2.9	2.9	2.2
33. Pill (%)	21.2	28.6	27.5	22.0
34. Condom (%)	7.6	4.4	4.9	2.7
35. Injectables (%)	0.3	0.6	0.5	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	3.0	3.0	5.0	3.1
36. Total unmet need ⁷ (%)	9.9	11.1	11.0	14.2
37. Unmet need for spacing ⁷ (%)	3.1	4.3	4.1	5.8
Quality of Family Planning Services	0.1	-∓.∪	-f. 1	5.0
38. Health worker ever talked to female non-users about family planning (%)	18.0	22.1	21.4	17.2
39. Current users ever told about side effects of current method ⁸ (%)				
Note: Major indicators are highlighted in grov	67.4	70.3	70.0	55.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available

· Pregnant with a mistimed pregnancy.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.

⁵Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19. ⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

Tunmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
 Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children. Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Assam - Kev Indicators

Assain - Key mulcators		NEUC	-	NEUC 4
Indicators		NFHS-! 2019-20		NFHS-4
				(2015-16)
Maternal and Child Health	Orban	Rural	Total	Total
Maternity Care (for last birth in the 5 years before the survey)	70.7	00.7	00.0	55.4
40. Mothers who had an antenatal check-up in the first trimester (%)	72.7	62.7 49.2	63.8 50.7	55.1 46.4
41. Mothers who had at least 4 antenatal care visits (%)	62.6 96.2	49.2 94.3	94.5	46.4 89.8
42. Mothers whose last birth was protected against neonatal tetanus ⁹ (%) 43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	90.2 54.4	94.3 46.6	94.5 47.5	32.0
44. Mothers who consumed from folic acid for 180 days or more when they were pregnant (%)	22.6	18.0	18.5	5.6
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP)				
card (%) 46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health	98.9	98.7	98.7	96.3
personnel within 2 days of delivery (%)	76.8	63.8	65.3	54.0
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,651	5,269	5,415	3,821
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.8	1.9	2.0	1.9
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health				
personnel within 2 days of delivery (%)	80.7	68.5	69.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	93.5	82.9	84.1	70.6
51. Institutional births in public facility (%)	66.3	75.4	74.4	60.0
52. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.2	2.6	2.6	3.9
53. Births attended by skilled health personnel ¹⁰ (%)	94.9	85.1	86.1	74.3
54. Births delivered by caesarean section (%)	39.2	15.6	18.1	13.4
55. Births in a private health facility that were delivered by caesarean section (%)	78.8	66.9	70.6	53.3
56. Births in a public health facility that were delivered by caesarean section (%)	26.7	13.9	15.2	12.9
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	63.2	66.9	66.4	47.1
 Children age 12-23 months fully vaccinated based on information from vaccination card only¹² (%) 	70.6	72.0	71.8	67.8
59. Children age 12-23 months who have received BCG (%)	92.6	92.5	92.5	82.3
60. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	69.3	74.0	73.4	56.0
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.7	82.0	81.7	66.5
62. Children age 12-23 months who have received the first dose of measles-containing			•	
vaccine (MCV) (%) 63. Children age 24-35 months who have received a second dose of measles-containing	77.3	83.6	82.8	71.4
vaccine (MCV) (%)	12.5	20.3	19.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	44.8	45.5	45.4	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	72.7	75.4	75.1	52.0
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.0	57.4	58.2	57.9
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.4	96.6	95.6	93.3
68. Children age 12-23 months who received most of their vaccinations in a private health				
facility (%)	9.2	1.3	2.3	5.3
Treatment of Childhood Diseases (children under age 5 years)	0.7	5.0		0.0
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.7	5.8	5.5	2.9
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(81.0)	68.4	69.1	51.9
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(27.0)	28.0	28.0	22.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(61.8)	53.0	53.5	50.8
 Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 	2.5	2.5	2.5	1.0
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	55.0	50.8	51.2	46.8
9 Includes methors with two injections during the programmer for their last high, or two or more injections (the last within 2.)				

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Assam - Key Indicators

Assam - Key indicators		NFHS-5		NFHS-4
Indicators		2019-20		(2015-16)
Child Feeding Practices and Nutritional Status of Children	Urban	Rural	Total	Total
75. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	48.5	49.2	49.1	64.4
76. Children under age 6 months exclusively breastfed (%)	67.3	63.0	63.6	63.5
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(57.6)	51.2	51.7	49.9
78. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.3	8.1	8.1	8.7
79. Non-breastfeeding children age 6-23 months receiving an adequate diet (70)	*	5.9	5.4	10.8
80. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.9	8.0	8.0	8.9
81. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	29.8	36.0	35.3	36.4
82. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.1	22.1	21.7	17.0
83. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.0	9.2	9.1	6.2
84. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.9	33.6	32.8	29.8
85. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	8.0	4.5	4.9	2.3
Nutritional Status of Adults (age 15-49 years)	0.0	7.0	4.5	2.0
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	13.9	18.3	17.6	25.7
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) (%)	11.3	13.8	13.4	20.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	23.8	13.6	15.4	13.2
89. Men who are overweight or obese (BMI ≥25.0 kg/m²) (%)	25.4	14.5	16.2	12.9
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.6	67.3	67.2	
	54.2	43.2	44.9	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	34.2	43.2	44.9	na
Anaemia among Children and Adults	00.4	00.0	00.4	05.7
92. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	66.4	68.6	68.4	35.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	66.0	66.4	66.4	46.1
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	41.4	55.9	54.2	44.8
95. All women age 15-49 years who are anaemic ²² (%)	65.2	66.0	65.9	46.0
96. All women age 15-19 years who are anaemic ²² (%)	67.4	67.0	67.0	42.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl) ^{22 (} %)	27.6	37.5	36.0	25.4
98. Men age 15-19 years who are anaemic (<13.0 g/dl) ²² (%)	34.6	40.4	39.6	23.5
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.4	6.6	6.9	na
100. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.0	4.5	4.9	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood	10.0	10.1	40.0	
sugar level ²³ (%)	16.6	12.1	12.8	na
Men (1)22 (0)	0.0	0.0	0.4	
102. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.8	8.3	8.4	na
103. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.5	5.6	6.2	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.4	15.2	16.0	na
Hypertension among Adults (age 15 years and above)	20.4	10.2	10.0	Πα
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	10.8	11.0	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.1	4.7	4.8	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.5	18.5	19.1	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.8	12.7	12.9	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.3	4.2	4.4	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.8	19.6	20.3	na
15December the least shill have in the 2 years before the gureary	23.0	13.0	20.0	ııa

¹⁵Based on the last child born in the 3 years before the survey.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

18 Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²Excludes pregnant women and women with a birth in the preceding 2 months.

²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among adults, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

Assam - Key Indicators

Indicators		NFHS-5 2019-20		NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	Urban	Rural	Total	Total
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.6	0.1	0.2	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.2	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.2	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.0	1.6	1.4	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	24.1	18.3	19.2	9.4
116. Men who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	29.0	24.6	25.3	22.5
117. Women who know that consistent condom use can reduce the chance of getting				
HIV/AIDS (%)	76.3	70.6	71.5	44.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	86.9	84.9	85.2	70.6
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions ²⁵ (%)	93.9	91.8	92.1	87.4
120. Women who worked in the last 12 months and were paid in cash (%)	17.2	19.3	19.0	17.0
121. Women owning a house and/or land (alone or jointly with others) (%)	36.3	43.9	42.7	52.3
122. Women having a bank or savings account that they themselves use (%)	81.9	77.9	78.5	45.4
123. Women having a mobile phone that they themselves use (%)	75.4	53.9	57.2	46.0
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period ²⁶ (%)	82.9	63.8	66.3	44.8
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence ²⁷ (%) 126. Ever-married women age 18-49 years who have experienced physical violence during any	26.6	32.9	32.0	24.5
pregnancy (%)	2.2	2.3	2.3	2.0
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.1	1.4	1.4	0.6
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	16.2	23.2	22.1	na
129. Men age 15 years and above who use any kind of tobacco (%)	43.9	53.3	51.8	na
130. Women age 15 years and above who consume alcohol (%)	2.6	8.2	7.3	na
131. Men age 15 years and above who consume alcohol (%)	21.3	25.9	25.1	na

²⁴Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

²⁵Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

²⁶Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

²⁷Spousal violence is defined as physical and/or sexual violence.



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Baksa Assam



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Baksa. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Baksa, information was gathered from 921 households, 1,175 women, and 156 men.

Baksa, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	74.1	71.9
2. Population below age 15 years (%)	26.5	28.3
3. Sex ratio of the total population (females per 1,000 males)	1,057	1,046
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,097	968
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.9	97.3
6. Deaths in the last 3 years registered with the civil authority (%)	50.1	na
7. Population living in households with electricity (%)	98.1	83.6
8. Population living in households with an improved drinking-water source ¹ (%)	89.8	83.3
9. Population living in households that use an improved sanitation facility ² (%)	68.9	57.6
10. Households using clean fuel for cooking ³ (%)	35.2	16.6
11. Households using iodized salt (%)	98.9	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	69.0	3.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	74.8	na
15. Women with 10 or more years of schooling (%)	27.8	28.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	24.9	27.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	8.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.3	11.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	67.0	40.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	59.2	58.1
21. Any modern method ⁶ (%)	47.3	38.5
22. Female sterilization (%)	7.1	8.0
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.3	4.0
25. Pill (%)	33.5	24.4
26. Condom (%)	2.7	1.5
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.5	12.4
29. Unmet need for spacing ⁷ (%)	5.7	6.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	24.8	22.8
31. Current users ever told about side effects of current method ⁸ (%)	76.2	78.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Baksa, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)	Total	Total
32. Mothers who had an antenatal check-up in the first trimester (%)	61.1	60.6
33. Mothers who had at least 4 antenatal care visits (%)	56.0	49.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.0	92.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.2	39.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	30.2	0.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.8	99.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	65.0	70.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	7,312	3,614
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(3.4)	(7.7)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(0)	()
days of delivery (%)	70.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.9	87.8
43. Institutional births in public facility (%)	82.2	77.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.6	1.5
45. Births attended by skilled health personnel ¹⁰ (%)	92.1	89.3
46. Births delivered by caesarean section (%)	17.6	18.7
47. Births in a private health facility that were delivered by caesarean section (%)	(81.7)	(82.6)
48. Births in a public health facility that were delivered by caesarean section (%)	13.8	13.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	70.5	59.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	67.3	(64.9)
51. Children age 12-23 months who have received BCG (%)	93.6	91.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	78.3	64.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.2	82.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.9	81.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	53.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	68.3	60.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	55.8	60.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	97.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.8	2.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	0.8	1.3
provider (%)	59.0	(42.2)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Baksa. Assam - Kev Indicators

Daksa, Assam - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	34.9	74.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(60.6)	(62.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(69.4)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	12.6	12.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)		*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.0	12.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	41.2 17.0	32.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%) 75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.2	10.5 2.7
76. Children under 5 years who are severely wasted (weight-for-age) ¹⁸ (%)	34.0	22.4
77. Children under 5 years who are underweight (weight-for-height) ²⁰ (%)	8.6	22.4
Nutritional Status of Women (age 15-49 years)	0.0	2.3
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	15.1	17.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	18.8	15.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.9	na
Anaemia among Children and Women	00.9	i i a
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	70.6	20.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	78.6 73.8	39.0 53.6
83. Pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	(65.3)	(46.8)
84. All women age 15-49 years who are anaemic (\(\circ\)11.0 g/di) \(\(\chi\)	73.6	53.4
85. All women age 15-19 years who are anaemic ²² (%)	75.6 76.6	48.3
Blood Sugar Level among Adults (age 15 years and above)	70.0	40.0
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.7	no
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.0	na na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.4	na
Men	10.4	Πά
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.3	na na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.1	na
Hypertension among Adults (age 15 years and above)	10.1	na
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		na
blood pressure (%)	24.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	25.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	14.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	57.6	na
103. Women age 15 years and above who consume alcohol (%)	11.9	na
104. Men age 15 years and above who consume alcohol (%)	33.4	na

 ¹⁵Based on the last child born in the 3 years before the survey.
 ¹⁶Based on the youngest child living with the mother.
 ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

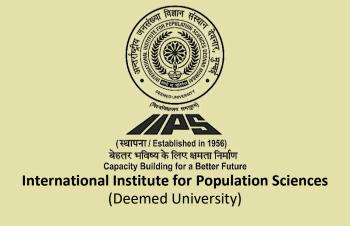


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

BARPETA ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Barpeta. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Barpeta, information was gathered from 914 households, 1,163 women, and 159 men.

Barpeta, Assam - Key Indicators

Dai pota, Atodani i toy indicatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	75.4	70.5
2. Population below age 15 years (%)	30.1	33.3
3. Sex ratio of the total population (females per 1,000 males)	1,027	982
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,007	906
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.0	96.9
6. Deaths in the last 3 years registered with the civil authority (%)	74.3	na
7. Population living in households with electricity (%)	88.9	72.7
8. Population living in households with an improved drinking-water source ¹ (%)	98.1	98.5
9. Population living in households that use an improved sanitation facility ² (%)	63.7	36.3
10. Households using clean fuel for cooking ³ (%)	38.7	22.6
11. Households using iodized salt (%)	96.3	99.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.9	25.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	74.8	na
15. Women with 10 or more years of schooling (%)	31.7	23.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	40.1	43.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	14.2	16.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	61.5	44.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	57.3	56.7
21. Any modern method ⁶ (%)	47.4	40.2
22. Female sterilization (%)	5.5	3.5
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	2.0	2.5
25. Pill (%)	35.3	30.0
26. Condom (%)	3.6	3.0
27. Injectables (%)	0.7	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.3	10.1
29. Unmet need for spacing ⁷ (%)	3.9	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.4	11.8
31. Current users ever told about side effects of current method ⁸ (%)	55.1	48.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Barpeta, Assam - Key Indicators

Bar pota, Acoum 1 Noy maioatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	62.2	64.3
33. Mothers who had at least 4 antenatal care visits (%)	43.6	47.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.9	86.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	49.4	18.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.8	0.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	99.1	96.4
days of delivery (%)	70.5	36.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,829	2,448
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(0.0)	0.6
days of delivery (%)	73.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	87.6	51.9
43. Institutional births in public facility (%)	82.3	49.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.6	12.3
45. Births attended by skilled health personnel ¹⁰ (%)	87.6	63.4
46. Births delivered by caesarean section (%)	12.7 *	8.1
47. Births in a private health facility that were delivered by caesarean section (%)		
48. Births in a public health facility that were delivered by caesarean section (%)	12.4	11.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	54.6	34.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	59.6	(61.0)
51. Children age 12-23 months who have received BCG (%)	94.3	67.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	67.5	45.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	73.6	54.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.8	66.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	23.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	40.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	67.8	40.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	48.2	50.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.4	98.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.4	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.7	1.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	1.5	1.0
provider (%)	(64.9)	(55.4)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Barpeta, Assam - Key Indicators

Daipeta, Assain - Ney mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.4	68.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(62.9)	(56.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	-	10.0
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.9 *	10.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.5	0.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	29.8	9.7 41.7
74. Children under 5 years who are stuffled (height-for-height) ¹⁸ (%)	19.5	16.6
75. Children under 5 years who are severely wasted (weight-for-height) (%)	7.5	5.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.2	33.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.1	1.9
Nutritional Status of Women (age 15-49 years)	0.1	1.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	14.6	26.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	16.6	12.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	63.5	30.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	65.6	35.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	47.6	*
84. All women age 15-49 years who are anaemic ²² (%)	64.8	35.5
85. All women age 15-19 years who are anaemic ²² (%)	70.7	30.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	17.9	na
Men (2) A III A II	40.0	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.7	na
Screening for Cancer among Women (age 30-49 years)	10.7	IId
98. Ever undergone a screening test for cervical cancer (%)	0.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.7	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	TIG.
101. Women age 15 years and above who use any kind of tobacco (%)	14.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.4	na
103. Women age 15 years and above who consume alcohol (%)	0.7	na
104. Men age 15 years and above who consume alcohol (%)	8.0	na
	0.0	

 ¹⁵Based on the last child born in the 3 years before the survey.
 ¹⁶Based on the youngest child living with the mother.
 ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

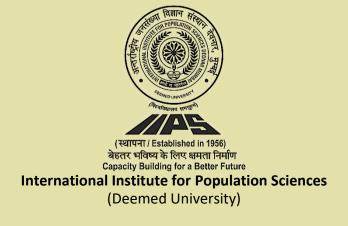


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

BISWANATH ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Biswanath. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Biswanath, information was gathered from 901 households, 1,000 women, and 135 men.

Biswanath, Assam - Key Indicators

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Indiantara	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	72.1
2. Population below age 15 years (%)	28.7
3. Sex ratio of the total population (females per 1,000 males)	996
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,014
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.7
6. Deaths in the last 3 years registered with the civil authority (%)	62.5
7. Population living in households with electricity (%)	91.1
8. Population living in households with an improved drinking-water source ¹ (%)	76.2
9. Population living in households that use an improved sanitation facility ² (%)	76.6
10. Households using clean fuel for cooking ³ (%)	35.0
11. Households using iodized salt (%)	98.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	68.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.9
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	69.2
15. Women with 10 or more years of schooling (%)	23.0
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	25.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	70.9
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	72.4
21. Any modern method ⁶ (%)	56.1
22. Female sterilization (%)	11.9
23. Male sterilization (%)	0.3
24. IUD/PPIUD (%)	2.1
25. Pill (%)	36.3
26. Condom (%)	4.5
27. Injectables (%)	0.6
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	5.3
29. Unmet need for spacing ⁷ (%)	1.4
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	29.9
31. Current users ever told about side effects of current method ⁸ (%)	73.5

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- · Pregnant with a mistimed pregnancy.
- · Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Biswanath, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	41.2
33. Mothers who had at least 4 antenatal care visits (%)	46.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	63.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	56.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,676
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.8)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	58.1
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	84.3
43. Institutional births in public facility (%)	74.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.6
45. Births attended by skilled health personnel ¹⁰ (%)	84.6
46. Births delivered by caesarean section (%)	15.3
47. Births in a private health facility that were delivered by caesarean section (%)	(70.6)
48. Births in a public health facility that were delivered by caesarean section (%)	11.0
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%)	66.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	74.3
51. Children age 12-23 months who have received BCG (%)	88.3
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	69.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.4
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	54.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	82.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(49.1)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹/Vaccinated with BCG, measies-containing vaccine (MCV)/MR/Minin/Measies, and 3 doses each of polio (excluding polio vaccine given at birth) and DFT of pental vaccine and 3 doses each of polio (excluding polio vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or pental vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Biswanath. Assam - Kev Indicators

Diswariatii, Assaiii - Ney ilidicators	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	62.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(68.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	14.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet16, 17 (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	42.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	27.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	41.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.3
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	22.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	10.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.3
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	79.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	65.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(45.1)
84. All women age 15-49 years who are anaemic ²² (%)	64.4
85. All women age 15-19 years who are anaemic ²² (%)	67.8
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.5
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.6
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.1
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.7
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.4
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.4
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.0
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	23.5
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.1
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.6
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.4
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.5
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	27.8
102. Men age 15 years and above who use any kind of tobacco (%)	61.6
103. Women age 15 years and above who consume alcohol (%)	11.5
104. Men age 15 years and above who consume alcohol (%)	40.5

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

18 Below -2 standard deviations, based on the WHO standard.

19 Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²'Excludes pregnant women and women with a pirth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

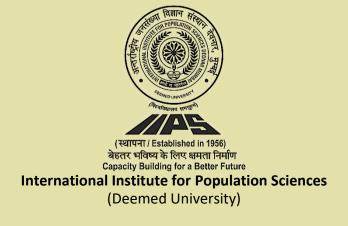


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

BONGAIGAON ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Bongaigaon. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Bongaigaon, information was gathered from 916 households, 1,092 women, and 169 men.

Bongaigaon, Assam - Kev Indicators

Bongaigaon, Assam Rey maicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.0	73.4
2. Population below age 15 years (%)	28.9	32.1
3. Sex ratio of the total population (females per 1,000 males)	998	951
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	881	895
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.2	94.3
6. Deaths in the last 3 years registered with the civil authority (%)	69.1	na
7. Population living in households with electricity (%)	97.0	89.0
8. Population living in households with an improved drinking-water source ¹ (%)	95.3	75.6
9. Population living in households that use an improved sanitation facility ² (%)	72.5	46.7
10. Households using clean fuel for cooking ³ (%)	49.8	27.2
11. Households using iodized salt (%)	98.3	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	57.6	9.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	75.8	na
15. Women with 10 or more years of schooling (%)	28.6	23.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	41.7	41.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9	0.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.4	22.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	69.0	51.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	57.6	59.4
21. Any modern method ⁶ (%)	45.3	38.9
22. Female sterilization (%)	5.9	3.8
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	2.6	1.5
25. Pill (%)	30.6	31.2
26. Condom (%)	4.8	2.3
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	16.1	9.9
29. Unmet need for spacing ⁷ (%)	5.1	4.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.4	17.5
31. Current users ever told about side effects of current method8 (%)	65.1	60.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unimet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Bongaigaon, Assam - Key Indicators

Bongaigaon, Accam 110y maicatore	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.1	54.6
33. Mothers who had at least 4 antenatal care visits (%)	33.9	24.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.8	87.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	46.7	35.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.3	7.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.5	97.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	57.0	47.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,778	3,004
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.4)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(2.4)	0.0
days of delivery (%)	63.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.5	67.0
43. Institutional births in public facility (%)	74.9	56.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.9	3.7
45. Births attended by skilled health personnel ¹⁰ (%)	89.1	70.4
46. Births delivered by caesarean section (%)	15.2	11.7
47. Births in a private health facility that were delivered by caesarean section (%)	(78.7)	(74.0)
48. Births in a public health facility that were delivered by caesarean section (%)	10.2	7.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	67.9	42.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	73.2	(64.6)
51. Children age 12-23 months who have received BCG (%)	94.1	84.7
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	74.7	45.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.4	70.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	84.2	79.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%)	40.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	71.3	42.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.0	55.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.8	96.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.2	3.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	1.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey taken to a health facility or health	1.6	0.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	46.6	(14.1)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

11 Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12 Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Bongaigaon, Assam - Key Indicators

Bongaigaon, Assam - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.7	70.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(68.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	17.0	14.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	16.5	13.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	46.2	39.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.2	23.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.4	12.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.3	32.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	8.8	6.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	13.1	19.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	16.9	13.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.2	34.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	71.4	48.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(51.2)	39.9
84. All women age 15-49 years who are anaemic ²² (%)	70.6	48.0
85. All women age 15-19 years who are anaemic ²² (%)	73.8	47.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	13.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	15.9	na
Screening for Cancer among Women (age 30-49 years)	0.7	
98. Ever undergone a screening test for cervical cancer (%)	0.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.8	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.7	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	40.0	
101. Women age 15 years and above who use any kind of tobacco (%)	18.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	45.7	na
103. Women age 15 years and above who consume alcohol (%)	1.0	na
104. Men age 15 years and above who consume alcohol (%)	13.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

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²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

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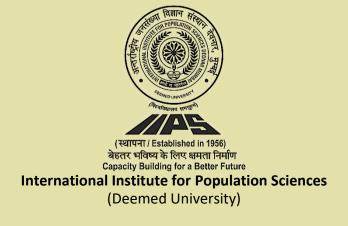


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

CACHAR ASSAM



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As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Cachar. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Cachar, information was gathered from 907 households, 1,110 women, and 152 men.

Cachar, Assam - Key Indicators

Oddiai, Assam Rey maicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.5	78.0
2. Population below age 15 years (%)	30.9	30.1
3. Sex ratio of the total population (females per 1,000 males)	1,012	992
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	991	942
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.0	93.5
6. Deaths in the last 3 years registered with the civil authority (%)	72.4	na
7. Population living in households with electricity (%)	81.7	66.4
8. Population living in households with an improved drinking-water source ¹ (%)	43.8	59.7
9. Population living in households that use an improved sanitation facility ² (%)	57.6	37.6
10. Households using clean fuel for cooking ³ (%)	43.0	28.8
11. Households using iodized salt (%)	98.6	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	57.9	3.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	77.2	na
15. Women with 10 or more years of schooling (%)	25.8	28.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.9	16.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0	2.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.5	10.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	57.8	28.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	48.0	54.4
21. Any modern method ⁶ (%)	38.2	29.1
22. Female sterilization (%)	6.9	14.0
23. Male sterilization (%)	0.1	0.2
24. IUD/PPIUD (%)	1.0	2.0
25. Pill (%)	22.9	7.0
26. Condom (%)	6.1	5.2
27. Injectables (%)	0.6	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	15.6	12.9
29. Unmet need for spacing ⁷ (%)	6.9	8.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.6	23.8
31. Current users ever told about side effects of current method8 (%)	82.2	78.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Cachar, Assam - Key Indicators

Gachar, Assam - Ney marcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	52.0	37.3
33. Mothers who had at least 4 antenatal care visits (%)	32.7	50.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.0	88.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	35.6	18.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.0	3.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.2	96.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	57.3	62.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,799	5,087
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.8	1.5
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	61.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	79.2	70.7
43. Institutional births in public facility (%)	74.9	56.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.1	5.1
45. Births attended by skilled health personnel 10 (%)	80.2	75.3
46. Births delivered by caesarean section (%)	12.5	14.9
47. Births in a private health facility that were delivered by caesarean section (%)	*	47.9
48. Births in a public health facility that were delivered by caesarean section (%)	13.2	14.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	70.4	45.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	82.1	(53.2)
51. Children age 12-23 months who have received BCG (%)	88.3	82.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	74.4	57.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.5	71.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.9	68.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	9.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%)	39.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	63.8	60.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.9	64.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.6	91.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	7.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.2	6.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	2.1	2.0
provider (%)	50.4	46.3

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

11Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13Not including polio vaccination given at birth.

14Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Cachar, Assam - Key Indicators

Cachar, Assam - Ney mulcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	29.8	31.2
68. Children under age 6 months exclusively breastfed (%)	(50.8)	(28.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(50.6)	(20.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.9	2.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	*	*
71. Not be a streeting children age 6-23 months receiving an adequate diet (70) 72. Total children age 6-23 months receiving an adequate diet (8)	2.7	2.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	28.7	36.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	30.7	30.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.5	11.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	38.2	36.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.3	4.0
Nutritional Status of Women (age 15-49 years)	0.0	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	19.7	31.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	9.1	7.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	79.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	61.8	30.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.2	50.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	44.0	(66.1)
84. All women age 15-49 years who are anaemic ²² (%)	57.4	51.0
85. All women age 15-19 years who are anaemic ²² (%)	57.6	51.5
Blood Sugar Level among Adults (age 15 years and above)	0.10	00
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.4	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	17.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	15.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	33.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	51.0	na
103. Women age 15 years and above who consume alcohol (%)	2.5	na
104. Men age 15 years and above who consume alcohol (%)	14.6	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

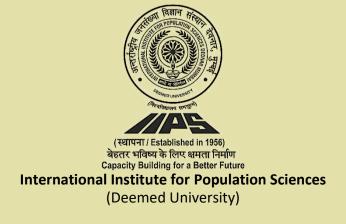


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

CHARAIDEO ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Charaideo. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Charaideo, information was gathered from 922 households, 1,117 women, and 166 men.

Charaideo, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
Female population age 6 years and above who ever attended school (%)	75.0
2. Population below age 15 years (%)	25.8
3. Sex ratio of the total population (females per 1,000 males)	1,027
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,040
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.4
6. Deaths in the last 3 years registered with the civil authority (%)	50.6
7. Population living in households with electricity (%)	91.7
8. Population living in households with an improved drinking-water source ¹ (%)	96.4
9. Population living in households that use an improved sanitation facility ² (%)	75.9
10. Households using clean fuel for cooking ³ (%)	27.3
11. Households using iodized salt (%)	99.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	64.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	71.9
15. Women with 10 or more years of schooling (%)	26.2
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	22.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	68.7
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	67.0
21. Any modern method ⁶ (%)	43.9
22. Female sterilization (%)	20.1
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	4.0
25. Pill (%)	14.4
26. Condom (%)	4.4
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	8.3
29. Unmet need for spacing ⁷ (%)	3.7
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	22.0
31. Current users ever told about side effects of current method ⁸ (%)	69.5

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Charaideo, Assam - Key Indicators

Tharafaco, Accam 170 maicatoro	NEUC E
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	74.1
33. Mothers who had at least 4 antenatal care visits (%)	64.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	51.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	70.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,858
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(7.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	, ,
delivery (%)	72.8
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	88.2
43. Institutional births in public facility (%)	76.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.2
45. Births attended by skilled health personnel 10 (%)	90.5
46. Births delivered by caesarean section (%)	20.0
47. Births in a private health facility that were delivered by caesarean section (%)	(62.5)
48. Births in a public health facility that were delivered by caesarean section (%)	16.7
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%)	(74.0)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(81.5)
51. Children age 12-23 months who have received BCG (%)	(96.2)
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	(82.0)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(90.1)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(90.0)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(27.8)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(35.9)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(79.6)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(87.7)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.6)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(68.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(11.8)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(72.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	58.7

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹/Vaccinated with BCG, measies-containing vaccine (MCV)/MR/Minin/Measies, and 3 doses each of polio (excluding polio vaccine given at birth) and DFT of pental vaccine and 3 doses each of polio (excluding polio vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or pental vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Charaideo. Assam - Kev Indicators

Character, Assam - Rey Inc	ulcators
Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth 15 (%)	58.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	34.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.0
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) ²¹ (%)	24.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	10.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.5
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	69.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	72.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(61.6)
84. All women age 15-49 years who are anaemic ²² (%)	72.3
85. All women age 15-19 years who are anaemic ²² (%)	76.1
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.1
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.9
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.8
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.0
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.9
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	40.0
pressure (%)	18.2
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.6
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.0
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.9
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	25.4
102. Men age 15 years and above who use any kind of tobacco (%)	57.9
103. Women age 15 years and above who consume alcohol (%)	17.7
104. Men age 15 years and above who consume alcohol (%)	50.4

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.
²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.
²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

CHIRANG ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Chirang. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Chirang, information was gathered from 912 households, 1,076 women, and 148 men.

Chirang, Assam - Key Indicators

Third and the second se	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.5	67.2
2. Population below age 15 years (%)	28.0	31.2
3. Sex ratio of the total population (females per 1,000 males)	1,015	965
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	906	1,106
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.3	94.7
6. Deaths in the last 3 years registered with the civil authority (%)	72.7	na
7. Population living in households with electricity (%)	97.8	72.2
8. Population living in households with an improved drinking-water source ¹ (%)	92.1	71.2
9. Population living in households that use an improved sanitation facility ² (%)	77.1	33.1
10. Households using clean fuel for cooking ³ (%)	44.5	18.3
11. Households using iodized salt (%)	98.6	98.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	61.5	6.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	71.5	na
15. Women with 10 or more years of schooling (%)	23.0	20.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	30.9	32.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	1.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	13.7	18.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	63.5	34.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	65.8	62.6
21. Any modern method ⁶ (%)	55.6	30.7
22. Female sterilization (%)	3.9	1.3
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	5.2	2.3
25. Pill (%)	39.9	23.0
26. Condom (%)	6.1	3.4
27. Injectables (%)	0.2	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	9.8	7.9
29. Unmet need for spacing ⁷ (%)	3.7	3.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	34.2	14.3
31. Current users ever told about side effects of current method ⁸ (%)	75.3	38.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- · Pregnant with a mistimed pregnancy.
- · Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Chirang, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4
Maternal and Child Health	Total	(2015-16) Total
	iolai	iotai
Maternity Care (for last birth in the 5 years before the survey)	FF 0	64.0
32. Mothers who had an antenatal check-up in the first trimester (%) 33. Mothers who had at least 4 antenatal care visits (%)	55.9 56.5	61.9 41.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.1	86.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	90.1 47.1	34.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.8	1.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.2	97.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	33.2	31.3
days of delivery (%)	59.7	36.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,052	2,989
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.3)	1.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(- /	
days of delivery (%)	63.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.7	59.4
43. Institutional births in public facility (%)	71.1	50.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.7	3.5
45. Births attended by skilled health personnel 10 (%)	82.9	62.7
46. Births delivered by caesarean section (%)	15.3	7.5
47. Births in a private health facility that were delivered by caesarean section (%)	(69.0)	(49.9)
48. Births in a public health facility that were delivered by caesarean section (%)	9.3	5.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or		
mother's recall ¹¹ (%)	71.1	40.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	68.2	60.3
51. Children age 12-23 months who have received BCG (%)	98.2	77.7
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.9	49.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.4	60.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.3	68.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	43.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.5	46.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.7	55.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.5	95.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.5	1.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.3	8.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health		
provider (%)	33.2	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Chirang, Assam - Key Indicators

Indicators NFHS-5 (2019-20) (2015-16) Child Feeding Practices and Nutritional Status of Children Total Total 67. Children under age 3 years breastfed within one hour of birth¹5 (%) 40.5 77.4 68. Children under age 6 months exclusively breastfed¹6 (%) (76.8) (71.5) 69. Children age 6-8 months receiving solid or semi-solid food and breastmilk¹6 (%) * * 70. Breastfeeding children age 6-23 months receiving an adequate diet¹6.17 (%) 9.9 4.4 71. Non-breastfeeding children age 6-23 months receiving an adequate diet¹6.17 (%) * * 72. Total children age 6-23 months receiving an adequate diet¹6.17 (%) 9.7 4.1 73. Children under 5 years who are stunted (height-for-age)¹8 (%) 42.7 40.1 74. Children under 5 years who are stunted (height-for-height)¹9 (%) 19.5 13.0 75. Children under 5 years who are severely wasted (weight-for-height)¹9 (%) 8.5 4.4 76. Children under 5 years who are severely wasted (weight-for-height)²9 (%) 39.7 24.7 77. Children under 5 years who are overweight (weight-for-height)²0 (%) 4.5 2.5 Nutritional Status of Women (age 15-49 years) 4.5 2.5
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75. Children under 5 years who are severely wasted (weight-for-height)¹9 (%) 76. Children under 5 years who are underweight (weight-for-age)¹8 (%) 77. Children under 5 years who are overweight (weight-for-height)²0 (%) 8.5 24.7 77. Children under 5 years who are overweight (weight-for-height)²0 (%) 8.5 Nutritional Status of Women (age 15-49 years) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) Anaemia among Children and Women
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%) 77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 80. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) ²¹ (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 78. Women who have high risk waist-to-hip ratio (≥0.85) (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 78. Women who have high risk waist-to-hip ratio (≥0.85) (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%)
77. Children under 5 years who are overweight (weight-for-height) 20 (%) 4.5 2.5 Nutritional Status of Women (age 15-49 years) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m 2) 21 (%) 17.2 21.9 79. Women who are overweight or obese (BMI ≥ 25.0 kg/m 2) 21 (%) 13.3 15.6 80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%) 64.2 na Anaemia among Children and Women
Nutritional Status of Women (age 15-49 years)78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)
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80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 64.2 na Anaemia among Children and Women
Anaemia among Children and Women
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%) 65.7 50.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%) (54.1) (34.7)
84. All women age 15-49 years who are anaemic ²² (%) 65.2 50.3
85. All women age 15-19 years who are anaemic ²² (%) 68.8 42.9
Blood Sugar Level among Adults (age 15 years and above)
Women
86. Blood sugar level - high (141-160 mg/dl) ²³ (%) 5.7 na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%) 2.6 na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) 8.8 na Men
89. Blood sugar level - high (141-160 mg/dl) ²³ (%) 90. Blood sugar level - very high (>160 mg/dl) ²³ (%) 4.1 na
0.4 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%) 13.3 na Hypertension among Adults (age 15 years and above)
Women
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) 14.0 14.0 14.0
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 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 (%) 20.8 na
Men
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) 18.5 na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 6.4 na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control
blood pressure (%)
Screening for Cancer among Women (age 30-49 years)
98. Ever undergone a screening test for cervical cancer (%) 0.4 na
99. Ever undergone a breast examination for breast cancer (%) 0.2 na
100. Ever undergone an oral cavity examination for oral cancer (%)
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)
101. Women age 15 years and above who use any kind of tobacco (%)
102. Men age 15 years and above who use any kind of tobacco (%) 55.1 na
103. Women age 15 years and above who consume alcohol (%) 8.9 na
104. Men age 15 years and above who consume alcohol (%)

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

DARRANG ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Darrang. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Darrang, information was gathered from 918 households, 1,053 women, and 176 men.

Darrang, Assam - Key Indicators

Darraing, Accain 110y maicatore	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	75.2	70.5
2. Population below age 15 years (%)	29.2	31.5
3. Sex ratio of the total population (females per 1,000 males)	929	977
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	757	1,001
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.9	94.0
6. Deaths in the last 3 years registered with the civil authority (%)	69.2	na
7. Population living in households with electricity (%)	89.5	75.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	97.1
9. Population living in households that use an improved sanitation facility ² (%)	67.9	45.8
10. Households using clean fuel for cooking ³ (%)	30.1	17.6
11. Households using iodized salt (%)	97.4	99.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	53.7	4.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	75.6	na
15. Women with 10 or more years of schooling (%)	27.5	23.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	42.8	37.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6	0.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	16.1	16.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	62.2	39.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	46.8	65.7
21. Any modern method ⁶ (%)	36.5	44.4
22. Female sterilization (%)	3.5	2.7
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	2.8	2.1
25. Pill (%)	25.8	36.0
26. Condom (%)	3.1	3.3
27. Injectables (%)	0.9	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	14.8	6.3
29. Unmet need for spacing ⁷ (%)	5.8	3.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.0	12.9
31. Current users ever told about side effects of current method ⁸ (%)	51.2	51.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with

small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately, Any modern method includes other modern methods that are not shown separately.

Tunmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
- Women are considered to have unmet need for limiting if they are:
- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Darrang, Assam - Key Indicators

y y y y y y y y y y y y y y y y y y y	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	56.5	61.5
33. Mothers who had at least 4 antenatal care visits (%)	37.5	39.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.1	95.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.3	25.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.3	2.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.0	92.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	53.2	40.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	7,001	3,644
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(6.0)	1.8
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	,	
days of delivery (%)	66.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.4	66.1
43. Institutional births in public facility (%)	81.1	64.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.3	3.1
45. Births attended by skilled health personnel ¹⁰ (%)	87.0	69.5
46. Births delivered by caesarean section (%)	10.8	9.1
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	10.0	13.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	57.1	40.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	58.1	(59.2)
51. Children age 12-23 months who have received BCG (%)	94.9	81.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	68.7	49.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.7	63.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.2	61.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	11.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	34.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	70.4	51.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	48.2	54.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.9	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.1	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.1	0.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	2.3	0.5
provider (%)	62.4	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

11 Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12 Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Darrang, Assam - Key Indicators

Darrang, Assam - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	51.7	69.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(61.1) *	(59.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)		1.1
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.2	1. l *
71. Notificial theorem age 6-23 months receiving an adequate diet (%) 72. Total children age 6-23 months receiving an adequate diet (%)	9.1	1.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	42.0	43.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	27.0	19.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.1	5.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.1	37.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.6	3.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	17.4	27.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	13.3	9.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	71.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	66.8	45.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	71.4	45.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	51.6	33.9
84. All women age 15-49 years who are anaemic ²² (%)	70.4	45.1
85. All women age 15-19 years who are anaemic ²² (%)	69.9	40.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	16.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.5	na
Screening for Cancer among Women (age 30-49 years)	14.5	IIa
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a screening test for cervical cancer (%) 99. Ever undergone a breast examination for breast cancer (%)	0.4	na na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	Πα
101. Women age 15 years and above who use any kind of tobacco (%)	10.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.0	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	7.8	na
		114

 ¹⁵Based on the last child born in the 3 years before the survey.
 ¹⁶Based on the youngest child living with the mother.
 ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

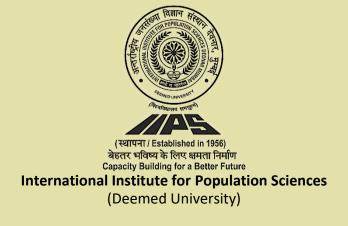


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

DHEMAJI ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Dhemaji. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Dhemaji, information was gathered from 918 households, 989 women, and 148 men.

Dhemaji, Assam - Key Indicators

Differingly / todam - Ptoy intercent	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.3	75.1
2. Population below age 15 years (%)	30.6	32.5
3. Sex ratio of the total population (females per 1,000 males)	1,028	1,014
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,022	887
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.4	96.8
6. Deaths in the last 3 years registered with the civil authority (%)	47.2	na
7. Population living in households with electricity (%)	95.0	63.9
8. Population living in households with an improved drinking-water source ¹ (%)	95.3	92.3
9. Population living in households that use an improved sanitation facility ² (%)	70.8	43.3
10. Households using clean fuel for cooking ³ (%)	21.6	11.0
11. Households using iodized salt (%)	99.6	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	66.8	9.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	81.5	na
15. Women with 10 or more years of schooling (%)	43.6	36.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.0	36.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.8	13.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.7	52.2
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	72.6	54.8
21. Any modern method ⁶ (%)	45.0	34.0
22. Female sterilization (%)	14.6	19.2
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	3.8	3.2
25. Pill (%)	23.9	9.8
26. Condom (%)	1.6	1.4
27. Injectables (%)	1.3	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	7.1	17.9
29. Unmet need for spacing ⁷ (%)	3.5	7.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.2	19.5
31. Current users ever told about side effects of current method ⁸ (%)	67.0	44.8

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Dhemaji, Assam - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	76.2	58.6
33. Mothers who had at least 4 antenatal care visits (%)	62.2	49.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.5	94.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	45.3	34.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.6	8.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	98.9	96.0
days of delivery (%)	72.8	65.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,168	3,527
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(3.1)	2.5
days of delivery (%)	75.4	na
Delivery Care (for births in the 5 years before the survey)	07.0	70.4
42. Institutional births (%)	87.3	76.1
43. Institutional births in public facility (%)	84.1	73.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.2	3.9
45. Births attended by skilled health personnel ¹⁰ (%)	91.5	80.0
46. Births delivered by caesarean section (%)	16.1 *	14.1 *
47. Births in a private health facility that were delivered by caesarean section (%)		
48. Births in a public health facility that were delivered by caesarean section (%)	15.8	16.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	89.7	47.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	90.8	62.3
51. Children age 12-23 months who have received BCG (%)	96.7	96.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	95.3	61.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.7	80.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.2	79.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	13.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	76.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.0	68.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.1	50.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.3	95.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	0.9	4.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	3.0	1.5
provider (%)	(40.0)	(41.2)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Dhemaii. Assam - Kev Indicators

Indicators	NFHS-5	NFHS-4
Indicators Child Fooding Protings and Nutritional Status of Children	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%) 68. Children under age 6 months exclusively breastfed ¹⁶ (%)	45.5 (75.5)	67.9
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(75.5) *	(79.5) *
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.9	10.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (70)	*	*
72. Total children age 6-23 months receiving an adequate diet (70)	6.8	11.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.2	35.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.3	6.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.1	0.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.7	15.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.5	0.5
Nutritional Status of Women (age 15-49 years)	0.0	0.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	12.1	17.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	15.6	12.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	57.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	73.1	38.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	62.9	39.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(61.7)	(42.6)
84. All women age 15-49 years who are anaemic ²² (%)	62.9	39.8
85. All women age 15-19 years who are anaemic ²² (%)	59.3	35.5
Blood Sugar Level among Adults (age 15 years and above)	00.0	00.0
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	16.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	24.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	26.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	62.7	na
103. Women age 15 years and above who consume alcohol (%)	30.6	na
104. Men age 15 years and above who consume alcohol (%)	59.5	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

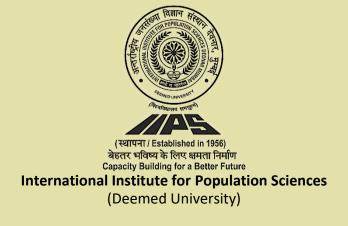


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

DHUBRI ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Dhubri. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Dhubri, information was gathered from 912 households, 1,017 women, and 128 men.

Dhubri, Assam - Key Indicators

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	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	71.8
2. Population below age 15 years (%)	32.3
3. Sex ratio of the total population (females per 1,000 males)	1,000
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	914
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.4
6. Deaths in the last 3 years registered with the civil authority (%)	73.1
7. Population living in households with electricity (%)	92.5
8. Population living in households with an improved drinking-water source ¹ (%)	96.7
9. Population living in households that use an improved sanitation facility ² (%)	61.8
10. Households using clean fuel for cooking ³ (%)	40.7
11. Households using iodized salt (%)	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	59.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.3
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	69.5
15. Women with 10 or more years of schooling (%)	20.4
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	50.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	22.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	48.8
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	64.1
21. Any modern method ⁶ (%)	53.2
22. Female sterilization (%)	1.8
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	1.3
25. Pill (%)	44.2
26. Condom (%)	5.1
27. Injectables (%)	0.7
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	11.5
29. Unmet need for spacing ⁷ (%)	4.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	22.6
31. Current users ever told about side effects of current method ⁸ (%)	76.7

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Dhubri, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	49.9
33. Mothers who had at least 4 antenatal care visits (%)	37.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	47.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	98.2
delivery (%)	48.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,691
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.8
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	54.5
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	64.2
43. Institutional births in public facility (%)	61.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.8
45. Births attended by skilled health personnel ¹⁰ (%)	68.9
46. Births delivered by caesarean section (%)	6.9
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	8.0
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	71.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	69.5
51. Children age 12-23 months who have received BCG (%)	90.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	84.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.8
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	47.4
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	50.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(69.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(22.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(43.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	39.7

9Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

injections (the last within 5 years of the last birth, or load of more and more and the last birth).

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

11 Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12 Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Dhubri. Assam - Kev Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	57.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(66.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	48.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	37.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.0
Nutritional Status of Women (age 15-49 years)	00.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	22.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	12.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	68.1
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	73.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	63.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(69.7)
84. All women age 15-49 years who are anaemic ²² (%)	63.2
85. All women age 15-19 years who are anaemic ²² (%)	65.2
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.6
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.2
Men (1972)	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.9
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.4
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.4
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	18.2
pressure (%) Men	10.2
	13.4
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	4.8
pressure (%)	19.0
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	21.8
102. Men age 15 years and above who use any kind of tobacco (%)	55.0
103. Women age 15 years and above who consume alcohol (%)	0.3
104. Men age 15 years and above who consume alcohol (%)	5.1

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

18 Below -2 standard deviations, based on the WHO standard.

19 Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood. ²³Random blood sugar measurement.

NOTES

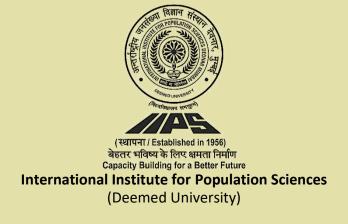


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

DIBRUGARH ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Dibrugarh. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Dibrugarh, information was gathered from 920 households, 1,086 women, and 161 men.

Dibrugarh, Assam - Key Indicators

Distagarii, Accam 170 maicatore	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	79.5	75.9
2. Population below age 15 years (%)	24.0	27.2
3. Sex ratio of the total population (females per 1,000 males)	1,002	1,035
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	979	931
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.9	86.4
6. Deaths in the last 3 years registered with the civil authority (%)	72.3	na
7. Population living in households with electricity (%)	94.4	76.7
8. Population living in households with an improved drinking-water source ¹ (%)	98.1	98.8
9. Population living in households that use an improved sanitation facility ² (%)	75.3	59.7
10. Households using clean fuel for cooking ³ (%)	44.7	28.1
11. Households using iodized salt (%)	99.5	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.8	7.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	76.6	na
15. Women with 10 or more years of schooling (%)	33.7	25.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	23.0	26.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.8	10.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.8	56.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	64.6	53.8
21. Any modern method ⁶ (%)	43.6	37.7
22. Female sterilization (%)	24.3	20.9
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	3.0	3.3
25. Pill (%)	10.7	10.6
26. Condom (%)	4.5	2.7
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	8.7	13.7
29. Unmet need for spacing ⁷ (%)	4.8	6.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.9	15.1
31. Current users ever told about side effects of current method ⁸ (%)	76.5	71.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- Unimet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- · Pregnant with a mistimed pregnancy.
- · Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Dibrugarh, Assam - Key Indicators

Distagatily Accall 1 (a) maleatore	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	75.8	71.3
33. Mothers who had at least 4 antenatal care visits (%)	75.6	67.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.1	92.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.9	55.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.0	11.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	97.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	82.1	71.1
days of delivery (%)		4,792
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	5,125	
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		(6.7)
days of delivery (%)	87.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.1	88.5
43. Institutional births in public facility (%)	71.6	62.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.2	1.5
45. Births attended by skilled health personnel ¹⁰ (%)	95.3	90.7
46. Births delivered by caesarean section (%)	27.7	24.3
47. Births in a private health facility that were delivered by caesarean section (%)	62.9	47.5
48. Births in a public health facility that were delivered by caesarean section (%)	19.9	19.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or	(02.0)	71.1
mother's recall ¹¹ (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(83.8) (85.5)	(77.4)
51. Children age 12-23 months who have received BCG (%)	(97.8)	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(83.8)	78.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(93.0)	82.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(97.8)	92.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(35.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%)	(50.0)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(93.0)	71.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	56.5	69.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(87.2)	77.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.6)	18.7
Treatment of Childhood Diseases (children under age 5 years)	· /	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.8	1.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	0.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	56.1	*
provider (70)	50.1	

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Dibrugarh, Assam - Key Indicators

Indicators	Dibrugarii, Assaiii - Rey iliulcators		
Child Feeding Practices and Nutritional Status of Children Total Total 67. Children under age 3 years breastled within one hour of birth 16 (%) 52.6 66.9 88. Children under age 3 years breastled within one hour of birth 16 (%) . (69.9) 89. Children under age 6 nomths exclusively breastled 19 (%) . . 69. Deciding age 6-23 months receiving an adequate dieth 10 (%) . . 71. Non-breastleeding children age 6-23 months receiving an adequate dieth 10 (%) . . . 71. Non-breastleeding children age 6-23 months receiving an adequate dieth 10 (%) 71. Non-breastleeding children age 6-23 months receiving an adequate dieth 10 (%) . <td< th=""><th></th><th>NFHS-5</th><th>NFHS-4</th></td<>		NFHS-5	NFHS-4
67. Children under age β ans the astfed within one hour of birth 13 (%) 68.9) 88. Children under age β and mother acceluring solid or semi-solid food and breastmik* (%) 5.7 (89.9) 89. Children age 6-28 months receiving solid or semi-solid food and breastmik* (%) 5.7 (87.1 km) - the satisfieding children age 6-28 months receiving an adequate diet ^{18,17} (%) 5.6 (64.7 km) 6.7 (87.2 km) 6.7		<u> </u>	
68. Children under age 6 months exclusively breastled "(%) . . (8.9) 90. Children age 6-8 months receiving solid or some-solid food and breastmik "(%) . <td< td=""><td>_</td><td></td><td></td></td<>	_		
69. Children age 6-8 months receiving solid or semi-solid food and breastmik!" (%) 5.7 14.8 71. Non-breastfeeding children age 6-23 months receiving an adequate diet!* (%) 5.7 14.8 71. Non-breastfeeding children age 6-23 months receiving an adequate diet!* (%) 5.6 16.4 72. Total children age 6-23 months receiving an adequate diet!* (%) 27.3 33.3 74. Children under 5 years who are submet (height-for-height)* (%) 20.0 22.4 75. Children under 5 years who are submet (weight-for-height)* (%) 32.0 33.3 76. Children under 5 years who are or acreverweight (weight-for-height)* (%) 20.0 33.0 77. Children under 5 years who are submet (weight-for-height)* (%) 20.0 33.0 77. Children under 5 years who are acreverweight (weight-for-height)* (%) 20.0 29.3 78. Women whose Body Mass lade (x (BM) is below normal (BMI <18.5 kg/m²)* (%)	, ,	52.6	
1.0 1.0	· · · · · · · · · · · · · · · · · · ·	*	(69.9)
7.1. Non-breastfeeding children age 6-29 months receiving an adequate diet ^{16,17} (%) 5.6 16.4 7.3. Children under 5 years who are stunted (height-for-age) ¹⁸ (%) 27.3 33.3 7.4. Children under 5 years who are stunted (height-for-age) ¹⁸ (%) 27.5 Children under 5 years who are severely wested (weight-for-height) ¹⁹ (%) 8.4 8.2 7.6. Children under 5 years who are severely wested (weight-for-height) ¹⁹ (%) 22.0 33.0 7.6. Children under 5 years who are underweight (weight-for-height) ¹⁹ (%) 2.0 33.0 7.6. Children under 5 years who are underweight (weight-for-height) ¹⁹ (%) 2.0 33.0 Nutritional Status of Women (age 15-49 years) 7.6. Women whose Body Mass Indox (ISM) is below normal (BMI <18.5 kg/m²) ²¹ (%) 20.9 20.9 14.9 8.0. Women who have high risk waist-to-hip ratio (20.85) (%) 27.0 20.9 14.9 8.0. Women who have high risk waist-to-hip ratio (20.85) (%) 27.0 20.9 14.9 8.1. Children age 6-59 months who are anaemic (11.0 g/dl) ²² (%) 28.2 Non-pregnant women age 15-49 years who are anaemic (12.0 g/dl) ²² (%) 70.8 20.0 20.0 20.0 20.0 20.0 20.0 20.0 2			14.0
72. Total children age 6-23 months receiving an adequate diet. ^{10, 17} (%) 3. Children under 5 years who are susted (keight-for-aejgh ¹⁹ (%) 27. Children under 5 years who are wasted (weight-for-height) ¹⁹ (%) 32. 0 33.0 77. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%) 32. 0 33.0 77. Children under 5 years who are overweight (weight-for-height) ¹⁹ (%) 32. 0 33.0 77. Children under 5 years who are overweight (weight-for-height) ¹⁹ (%) 32. 0 33.0 77. Children under 5 years who are overweight (weight-for-height) ¹⁹ (%) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) ²¹ (%) 79. Women who are overweight or obese (BMI) will ≥50 kg/m²) ²¹ (%) 80. Women who are vorweight or obese (BMI) ≈50 kg/m²) ²¹ (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 81. Children age 6-99 months who are anaemic (<11.0 g/dl) ²² (%) 82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%) 83. Pregnant women age 15-49 years who are anaemic (<10.0 g/dl) ²² (%) 84. All women age 15-49 years who are anaemic (<10.0 g/dl) ²² (%) 85. All women age 15-49 years who are anaemic (<10.0 g/dl) ²² (%) 86. Shall women age 15-49 years who are anaemic (<10.0 g/dl) ²² (%) 87. Blood sugar Level among Adults (age 15 years and above) Women 88. Blood sugar level - high (141-160 mg/dl) ²² (%) 89. Blood sugar level - high (141-160 mg/dl) ²² (%) 80. Blood sugar level - high (141-160 mg/dl) ²³ (%) 80. Blood sugar level - high (141-160 mg/dl) ²³ (%) 81. Blood sugar level - high (141-160 mg/dl) ²³ (%) 82. Blood sugar level - high (141-160 mg/dl) ²³ (%) 83. Blood sugar level - high (141-160 mg/dl) ²³ (%) 84. Blood sugar level - high (141-160 mg/dl) ²³ (%) 85. Blood sugar level - high (141-160 mg/dl) ²³ (%) 86. Blood sugar level - high (141-160 mg/dl) ²³ (%) 87. Blood sugar level - high (141-160 mg/dl) ²³ (%) 88. Blood sugar level - high (141-160 mg/dl) ²³ (%) 89. David sugar level - high (141-160 mg/dl) ²³ (%) 80. Blood			14.8
7.3. Children under 5 years who are stunted (height-for-age) (a (b)) 2.0.6 22.4 (b) 2.0.6 12.4 (b) 2.0.6 (b) 2.0.6 12.4 (b) 2.0.6 (b) 2.0.6 (b) 2.0.6 (b) 2.0.6 (b) 2.0.6			16.4
7.4. Children under 5 years who are wasted (weight-for-height)¹8 (%) 7.5. Children under 5 years who are severely wasted (weight-for-height)²9 (%) 7.6. Children under 5 years who are overweight (weight-for-height)²9 (%) 7.7. Children under 5 years who are overweight (weight-for-height)²9 (%) 7.8. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²1 (%) 7.8. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²1 (%) 7.9. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²1 (%) 8.0. Women who are overweight or obese (BMI) ≥50 kg/m²)²1 (%) 8.0. Women who have high risk waist-to-hip ratio (≥0.85) (%) 8.1. Children age 6-59 months who are anaemic (<11.0 g/dl)²2 (%) 8.2. Non-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²2 (%) 8.3. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²2 (%) 8.4. All women age 15-49 years who are anaemic² (%) 8.5. All women age 15-49 years who are anaemic² (%) 8.6. Blood sugar level - high (141-160 mg/dl)²3 (%) 8.7. Panaemic Alumbia (141-160 mg/dl)²3 (%) 8.8. Blood sugar level - high (141-160 mg/dl)²3 (%) 8.9. Blood sugar level - high (141-160 mg/dl)²2 (%) 9.0. Blood sugar level - high (>160 mg/dl)²3 (%) 8.9. Blood sugar level - high (>160 mg/dl)²3 (%) 9.0. Blood sugar level - high (>160 mg/dl)²3 (%) 9.1. Blood sugar level - high (>160 mg/dl)²3 (%) 9.2. Midly elevated blood pressure (systolic ≥140 mg/dl) or taking medicine to control blood sugar level²3 (%) 9.1. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level²3 (%) 9.2. Midly elevated blood pressure (Systolic ≥140 mg/dl) or taking medicine to control blood sugar level²3 (%) 9.3. Moderately or severely elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥00 mm of Hg) (%) 9.4. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥00 mm of Hg) or taking medicine to control blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥00 mm of Hg) or taking medicine to contro			
7.5. Children under 5 years who are severely wasted (weight-for-height)¹⁰ (%) 32.0 33.0 7.6. Children under 5 years who are overweight (weight-for-height)³⁰ (%) 2.0 33.0 7.7. Children under 5 years who are overweight (weight-for-height)³⁰ (%) 2.0 3.3 Nutritional Status of Women (age 15-49 years) 32.0 29.3 7.8. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)			
7.6. Children under 5 years who are underweight (weight-for-age)¹8 (%) 7. Children under 5 years who are overweight (weight-for-leight)²8 (%) Nutritional Status of Women (age 15-49 years) 7.8. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 2.0. 29. 31. 29. 31.			
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Nutritional Status of Women (age 15-49 years) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²1 (%) 79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 81. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 82. Non-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 84. All women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 85. All women age 15-49 years who are anaemic²² (%) 86. Blood sugar Level among Adults (age 15 years and above) Women 86. Blood sugar level - high (141-160 mg/dl)²² (%) 87. Blood sugar level - high (141-160 mg/dl)²² (%) 88. Blood sugar level - high (141-160 mg/dl)²² (%) 89. Blood sugar level - wry high (>160 mg/dl)²² (%) 80. Blood sugar level - wry high (>160 mg/dl)²² (%) 80. Blood sugar level - wry high (>160 mg/dl)²² (%) 81. Blood sugar level - wry high (>160 mg/dl)²² (%) 81. Blood sugar level - wry high (>160 mg/dl)²² (%) 82. Nilly elevated blood pressure (Systolic 140 mg/dl) or taking medicine to control blood sugar level² (%) 83. Blood sugar level - wry high (>160 mg/dl)²² (%) 84. Blood sugar level - wry high (>160 mg/dl)²² (%) 85. All women age 15-49 years and above) 87. Blood sugar level - bigh (141-160 mg/dl)²² (%) 88. Blood sugar level - bigh (141-160 mg/dl)²² (%) 89. Blood sugar level - bigh (141-160 mg/dl)²² (%) 80. Blood sugar level - bigh (141-160 mg/dl)²² (%) 80. Blood sugar level - bigh (141-160 mg/dl)²² (%) 81. Dad sugar level - bigh (141-160 mg/dl)²² (%) 82. Blood sugar level - bigh (141-160 mg/dl)²² (%) 83. Blood sugar level - bigh (141-160 mg/dl)²² (%) 84. Bleud sugar level - bigh (141-160 mg/dl)²² (%) 85. All whomen age 15- years and above 86. Blood sugar level - bigh (141-160 mg/dl)²² (%) 87. Blood sugar level - bigh (141-160 m			
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103. Women age 15 years and above who consume alcohol (%)			
			na
· · ·	104. Men age 15 years and above who consume alcohol (%)	51.9	na

 ¹⁵Based on the last child born in the 3 years before the survey.
 ¹⁶Based on the youngest child living with the mother.
 ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

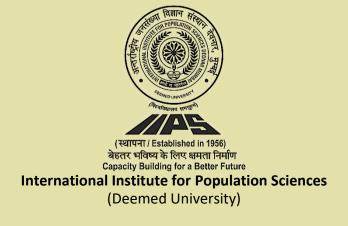


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

DIMA HASAO ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Dima Hasao. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Dima Hasao, information was gathered from 918 households, 1,001 women, and 149 men.

Dima Hasao, Assam - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	85.1	74.1
2. Population below age 15 years (%)	27.7	31.6
3. Sex ratio of the total population (females per 1,000 males)	959	969
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	908	953
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.0	84.2
6. Deaths in the last 3 years registered with the civil authority (%)	(60.3)	na
7. Population living in households with electricity (%)	95.9	79.2
8. Population living in households with an improved drinking-water source ¹ (%)	50.2	51.2
9. Population living in households that use an improved sanitation facility ² (%)	83.8	61.1
10. Households using clean fuel for cooking ³ (%)	48.2	24.3
11. Households using iodized salt (%)	99.4	100.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	61.9	5.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	87.7	na
15. Women with 10 or more years of schooling (%)	42.4	28.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.5	20.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7	2.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.4	9.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.1	61.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	65.5	48.7
21. Any modern method ⁶ (%)	44.9	29.7
22. Female sterilization (%)	10.2	3.2
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	4.0	2.7
25. Pill (%)	27.0	21.7
26. Condom (%)	3.1	1.4
27. Injectables (%)	0.0	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	9.7	18.4
29. Unmet need for spacing ⁷ (%)	2.6	5.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.3	10.8
31. Current users ever told about side effects of current method ⁸ (%)	66.6	37.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.

 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Dima Hasao, Assam - Key Indicators

Dima Hadae, Addam Hay maidatore	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	58.9	44.8
33. Mothers who had at least 4 antenatal care visits (%)	46.9	35.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.8	85.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	40.8	34.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	17.6	6.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	99.2	95.3
days of delivery (%)	73.8	48.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,825	3,922
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	•	2.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.5	57.1
43. Institutional births in public facility (%)	84.6	53.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.8	3.4
45. Births attended by skilled health personnel ¹⁰ (%)	91.9	60.2
46. Births delivered by caesarean section (%)	19.7	11.3
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	18.5	19.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(63.6)	59.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(63.8)	(81.4)
51. Children age 12-23 months who have received BCG (%)	(91.3)	91.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(73.6)	69.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(71.9)	78.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(71.7)	86.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(15.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(46.1)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(69.9)	61.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.3	48.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(98.1)	96.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	1.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.0	2.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	^ 7	
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	2.7	2.7
provider (%)	(39.9)	(57.5)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Dima Hasao. Assam - Kev Indicators

Dillia Hasao, Assain - Ney indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	58.0	60.9
68. Children under age 6 months exclusively breastfed (%)	*	(75.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(75.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.3	5.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	*	*
72. Total children age 6-23 months receiving an adequate diet (76)	8.7	6.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	30.6	34.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.6	6.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.3	1.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	21.7	18.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	12.5	1.5
Nutritional Status of Women (age 15-49 years)	12.0	1.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	10.0	16.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	16.2	14.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.8	
Anaemia among Children and Women	55.6	na
•	70.4	00.0
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	73.1	28.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	61.1	39.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(43.3)	(48.1)
84. All women age 15-49 years who are anaemic ²² (%)	60.5	39.8
85. All women age 15-19 years who are anaemic ²² (%)	70.9	39.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	17.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	23.5	na
Screening for Cancer among Women (age 30-49 years)	0.0	
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	24.2	
101. Women age 15 years and above who use any kind of tobacco (%)	21.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.2	na
103. Women age 15 years and above who consume alcohol (%)	23.9	na
104. Men age 15 years and above who consume alcohol (%)	57.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

18 Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood. ²³Random blood sugar measurement.

NOTES

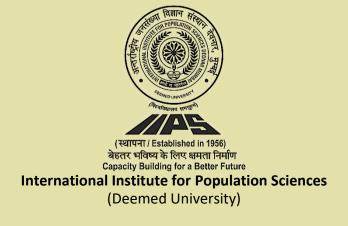


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

GOALPARA ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Goalpara. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Goalpara, information was gathered from 917 households, 1,158 women, and 164 men.

Goalpara, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	78.5	73.4
2. Population below age 15 years (%)	30.0	34.0
3. Sex ratio of the total population (females per 1,000 males)	1,007	986
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,027	851
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.8	95.0
6. Deaths in the last 3 years registered with the civil authority (%)	73.3	na
7. Population living in households with electricity (%)	89.6	69.8
8. Population living in households with an improved drinking-water source ¹ (%)	90.7	87.2
9. Population living in households that use an improved sanitation facility ² (%)	75.3	47.5
10. Households using clean fuel for cooking ³ (%)	36.3	21.3
11. Households using iodized salt (%)	99.1	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	71.1	11.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	74.1	na
15. Women with 10 or more years of schooling (%)	23.4	22.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	41.8	35.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.3	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	13.3	27.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	64.5	33.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	66.8	43.7
21. Any modern method ⁶ (%)	55.1	33.9
22. Female sterilization (%)	6.0	2.8
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	3.2	2.1
25. Pill (%)	40.1	26.1
26. Condom (%)	3.6	1.8
27. Injectables (%)	1.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	7.4	17.7
29. Unmet need for spacing ⁷ (%)	2.2	8.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.3	17.8
31. Current users ever told about side effects of current method ⁸ (%)	68.1	53.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Goalpara, Assam - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.3	57.5
33. Mothers who had at least 4 antenatal care visits (%)	44.1	42.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.6	83.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.2	31.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	20.4	6.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	98.6	97.2
days of delivery (%)	73.5	58.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,407	3,195
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	*	2.3
days of delivery (%)	80.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.3	71.2
43. Institutional births in public facility (%)	87.2	66.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.7	6.5
45. Births attended by skilled health personnel ¹⁰ (%)	94.2	77.2
46. Births delivered by caesarean section (%)	16.2	9.9
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	13.4	8.7
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	70.3	43.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	72.7	(68.9)
51. Children age 12-23 months who have received BCG (%)	98.4	83.0
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	71.9	53.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.6	64.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.6	71.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	16.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	52.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.3	51.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	57.8	65.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	97.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.8	2.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(84.2)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(27.8)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(51.1)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	2.1	1.5
provider (%)	50.9	(46.9)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

11Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13Not including polio vaccination given at birth.

14Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Goalpara, Assam - Kev Indicators

Goalpara, Assam - Ney mulcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	45.7	80.5
68. Children under age 6 months exclusively breastfed 16 (%)	*	(59.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.0	12.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.5	12.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.9	42.7
74. Children under 5 years who are wasted (weight-for-height) (%)	24.3	22.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	14.3	8.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.4	39.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.4	2.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	12.2	24.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	15.3	11.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	68.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	60.7	36.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	65.5	49.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(49.2)	(65.8)
84. All women age 15-49 years who are anaemic ²² (%)	64.9	49.7
85. All women age 15-19 years who are anaemic ²² (%)	66.9	49.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	16.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	15.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	52.0	na
103. Women age 15 years and above who consume alcohol (%)	5.0	na
104. Men age 15 years and above who consume alcohol (%)	16.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.
²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.
²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

GOLAGHAT ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Golaghat. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Golaghat, information was gathered from 919 households, 1,028 women, and 129 men.

Golaghat, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.6	80.8
2. Population below age 15 years (%)	24.3	25.2
3. Sex ratio of the total population (females per 1,000 males)	1,002	1,016
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,145	1,017
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.9	95.8
6. Deaths in the last 3 years registered with the civil authority (%)	55.2	na
7. Population living in households with electricity (%)	96.4	88.7
8. Population living in households with an improved drinking-water source ¹ (%)	93.7	94.4
9. Population living in households that use an improved sanitation facility ² (%)	73.1	62.8
10. Households using clean fuel for cooking ³ (%)	33.1	15.7
11. Households using iodized salt (%)	98.7	100.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	69.3	9.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	75.1	na
15. Women with 10 or more years of schooling (%)	27.9	28.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.7	27.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.5	13.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	70.6	49.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	61.6	46.0
21. Any modern method ⁶ (%)	35.7	32.0
22. Female sterilization (%)	13.2	8.4
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	3.1	3.1
25. Pill (%)	13.0	18.0
26. Condom (%)	5.6	2.2
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.9	16.3
29. Unmet need for spacing ⁷ (%)	4.7	6.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.3	26.4
31. Current users ever told about side effects of current method ⁸ (%)	63.3	66.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

· At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Golaghat, Assam - Key Indicators

Colagnat, Accam 1toy malcatore	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	76.1	52.9
33. Mothers who had at least 4 antenatal care visits (%)	65.7	62.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.7	94.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	63.7	44.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.2	5.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	100.0	99.3
days of delivery (%)	73.5	78.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,186	2,449
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	*	(2.7)
days of delivery (%)	83.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.4	88.4
43. Institutional births in public facility (%)	81.4	75.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.2	1.5
45. Births attended by skilled health personnel ¹⁰ (%)	92.1	89.6
46. Births delivered by caesarean section (%)	22.6	11.2
47. Births in a private health facility that were delivered by caesarean section (%)	*	(55.6)
48. Births in a public health facility that were delivered by caesarean section (%)	19.6	5.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(72.4)	67.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(75.9)	(80.0)
51. Children age 12-23 months who have received BCG (%)	(92.6)	90.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(79.7)	73.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(84.9)	83.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(87.5)	91.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(35.4)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(47.2)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(82.8)	77.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.1	78.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(95.5)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.2)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.0	1.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	4.1	0.6
provider (%)	(54.4)	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

11 Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12 Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Golaghat, Assam - Key Indicators

NFH8-5 NFH8-6 C2019-20 C2015-16 Child Feeding Practices and Nutritional Status of Children	Golagnat, Assam - Key indicators		
Child Feeding Practices and Nutritional Status of Children Total Total 67. Children under age 3 years breastfed within one hour of birth's (%) 53.6 80.4 68. Children under age 3 years breastfed within one hour of birth's (%) 1 68.9 69. Children under age 6-8 months receiving solid or semi-solid food and breastmik's (%) 4.8 10.9 70. Breastfeeding children age 6-23 months receiving an adequate diet (**,1" (%) 4.8 10.9 71. Non-breastfeeding children age 6-23 months receiving an adequate diet (**,1" (%)) 4.4 10.4 73. Children under 5 years who are sunder (height-for-age) ¹⁸ (%) 4.4 10.4 73. Children under 5 years who are sunderweight (weight-for-height) ¹⁹ (%) 5.4 6.5 75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%) 2.4 3.7 76. Children under 5 years who are overweight (weight-for-height) ¹⁹ (%) 2.5 2.5 2.5 77. Children under 5 years who are overweight (weight-for-height) ¹⁹ (%) 2.5 2.5 2.5 78. Women whose Body Mass Index (BMI) is a blead normal (BMI <*18.5 kg/m²²²¹ (%) 2.5 2.5 2.5 79. Women who are overweight weight colones (BMI <*25.0 kg/m²²² (%) 5.1 <t< th=""><th></th><th>NFHS-5</th><th>NFHS-4</th></t<>		NFHS-5	NFHS-4
67. Children under age 3 years breastfed within one hour of birth ¹³ (%) 88. Children under age 6 months exclusively breastfed ¹¹¹ (%) 89. Children under age 6. months receiving and dor asemi-solid food and breastmilk ¹¹ (%) 70. Breastfeeding children age 6-23 months receiving an adequate diet ¹¹ (%) 71. Non-breastfeeding children age 6-23 months receiving an adequate diet ¹¹ (%) 72. Total children age 6-23 months receiving an adequate diet ¹¹ (%) 73. Children under 5 years who are severely with sreceiving an adequate diet ¹¹ (%) 74. Children under 5 years who are severely wasted (weight-for-height)¹¹ (%) 75. Children under 5 years who are severely wasted (weight-for-height)¹² (%) 76. Children under 5 years who are vorweight (weight-for-height)² (%) 77. Children under 5 years who are vorweight (weight-for-height)² (%) 78. Women whose 80dy Mass Index (8M) is below normal (8MI 18.6 kg/m²)²¹ (%) 79. Women who are overweight or obese (8MI ½50 kg/m²)²¹ (%) 79. Women who are vowerweight or obese (8MI ½50 kg/m²)²¹ (%) 79. Women who are vowerweight or obese (8MI ½50 kg/m²)²¹ (%) 79. Women who are vowerweight or obese (8MI ½50 kg/m²)² (%) 79. Women who have high risk waist-o-hig ratio (≥0.85) (%) 70. Children age 6-9 months who are anaemic (<11.0 g/dl)²² (%) 70. Power age 18. Power anaemic (<11.0 g/dl)²² (%) 70. Tower age 18. Power anaemic (<11.0 g/dl)²² (%) 70. Tower age 18. Power anaemic (<11.0 g/dl)²² (%) 70. Tower anaemic age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 70. Tower anaemic age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 70. Tower anaemic age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 70. Tower anaemic age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 70. Tower anaemic age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 70. Blood sugar level - high (141-160 mg/dl)² (%) 70. Power who age 15-19 years who are anaemic (<11.0 g/dl)²² (%) 70. Power anaemic age 15-19 years who are anaemic (<11.0 g/dl)²² (%) 70. Blood sugar level - high (140 mg/dl)² (%) 70. Power who ag	Indicators	(2019-20)	(2015-16)
68. Children under age 6 months exclusively breastfed % (%) 9. Children age 6-8 months receiving soli for semi-solid food and breastmik % (%) 7. Non-breastfeeding children age 6-23 months receiving an adequate diet % (%) 7. Non-breastfeeding children age 6-23 months receiving an adequate diet % (%) 7. Total children age 6-23 months receiving an adequate diet % (%) 7. Total children age 6-23 months receiving an adequate diet % (%) 7. Chaldren under 5 years who are susted (height-for-age) % (%) 7. Children under 5 years who are wasted (weight-for-height) % 7. Children under 5 years who are wasted (weight-for-height) % (%) 7. Children under 5 years who are wasted (weight-for-height) % (%) 7. Children under 5 years who are wasted (weight-for-height) % (%) 7. Children under 5 years who are underweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are overweight (weight-for-height) % (%) 7. Children under 5 years who are anaemic (%) 8. Children under 5 years who are anaemic (*10 gid) * (%) 8. Children under 5 years who are anaemic (*11.0 gid) * (%) 8. Children under 5 years who are anaemic (*11.0 gid) * (%) 8. Shall women age 15-49 years who are anaemic (*11.0 gid) * (%) 8. Shall women age 15-49 years who are anaemic (*10.0 gid) * (%) 8. Blood sugar level - high (*141-160 mg/d) * (%) 8. Blood sugar level - high (*141-160 mg/d) * (%) 8. Blood sugar l	Child Feeding Practices and Nutritional Status of Children	Total	Total
69. Children age 6-3 months receiving solid for semi-solid food and breastmilk. 70. Breastfeeding children age 6-23 months receiving an adequate diel. 71. Total children age 6-23 months receiving an adequate diel. 72. Total children age 6-23 months receiving an adequate diel. 73. Children under 5 years who are sutated (height-flor-age) 74. Children under 5 years who are sutated (height-flor-age) 75. Children under 5 years who are sutated (height-flor-height) 76. Children under 5 years who are svated (weight-for-height) 76. Children under 5 years who are svated (weight-for-height) 76. Children under 5 years who are sverely existed (weight-for-height) 76. Children under 5 years who are verweight (weight-for-height) 76. Children under 5 years who are verweight (weight-for-height) 76. Children under 5 years who are verweight (weight-for-height) 76. Children under 5 years who are verweight (weight-for-height) 76. Children under 5 years who are verweight (weight-for-height) 76. Children under 5 years who are verweight (weight-for-height) 77. Children under 5 years who are verweight (weight-for-height) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²²²¹(%) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²²²¹(%) 78. Women who save verweight or obese (BMI ≥25.0 kg/m²²²(%) 78. Women who have high risk waist-to-hip ratio (≥0.85) 78. Women who have high risk waist-to-hip ratio (≥0.85) 78. Nutritional Status of Women age 15-49 years who are anaemic (<11.0 g/dl)²²(%) 79. Women who have high risk waist-to-hip ratio (≥0.85) 79. Total dhildren age 6-59 months who are anaemic (<11.0 g/dl)²²(%) 79. Total dhildren age 6-59 months who are anaemic (<11.0 g/dl)²²(%) 79. Total dhildren age 6-59 months who are anaemic (<11.0 g/dl)²²(%) 79. Total dhildren age (<11.0 g/dl)²²(%) 79.	67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	53.6	80.4
10.8 Posatfeeding children age 6-23 months receiving an adequate diet ^{18, 17} (%) 4.8 10.9 1.1 Non-breastfeeding children age 6-23 months receiving an adequate diet ^{18, 17} (%) 4.4 10.4 10.4 10.4 10.4 10.4 10.4 10.4	68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(68.9)
7.1. Non-breastfeeding children age 6.23 months receiving an adequate diet ^{16, 17} (%) 4 10.4 7.2. Total children age 6.23 months receiving an adequate diet ^{16, 17} (%) 26.3 32.6 7.4. Children under 5 years who are susted (weight-for-height) 16 (%) 5.4 6.5 7.5. Children under 5 years who are wasted (weight-for-height) 16 (%) 2.5 20.2 7.6. Children under 5 years who are wasted (weight-for-height) 16 (%) 2.4 3.7 7.6. Children under 5 years who are underweight (weight-for-height) 30 (%) 2.4 3.7 7.6. Children under 5 years who are underweight (weight-for-height) 30 (%) 2.4 3.7 Nutritional Status of Women (age 15-49 years) 3.6 1.6 2.6 8.0 7.8. Women who are overweight or obese (BMI) 25.0 kg/m² 16 (%) 15.1 2.6 8.8 7.8. Women who have high risk waist-to-hip radio (≥0.85) (%) 5.1 2.6 8.0 8.0. Women who have high risk waist-to-hip radio (≥0.85) (%) 75.1 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.2 3.2 4.6 1.0 4.4 1.0 4.4 1.0 4.4 1.0 4.4 1.0 4.0 4.2 4.2 4.2	69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
77. Total children age 0-25 months receiving an adequate diet. 1.7 (%) 78. Children under 5 years who are stunted (height-for-age) 1.8 (%) 79. Children under 5 years who are stunted (weight-for-height) 1.8 (%) 79. Children under 5 years who are severely wasted (weight-for-height) 1.8 (%) 79. Children under 5 years who are overweight (weight-for-height) 1.8 (%) 79. Children under 5 years who are overweight (weight-for-height) 1.8 (%) 79. Children under 5 years who are underweight (weight-for-height) 1.8 (%) 79. Wutritional Status of Women (age 15-49 years) 79. Wutritional Status of Women (age 15-49 years) 79. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 80. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 80. Women who have beight skw alsi-t-lo-lifty pratio (≥0.85) (%) 80. Women who have beight skw alsi-t-lo-lifty pratio (≥0.85) (%) 81. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 81. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 82. Non-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 84. All women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 85. All women age 15-49 years who are anaemic ≥ (%) 86. Blood sugar Level - high (141-160 mg/dl)²² (%) 87. Blood Sugar Level - high (141-160 mg/dl)²² (%) 88. Blood sugar level - high (141-160 mg/dl)²² (%) 89. Blood sugar level - high (141-160 mg/dl)²² (%) 90. Blood sugar level - high (141-160 mg/dl)²² (%) 91. Blood sugar level - high (141-160 mg/dl)²² (%) 92. Mildly elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) 93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood sugar level occurred (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (Systolic ≥140 mm of Hg	70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.8	10.9
7.3. Children under 5 years who are stunted (height-for-age)¹e (%) 7.4. Children under 5 years who are wasted (weight-for-height)¹e (%) 7.5. Children under 5 years who are underweight (weight-for-height)¹e (%) 7.6. Children under 5 years who are underweight (weight-for-age)¹e (%) 7.6. Children under 5 years who are underweight (weight-for-age)¹e (%) 7.6. Children under 5 years who are ounderweight (weight-for-age)¹e (%) 7.6. Children under 5 years who are ounderweight (weight-for-age)¹e (%) 7.6. Children under 5 years who are ounderweight (weight-for-age)¹e (%) 7.6. Children under 5 years who are ounderweight (weight-for-age)¹e (%) 7.6. Children under 5 years who are ounderweight (weight-for-age)¹e (%) 7.6. Children under 5 years who are ounderweight (weight-for-age)¹e (%) 7.6. Children under 5 years who are ounderweight (weight-for-age)¹e (%) 7.8. Women whose Body Mass index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 8.0. Women who sae voerweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 8.0. Women who have high risk waist-to-hip ratio (≥0.85) (%) 7.6. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 8.1. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 8.2. Non-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 8.3. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 8.4. All women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 8.7. All women age 15-49 years who are anaemic² (%) 8.5. All women age 15-49 years who are anaemic² (%) 8.6. Blood sugar level - high (141-160 mg/dl)²² (%) 8.7. Blood sugar level - wery high (>100 mg/dl)²² (%) 8.7. Blood sugar level - high (141-160 mg/dl)²² (%) 8.8. Blood sugar level - high (141-160 mg/dl)²² (%) 8.9. Blood sugar level - high (>141-160 mg/dl)²² (%) 9.0. Blood sugar level - high (>141-160 mg/dl)²² (%) 9.1. Blood sugar level - high (>141-160 mg/dl)²² (%) 9.2. Mildly elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥00-99 mm of Hg) (%) 9.3. Moderately or severely elevated blood	71. Non-breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	*	*
7.4. Children under 5 years who are wasted (weight-for-height)¹² (%) 7.5. Children under 5 years who are severely wasted (weight-for-height)¹² (%) 7.5. Children under 5 years who are overweight (weight-for-height)²³ (%) 7.6. Children under 5 years who are overweight (weight-for-height)²³ (%) 7.6. Children under 5 years who are overweight (weight-for-height)²³ (%) 7.6. Women under 5 years who are overweight (weight-for-height)²³ (%) 7.6. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 7.7. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 7.9. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 8.0. Women who have high risk waist-to-high ratio (≥0.85) (%) 8.0. Women who have high risk waist-to-high ratio (≥0.85) (%) 8.1. Children age 6.59 months who are anaemic (<11.0 g/dl)²² (%) 8.2. Non-pregnant women age 15.49 years who are anaemic (<11.0 g/dl)²² (%) 8.3. Pregnant women age 15.49 years who are anaemic (<11.0 g/dl)²² (%) 8.4. All women age 15.49 years who are anaemic (<11.0 g/dl)²² (%) 8.5. All women age 15.49 years who are anaemic (<11.0 g/dl)²² (%) 8.6. Blood sugar Level among Adults (age 15 years and above) Women 8.6. Blood sugar level - high (141-160 mg/dl)²² (%) 8.7. Blood sugar level - high (141-160 mg/dl)²² (%) 8.8. Blood sugar level - very high (>160 mg/dl)²² (%) 8.9. Blood sugar level - high (141-160 mg/dl)²² (%) 8.9. Blood sugar level - high (141-160 mg/dl)²² (%) 9.0. Blood sugar level - high (or very high (>140 mg/dl) or taking medicine to control blood sugar level² (%) 8.9. Blood sugar level - high (141-160 mg/dl)²² (%) 9. Blood sugar level - high (141-160 mg/dl)²² (%) 9. Blood sugar level - high (141-160 mg/dl)²² (%) 9. Blood sugar level - high (141-160 mg/dl)²² (%) 9. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level² (%) 8.9. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level² (%) 8.0. Blood sugar level - high or very high (>140 mg/dl) or taking medicine	72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.4	10.4
75. Children under 5 years who are severely wasted (weight-for-height)¹a (%) 5.4 6.5 20.2 76. Children under 5 years who are underweight (weight-for-height)²a (%) 2.4 3.7 77. Children under 5 years who are underweight (weight-for-height)²a (%) 2.4 3.7 Nutritional Status of Women (age 15-49 years) 8.6 2.6 a 8.8 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	26.3	32.6
76. Children under 5 years who are underweight (weight-for-age)¹8 (%) 77. Children under 5 years who are overweight (weight-for-height)²0 (%) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 80. Women who have high risk waist-to-hip ratio (20.85) (%) 81. Children and Forement was a second or s	74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.2	13.9
77. Children under 5 years who are overweight (weight-for-height)²0 (%) Nutritional Status of Women (age 15-49 years) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 81. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 81. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 82. Non-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 84. All women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 85. All women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 86. Blood sugar Level among Adults (age 15 years and above) Women 86. Blood sugar level - high (141-160 mg/dl)²³ (%) 87. Blood sugar level - high (141-160 mg/dl)²³ (%) 88. Blood sugar level - high (141-160 mg/dl)²³ (%) 88. Blood sugar level - high (141-160 mg/dl)²³ (%) 89. Blood sugar level - high (141-160 mg/dl)²³ (%) 90. Blood sugar level - high (141-160 mg/dl)²³ (%) 91. Blood sugar level - high (141-160 mg/dl)²³ (%) 92. Mildly elevated blood pressure (Systolic ≥159 mm of Hg and/or Diastolic ≥0.99 mm of Hg) (%) 93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg) and/or Diastolic ≥100mm of Hg) (%) 94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥0.99 mm of Hg) (%) 95. Mildly elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥0.99 mm of Hg) (%) 96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥0.99 mm of Hg) (%) 98. Ever undergone a screening test for cervical cancer (%) 99. Ever undergone a breast examination for oral cancer (%) 90. Ever undergone a breast examination for oral cancer (%) 90. Ever undergone a breast examination for oral cancer (%) 90. Ever undergone a breast examination for oral cancer (%)	75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.4	6.5
Nutritional Status of Women (age 15-49 years) 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 16.0 12.8 80. Women who are overweight or obese (BMI ≥25.0 kg/m²)²² (%) 16.0 12.8 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 17.2 18. 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 17.2 18. 81. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 17.2 46.0 82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)²² (%) 17.2 45.5 82. Non-pregnant women age 15-49 years who are anaemic (<10.0 g/dl)²² (%) 17.2 45.5 85. All women age 15-49 years who are anaemic (≥0.0 g/dl)²² (%) 17.2 45.5 85. All women age 15-19 years who are anaemic² (%) 17.2 45.5 86. Blood sugar Level among Adults (age 15 years and above) **Women** 86. Blood sugar level - high (141-160 mg/dl)²² (%) 17. 18. 88. Blood sugar level - high (141-160 mg/dl)²² (%) 18. All women age 15-49 years who are anaemic (≥0.0 g/dl)²² (%) 11.6 na 18. Blood sugar level - high or very high (>160 mg/dl)²² (%) 19. Blood sugar level - very high (>160 mg/dl)²² (%) 19. Blood sugar level - high (141-160 mg/dl)²² (%) 19. Blood sugar level - very high (>160 mg/dl)²² (%) 19. Blood sugar level - high (141-160 mg/dl)²² (%) 19. Blood sugar level - high or very high (>160 mg/dl)²² (%) 19. Blood sugar level - high or very high (>160 mg/dl)²² (%) 19. Blood sugar level - high or very high (>160 mg/dl)²² (%) 19. Blood sugar level - high or very high (>160 mg/dl)²² (%) 19. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood sugar level - high or very high (>160 mg/dl)²² (%) 10. Blood	76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.5	20.2
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 16.0 12.8 17.9 Women who are overweight or obese (BMI ≥25.0 kg/m²)²² (%) 16.0 12.8 18.0 Women who have high risk waist-to-hip ratio (≥0.85) (%) 15.1 2 na Anaemia among Children and Women 18.1 Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 77.2 45.0 33.3 28.2 Non-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 77.2 45.0 38.3 Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 77.2 45.5 38.4 Il women age 15-49 years who are anaemic² (%) 77.2 45.5 5.4 Il women age 15-49 years who are anaemic² (%) 77.2 45.5 5.4 Il women age 15-49 years who are anaemic² (%) 77.2 45.5 5.4 Il women age 15-49 years who are anaemic² (%) 77.2 45.5 6.4 Il women age 15-49 years who are anaemic² (%) 77.2 45.5 6.5 All women age 15-49 years who are anaemic² (%) 77.2 45.5 6.5 All women age 15-49 years who are anaemic² (%) 77.2 45.5 8.6 Il women age 15-49 years who are anaemic² (%) 77.2 45.5 8.6 Il women age 15-49 years who are anaemic² (%) 8.6 A na 18.6 Blood sugar level - high (141-160 mg/dl)²² (%) 8.6 Blood sugar level - high (141-160 mg/dl)²² (%) 8.6 Blood sugar level - high (141-160 mg/dl)²² (%) 8.8 Blood sugar level - high (141-160 mg/dl)²² (%) 8.8 Blood sugar level - high (141-160 mg/dl)²² (%) 8.9 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level - high (141-160 mg/dl)²² (%) 8.0 Blood sugar level	77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.4	3.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 51.2 na 80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 51.2 na 51.2 na 61.0 manyon (Children and Women Standard Momen Standard Momen Standard Momen Standard Momen Standard Momen and Standard Momen Standard Momen age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 75.1 33.3 32. Non-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 77.2 45.5 33. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 77.2 45.5 35. All women age 15-49 years who are anaemic²² (%) 77.2 45.5 35. All women age 15-19 years who are anaemic²² (%) 77.2 45.5 35. All women age 15-19 years who are anaemic²² (%) 77.2 45.5 35. Blood Sugar Level among Adults (age 15 years and above) Standard Momen Standard Mom	Nutritional Status of Women (age 15-49 years)		
80. Women who have high risk waist-to-hip ratio (≥0.85) (%) Anaemia among Children and Women 81. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 82. Non-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 84. All women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 85. Bregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 86. All women age 15-19 years who are anaemic²² (%) 87. 2 (45.5 85. All women age 15-19 years who are anaemic²² (%) 88. Blood Sugar Level among Adults (age 15 years and above) 88. Blood sugar level - high (141-160 mg/dl)²³ (%) 89. Blood sugar level - high (141-160 mg/dl)²² (%) 89. Blood sugar level - high (141-160 mg/dl)²² (%) 80. Blood sugar level - high (141-160 mg/dl)²² (%) 80. Blood sugar level - high (141-160 mg/dl)²² (%) 80. Blood sugar level - high (141-160 mg/dl)²² (%) 81. Blood sugar level - high (141-160 mg/dl)²² (%) 81. Blood sugar level - high (141-160 mg/dl)²² (%) 82. Blood sugar level - high (141-160 mg/dl)²² (%) 83. Blood sugar level - high (141-160 mg/dl)²² (%) 84. Blood sugar level - high (141-160 mg/dl)²² (%) 85. Blood sugar level - high (141-160 mg/dl)²² (%) 86. A na na naemic² (%) 87. Blood sugar level - high (141-160 mg/dl)²² (%) 89. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level² (%) 80. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level² (%) 81. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level² (%) 82. Mildly elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) (%) 83. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 84. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) (%) 85. Clevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) (%) 86. Moderately	78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	25.1	26.8
### Anaemia among Children and Women 11. Children age 6-59 months who are anaemic (<11.0 g/dl)²² (%) 12. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)²² (%) 13. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 13. Pregnant women age 15-49 years who are anaemic² (%) 14. All women age 15-49 years who are anaemic² (%) 15. All women age 15-49 years who are anaemic²² (%) 15. All women age 15-19 years who are anaemic²² (%) 15. All women age 15-19 years who are anaemic²² (%) 15. All women age 15-19 years who are anaemic²² (%) 15. All women age 15-19 years who are anaemic²² (%) 15. All women age 15-19 years who are anaemic²² (%) 16. All women age 15-19 years who are anaemic²² (%) 16. All women age 15-19 years who are anaemic²² (%) 17. 2 18. Blood sugar level - high (141-160 mg/dl)²³ (%) 18. Blood sugar level - high (141-160 mg/dl)²³ (%) 19. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level²² (%) 11. anaemia women age 15-19 years and above) 15. Blood sugar level - high (141-160 mg/dl)²² (%) 16. anaemia women age 15-19 years and above) 16. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level²² (%) 17. anaemia women age 15-19 years and above) 18. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level²² (%) 19. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic ≥90 mm of Hg) (%) 10. anaemia women age 15-49 years and above) 18. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) (%) 10. anaemia women age 15-19 years and above) 10. Blood sugar level - high or very high (>140 mg/dl)²² (%) 10. anaemia women age 15-19 years and above) 10. blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) (%) 10. anaemia women age 15-19 years and above) 10. blood pressure (Systolic ≥140 mm of Hg and/or	79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	16.0	12.8
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100. Ever undergone an oral cavity examination for oral cancer (%) 0.2 na			na
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Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		0.2	na
	Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)			na
102. Men age 15 years and above who use any kind of tobacco (%) 52.0 na	· · · · · · · · · · · · · · · · · · ·		na
103. Women age 15 years and above who consume alcohol (%)			na
104. Men age 15 years and above who consume alcohol (%)	104. Men age 15 years and above who consume alcohol (%)	38.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.
²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.
²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
²³Random blood sugar measurement.

NOTES

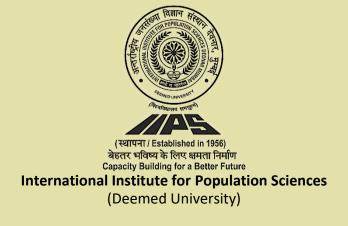


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

HAILAKANDI ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Hailakandi. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Hailakandi, information was gathered from 905 households, 1,057 women, and 130 men.

Hailakandi, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	81.5	75.9
2. Population below age 15 years (%)	33.7	32.5
3. Sex ratio of the total population (females per 1,000 males)	1,054	962
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	951	963
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.6	97.7
6. Deaths in the last 3 years registered with the civil authority (%)	60.3	na
7. Population living in households with electricity (%)	91.2	55.7
8. Population living in households with an improved drinking-water source ¹ (%)	41.2	51.5
9. Population living in households that use an improved sanitation facility ² (%)	60.0	36.1
10. Households using clean fuel for cooking ³ (%)	35.2	13.8
11. Households using iodized salt (%)	97.6	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	53.6	8.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	82.2	na
15. Women with 10 or more years of schooling (%)	25.3	20.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.9	22.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	2.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.4	11.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	56.1	25.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	66.8	54.2
21. Any modern method ⁶ (%)	49.5	34.0
22. Female sterilization (%)	4.1	5.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	4.3	2.9
25. Pill (%)	25.0	20.6
26. Condom (%)	12.8	4.3
27. Injectables (%)	2.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	8.6	16.6
29. Unmet need for spacing ⁷ (%)	4.2	4.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	26.1	21.7
31. Current users ever told about side effects of current method ⁸ (%)	94.7	77.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

Pregnant with a mistimed pregnancy.
 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

· At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unimet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Hailakandi, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	77.6	49.6
33. Mothers who had at least 4 antenatal care visits (%)	43.1	34.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.2	96.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.0	24.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.3	6.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	96.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	68.8	39.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,090	4,082
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(3.7)	2.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(- /	
days of delivery (%)	70.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.0	56.5
43. Institutional births in public facility (%)	75.1	51.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.2	0.5
45. Births attended by skilled health personnel ¹⁰ (%)	84.8	56.9
46. Births delivered by caesarean section (%)	12.8	7.8
47. Births in a private health facility that were delivered by caesarean section (%)	(69.3)	*
48. Births in a public health facility that were delivered by caesarean section (%)	9.7	8.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	68.6	39.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	76.9	64.7
51. Children age 12-23 months who have received BCG (%)	95.4	68.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.8	49.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.9	59.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.6	59.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%)	50.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.4	45.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.0	73.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1	0.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.9	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	45.4	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

^{17/}Accinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12/Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Hailakandi, Assam - Key Indicators

Indicators(2019-20)(2015-16)Child Feeding Practices and Nutritional Status of ChildrenTotalTotal67. Children under age 3 years breastfed within one hour of birth 15 (%)24.431.368. Children under age 6 months exclusively breastfed 16 (%)(50.9)(45.1)69. Children age 6-8 months receiving solid or semi-solid food and breastmilk 16 (%)(25.8)*70. Breastfeeding children age 6-23 months receiving an adequate diet 16.17 (%)1.76.571. Non-breastfeeding children age 6-23 months receiving an adequate diet 16.17 (%)**72. Total children age 6-23 months receiving an adequate diet 16.17 (%)1.66.373. Children under 5 years who are stunted (height-for-age) 18 (%)42.938.174. Children under 5 years who are wasted (weight-for-height) 18 (%)22.219.175. Children under 5 years who are severely wasted (weight-for-height) 19 (%)8.26.376. Children under 5 years who are underweight (weight-for-age) 18 (%)42.432.577. Children under 5 years who are overweight (weight-for-height) 20 (%)2.01.6Nutritional Status of Women (age 15-49 years)			
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69. Children age 6-8 months receiving solid or semi-solid food and breastmilk 16 (%) 70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%) 71. Non-breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%) 72. Total children age 6-23 months receiving an adequate diet 16, 17 (%) 73. Children under 5 years who are stunted (height-for-age) 18 (%) 74. Children under 5 years who are wasted (weight-for-height) 18 (%) 75. Children under 5 years who are severely wasted (weight-for-height) 19 (%) 76. Children under 5 years who are underweight (weight-for-age) 18 (%) 77. Children under 5 years who are overweight (weight-for-height) 20 (%) Nutritional Status of Women (age 15-49 years)	· · · · · · · · · · · · · · · · · · ·		
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73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%) 74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%) 75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%) 76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%) 77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 8.2 6.3 76. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 8.1 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		*	*
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%) 75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%) 76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%) 77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 8.2 6.3 77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 8.2 1.6 Nutritional Status of Women (age 15-49 years)			
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%) 8.2 6.3 76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%) 77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 8.2 32.5 77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 8.2 1.6 Nutritional Status of Women (age 15-49 years)			
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%) 77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 8. Nutritional Status of Women (age 15-49 years) 42.4 32.5 1.6			
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 2.0 1.6 Nutritional Status of Women (age 15-49 years)			
Nutritional Status of Women (age 15-49 years)			
		2.0	1.0
70. Warran whose Dady Mass Index (DMI) is below narred (DMI) <40. E (m/m²/21.00)		25.7	22.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 25.7 33.2 79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 10.9 7.4			
80. Women who have high risk waist-to-hip ratio (≥0.85) (%) 77.5 na Anaemia among Children and Women		77.5	IId
		50 F	20.0
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%) 59.5 29.0			
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%) 61.5 47.1 82. Design and women age 15-40 years who are anaemic (<14.0 g/dl) ²² (%) 61.5 61.5			
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%) 58.7 (49.6)			
84. All women age 15-49 years who are anaemic ²² (%) 61.4 47.2			
85. All women age 15-19 years who are anaemic ²² (%) 58.1 44.5		JÖ. I	44.5
Blood Sugar Level among Adults (age 15 years and above)			
Women 20 Bl - 1 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		7.4	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%) 7.1 na			
87. Blood sugar level - very high (>160 mg/dl) ²³ (%) 5.8 na			
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) 14.2 na		14.2	na
Men 20 Plead outer level high (444 460 mg/dl)23 (9/)		0.0	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%) 90. Blood sugar level - very high (>160 mg/dl) ²³ (%) 7.3 na			
22 (24)			
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) Hypertension among Adults (age 15 years and above)		10.9	i i a
,	,		
Women		40.0	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) 12.2 na			
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 5.8 na 94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		5.8	па
blood pressure (%) 21.8 and/or Diastolic 290 min or rig/ or taking medicine to control 21.8		21.8	na
Men		21.0	110
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) 15.6 na		15.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 5.6 7.6 7.7 7.7 7.7 7.7 7.7 7.7			
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		0.0	na na
blood pressure (%)		24.4	na
Screening for Cancer among Women (age 30-49 years)	Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%) 0.0 na		0.0	na
99. Ever undergone a breast examination for breast cancer (%) 0.0 na		0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%) 0.0 na	100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%) 45.1 na	101. Women age 15 years and above who use any kind of tobacco (%)	45.1	na
102. Men age 15 years and above who use any kind of tobacco (%) 58.3	· · · · · · · · · · · · · · · · · · ·	58.3	na
103. Women age 15 years and above who consume alcohol (%) 3.1 na		3.1	na
104. Men age 15 years and above who consume alcohol (%)	104. Men age 15 years and above who consume alcohol (%)	10.1	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

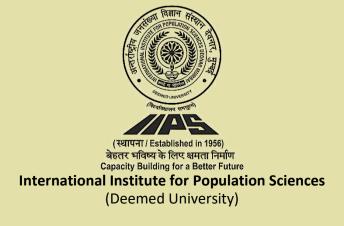


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

HOJAI ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Hojai. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Hojai, information was gathered from 896 households, 1,027 women, and 148 men.

Hojai, Assam - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	79.1
2. Population below age 15 years (%)	27.5
3. Sex ratio of the total population (females per 1,000 males)	986
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,017
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.7
6. Deaths in the last 3 years registered with the civil authority (%)	79.7
7. Population living in households with electricity (%)	96.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.9
9. Population living in households that use an improved sanitation facility ² (%)	63.1
10. Households using clean fuel for cooking ³ (%)	52.0
11. Households using iodized salt (%)	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	67.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	83.2
15. Women with 10 or more years of schooling (%)	23.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	30.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	64.6
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	61.1
21. Any modern method ⁶ (%)	48.2
22. Female sterilization (%)	4.3
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	1.2
25. Pill (%)	37.2
26. Condom (%)	4.9
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	13.2
29. Unmet need for spacing ⁷ (%)	4.9
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	21.7
31. Current users ever told about side effects of current method ⁸ (%)	73.5

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Hojai, Assam - Key Indicators

	NFHS-5
Indicators	(2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	52.7
33. Mothers who had at least 4 antenatal care visits (%)	51.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	50.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	63.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,299
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	,
delivery (%)	68.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	82.1
43. Institutional births in public facility (%)	59.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.1
45. Births attended by skilled health personnel ¹⁰ (%)	83.5
46. Births delivered by caesarean section (%)	18.4
47. Births in a private health facility that were delivered by caesarean section (%)	51.6
48. Births in a public health facility that were delivered by caesarean section (%)	11.2
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	55.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(63.6)
51. Children age 12-23 months who have received BCG (%)	`82.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	60.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	60.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	59.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	14.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	41.4
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	55.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	52.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	86.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	7.8
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	44.7

9Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

injections (the last within 5 years of the last birth, or load of more injections (the last birth).

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

11 Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12 Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Hojai, Assam - Key Indicators

NFHS-5 (019-20) Total
Total
· Otal
54.9
(64.3)
*
2.8
*
2.7
39.3
12.7
4.6
28.4
6.0
19.3
20.1
69.6
56.8
56.6
(51.4)
56.3
54.3
6.3
7.5
14.6
7.6
8.0
16.5
11.6
6.9
21.0
21.0
15.0
15.9
7.3
25.2
0.9
0.0
0.5
18.8
53.7
2.2
16.7

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard. ²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

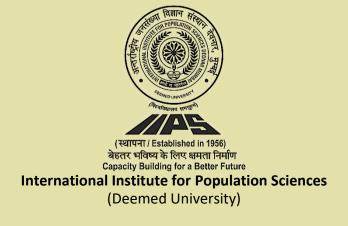


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

JORHAT ASSAM



Introduction

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Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Jorhat. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Jorhat, information was gathered from 917 households, 1,019 women, and 148 men.

Jorhat, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
	Total
Population and Household Profile 1. Female population age 6 years and above who ever attended school (%)	84.4
2. Population below age 15 years (%)	21.6
3. Sex ratio of the total population (females per 1,000 males)	1,009
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	833
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.8
6. Deaths in the last 3 years registered with the civil authority (%)	57.2
7. Population living in households with electricity (%)	95.1
8. Population living in households with an improved drinking-water source ¹ (%)	85.9
9. Population living in households that use an improved sanitation facility ² (%)	80.4
10. Households using clean fuel for cooking ³ (%)	48.3
11. Households using iodized salt (%)	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(11.1)
Characteristics of Women (age 15-49 years)	(,
14. Women who are literate ⁴ (%)	85.1
15. Women with 10 or more years of schooling (%)	42.9
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	24.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.7
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	63.8
21. Any modern method ⁶ (%)	32.3
22. Female sterilization (%)	12.5
23. Male sterilization (%)	0.3
24. IUD/PPIUD (%)	3.6
25. Pill (%)	9.9
26. Condom (%)	6.0
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	10.4
29. Unmet need for spacing ⁷ (%)	3.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	14.4
31. Current users ever told about side effects of current method ⁸ (%)	62.6

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Jorhat, Assam - Key Indicators

Torriar, Accam 110y marcatore	
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	78.3
33. Mothers who had at least 4 antenatal care visits (%)	67.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	81.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	8,435
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	85.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	96.5
43. Institutional births in public facility (%)	74.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.4
45. Births attended by skilled health personnel ¹⁰ (%)	97.4
46. Births delivered by caesarean section (%)	44.4
47. Births in a private health facility that were delivered by caesarean section (%)	87.7
48. Births in a public health facility that were delivered by caesarean section (%)	33.9
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%)	69.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	70.4
51. Children age 12-23 months who have received BCG (%)	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	79.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	25.9
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	50.3
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	78.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	50.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.1
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	56.6

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹/Vaccinated with BCG, measies-containing vaccine (MCV)/MR/Minin/Measies, and 3 doses each of polio (excluding polio vaccine given at birth) and DFT of pental vaccine and 3 doses each of polio (excluding polio vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or pental vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Jorhat, Assam - Key Indicators

domat, Assam Rey maleators	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	51.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	15.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.4
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	22.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	19.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.5
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	74.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	72.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(56.4)
84. All women age 15-49 years who are anaemic ²² (%)	71.8
85. All women age 15-19 years who are anaemic ²² (%)	75.1
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.7
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.3
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.3
Men	0.5
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.3
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.0
Hypertension among Adults (age 15 years and above)	
Women	44.0
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	7.1
pressure (%)	25.9
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	26.3
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	16.5
102. Men age 15 years and above who use any kind of tobacco (%)	47.1
103. Women age 15 years and above who consume alcohol (%)	4.0
104. Men age 15 years and above who consume alcohol (%)	30.9

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard. ²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET KAMRUP METROPOLITAN ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Kamrup Metropolitan. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Kamrup Metropolitan, information was gathered from 903 households, 926 women, and 165 men.

Kamrup Metropolitan, Assam - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	87.5	87.3
2. Population below age 15 years (%)	20.0	22.1
3. Sex ratio of the total population (females per 1,000 males)	946	964
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	986	751
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.2	97.6
6. Deaths in the last 3 years registered with the civil authority (%)	(77.4)	na
7. Population living in households with electricity (%)	99.2	95.5
8. Population living in households with an improved drinking-water source ¹ (%)	87.2	83.2
9. Population living in households that use an improved sanitation facility ² (%)	65.2	65.3
10. Households using clean fuel for cooking ³ (%)	85.1	79.0
11. Households using iodized salt (%)	99.7	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	45.5	16.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(2.6)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	86.0	na
15. Women with 10 or more years of schooling (%)	49.1	48.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.9	21.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	0.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.1	7.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	86.3	77.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	56.8	46.3
21. Any modern method ⁶ (%)	41.5	36.0
22. Female sterilization (%)	13.4	12.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	4.5	4.4
25. Pill (%)	16.8	14.4
26. Condom (%)	6.6	5.0
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	8.8	17.8
29. Unmet need for spacing ⁷ (%)	2.5	6.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.6	11.8
31. Current users ever told about side effects of current method ⁸ (%)	50.3	47.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

*Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

5 Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.

 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unimet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Kamrup Metropolitan, Assam - Key Indicators

Maternity Care (for last birth in the 5 years before the survey)	Taim ap monopontari, Accam 110 y maioator	NFHS-5	NFHS-4
Maternity Care (for last birth in the 5 years before the survey) 32. Mothers who had an antenatal check-up in the first trimester (%) 77.6 64.9 68.9 56.6 33. Mothers who had at a least 4 antenatal care visits (%) 96.3 85.8 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 96.3 85.8 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 96.3 96.3 96.3 96.3 96.5 96	Indicators		(2015-16)
32. Mothers who had an antenatal check-up in the first trimester (%) 33. Mothers who had at least 4 antenatal care visits (%) 34. Mothers who had at least 4 antenatal care visits (%) 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 42. Institutional births in the 5 years before the survey) 43. Institutional births in the 5 years before the survey) 44. Institutional births in public facility (%) 45. Births attended by skilled health personnel (%) 46. Births attended by skilled health personnel (%) 47. Births that were conducted by skilled health personnel (%) 48. Births delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) 49. Children age 12-23 months who have received BCG (%) 50. Children age 12-23 months who have received 3 doses of polio vaccine (%) 51. Children age 12-23 months who have received 3 doses of polio vaccine (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine (%) 53. Children age 12-23 months who have received 3 doses of polio vaccine (%) 54. Children age 12-23 months who have received 3 doses of polio vaccine (%) 55. Children age 12-23 months who have received 3 doses of po	Maternal and Child Health	Total	Total
32. Mothers who had an antenatal check-up in the first trimester (%) 33. Mothers who had at least 4 antenatal care visits (%) 34. Mothers who had at least 4 antenatal care visits (%) 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 42. Institutional births in the 5 years before the survey) 43. Institutional births in the 5 years before the survey) 44. Institutional births in public facility (%) 45. Births attended by skilled health personnel (%) 46. Births attended by skilled health personnel (%) 47. Births that were conducted by skilled health personnel (%) 48. Births delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) 49. Children age 12-23 months who have received BCG (%) 50. Children age 12-23 months who have received 3 doses of polio vaccine (%) 51. Children age 12-23 months who have received 3 doses of polio vaccine (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine (%) 53. Children age 12-23 months who have received 3 doses of polio vaccine (%) 54. Children age 12-23 months who have received 3 doses of polio vaccine (%) 55. Children age 12-23 months who have received 3 doses of po	Maternity Care (for last birth in the 5 years before the survey)		
34. Mothers whose last birth was protected against neonatal tetanus® (%) 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 42. Institutional births (%) 43. Institutional births (%) 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births delivered by caesarean section (%) 47. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) 50. Children age 12-23 months who have received BCG (%) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 55. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 56. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 57. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (MCV) (%) 58. Children age 12-23 months who have received 3 dos		77.6	64.9
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38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 79.9 na Delivery Care (for births in the 5 years before the survey) 42. Institutional births (%) 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births delivered by caesarean section (%) 47. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only (53.6) 51. Children age 12-23 months who have received 3 doses of polio vaccine (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine (%) 53. Children age 12-23 months who have received 3 doses of polio vaccine (%) 54. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 55. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 57. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 57. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 57. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 57. Children age 12-23 months who have received 3 doses of nea	36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.9	16.3
days of delivery (%) 75.6 71.4 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) * * * 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 79.9 na Polivery Care (for births in the 5 years before the survey) 42. Institutional births (%) 43. Institutional births (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births attended by skilled health personnel (%) 47. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall* (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only (53.6) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine (%) 53. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 54. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 55. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 55. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 55. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	90.1
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46. Births delivered by caesarean section (%) 47. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%) 57. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%) 57. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%)		90.1	92.4
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Child Vaccinations and Vitamin A Supplementation 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (MCV) (%) 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 58. Children age 9-35 months who have received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) Treatment of Childhood Diseases (children under age 5 years)	47. Births in a private health facility that were delivered by caesarean section (%)	65.8	64.8
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%) 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) Treatment of Childhood Diseases (children under age 5 years)	48. Births in a public health facility that were delivered by caesarean section (%)	28.7	30.3
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51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (MCV) (%) 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	, ,	, ,	
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58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) Treatment of Childhood Diseases (children under age 5 years) 54.9 75.8 (59.2) (40.8)			
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) (78.9) (59.2) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) (19.2) (40.8) Treatment of Childhood Diseases (children under age 5 years)			, ,
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) (19.2) (40.8) Treatment of Childhood Diseases (children under age 5 years)			
Treatment of Childhood Diseases (children under age 5 years)		, ,	
, , ,		(19.2)	(40.8)
I bit Prevalence of diarringea in the 2 weeks preceding the survey (%)	, , ,	5.0	0.0
	61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.2	6.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) * * * * * * * * * * * * * * * * * * *		*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) * * * * * * * * * * * * * * * * * * *		*	*
04. Children with diamhoea in the 2 weeks preceding the survey taken to a health facility of health provider (%)		1 2	
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 1.3 0.3 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health		1.3	0.3
provider (%) (58.8) (74.5)		(58.8)	(74.5)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kamrup Metropolitan, Assam - Kev Indicators

Ramirup Metropontari, Assam - Rey mulcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	53.0	58.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(1.1)	10.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	1.0	11.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	25.4	24.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.2	11.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.3	2.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.0	23.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	8.7	2.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	12.6	17.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	21.3	26.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	80.4	34.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	75.2	53.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(56.4)	*
84. All women age 15-49 years who are anaemic ²² (%)	74.6	53.8
85. All women age 15-19 years who are anaemic ²² (%)	80.6	60.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	17.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	20.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	39.9	na
103. Women age 15 years and above who consume alcohol (%)	3.9	na
104. Men age 15 years and above who consume alcohol (%)	24.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

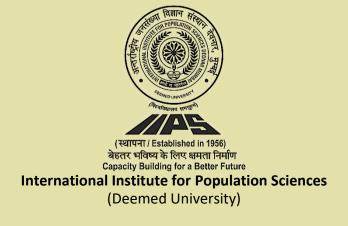


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

KAMRUP ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Kamrup. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Kamrup, information was gathered from 894 households, 1,021 women, and 138 men.

Kamrup, Assam - Key Indicators

Ttailing by 7 to ball. It by intaileators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	79.4	76.1
2. Population below age 15 years (%)	25.6	27.8
3. Sex ratio of the total population (females per 1,000 males)	997	1,002
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	701	961
5. Children under age 5 years whose birth was registered with the civil authority (%)	91.4	94.4
6. Deaths in the last 3 years registered with the civil authority (%)	52.4	na
7. Population living in households with electricity (%)	94.8	90.2
8. Population living in households with an improved drinking-water source ¹ (%)	92.1	94.2
9. Population living in households that use an improved sanitation facility ² (%)	68.7	55.0
10. Households using clean fuel for cooking ³ (%)	57.4	37.3
11. Households using iodized salt (%)	98.2	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	47.0	6.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(6.5)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	79.6	na
15. Women with 10 or more years of schooling (%)	39.2	31.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.9	31.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.7	9.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	62.1	54.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	38.7	35.9
21. Any modern method ⁶ (%)	32.3	29.6
22. Female sterilization (%)	8.0	7.6
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	3.4	2.4
25. Pill (%)	15.8	17.7
26. Condom (%)	4.8	1.5
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	17.6	19.6
29. Unmet need for spacing ⁷ (%)	7.7	5.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.1	14.6
31. Current users ever told about side effects of current method ⁸ (%)	58.9	52.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

· At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Kamrup, Assam - Key Indicators

Tamas, 7.00am 1.05 maioatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	57.0	49.0
33. Mothers who had at least 4 antenatal care visits (%)	46.9	40.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	85.9	80.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	42.5	23.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	24.3	7.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.5	96.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	61.4	61.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	8,654	4,763
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	(4.1)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(0.0)	(4.1)
days of delivery (%)	67.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.0	83.8
43. Institutional births in public facility (%)	69.8	76.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.3	4.6
45. Births attended by skilled health personnel ¹⁰ (%)	88.5	87.7
46. Births delivered by caesarean section (%)	32.8	22.5
47. Births in a private health facility that were delivered by caesarean section (%)	(72.4)	*
48. Births in a public health facility that were delivered by caesarean section (%)	31.1	23.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	63.6	35.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(73.0)	(60.0)
51. Children age 12-23 months who have received BCG (%)	90.5	72.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	70.1	46.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.1	56.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.0	57.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	38.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	73.2	41.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.0	63.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.9	(95.3)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.1	(2.0)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.0	4.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.5	0.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	52.9	(52.5)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kamrup, Assam - Key Indicators

Kamirup, Assam - Key mulcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	45.5	60.7
68. Children under age 6 months exclusively breastfed (%)	45.5 *	(80.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(00.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.7	6.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	*	*
72. Total children age 6-23 months receiving an adequate diet (%)	6.5	8.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	22.6	33.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.8	18.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.3	5.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	19.7	29.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	7.5	0.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	12.9	18.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	23.5	14.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.9	33.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	71.7	51.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(66.5)	(37.1)
84. All women age 15-49 years who are anaemic ²² (%)	71.5	51.1
85. All women age 15-19 years who are anaemic ²² (%)	72.5	48.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	22.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	19.2	na
Screening for Cancer among Women (age 30-49 years)	2.0	
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	44.0	
101. Women age 15 years and above who use any kind of tobacco (%)	14.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.7	na
103. Women age 15 years and above who consume alcohol (%)	3.2	na
104. Men age 15 years and above who consume alcohol (%)	19.1	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.
²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.
²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

KARBI ÅNGLONG ÅSSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Karbi Anglong. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Karbi Anglong, information was gathered from 919 households, 1,042 women, and 156 men.

Karbi Anglong, Assam - Key Indicators

Transfrangiong, Acodin Troy maioatoro	NFHS-5
Indicators	(2019-20)
	<u> </u>
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	76.4
2. Population below age 15 years (%)	29.9
3. Sex ratio of the total population (females per 1,000 males)	994
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	882
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.0
6. Deaths in the last 3 years registered with the civil authority (%)	60.7
7. Population living in households with electricity (%)	97.0
8. Population living in households with an improved drinking-water source ¹ (%)	79.6
9. Population living in households that use an improved sanitation facility ² (%)	75.2
10. Households using clean fuel for cooking ³ (%)	33.4
11. Households using iodized salt (%)	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	54.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.6
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	78.8
15. Women with 10 or more years of schooling (%)	30.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	26.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.6
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	66.3
21. Any modern method ⁶ (%)	41.1
22. Female sterilization (%)	9.3
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	6.2
25. Pill (%)	23.6
26. Condom (%)	1.8
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	9.3
29. Unmet need for spacing ⁷ (%)	2.4
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	23.6
31. Current users ever told about side effects of current method ⁸ (%)	74.6

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- 7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- · Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

 Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Karbi Anglong, Assam - Key Indicators

Transfrangiong, Accam Troy maleatore	NEUC E
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	64.8
33. Mothers who had at least 4 antenatal care visits (%)	63.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	35.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	56.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,822
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	61.0
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	74.9
43. Institutional births in public facility (%)	69.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.4
45. Births attended by skilled health personnel ¹⁰ (%)	78.3
46. Births delivered by caesarean section (%)	15.2
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	16.4
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%)	64.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(74.3)
51. Children age 12-23 months who have received BCG (%)	88.7
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	65.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	75.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	4.9
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	42.9
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	66.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	44.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.6
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.3)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹/Vaccinated with BCG, measies-containing vaccine (MCV)/MR/Minin/Measies, and 3 doses each of polio (excluding polio vaccine given at birth) and DFT of pental vaccine and 3 doses each of polio (excluding polio vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or pental vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Karbi Anglong, Assam - Key Indicators

Raibi Anglong, Assam Rey maleators	
Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth 15 (%)	50.3
68. Children under age 6 months exclusively breastfed (%)	(55.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(55.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	20.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (76)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	18.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	28.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.3
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	10.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	15.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.3
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(42.1)
84. All women age 15-49 years who are anaemic ²² (%)	59.0
85. All women age 15-19 years who are anaemic ²² (%)	57.5
Blood Sugar Level among Adults (age 15 years and above)	01.0
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.5
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.2
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.7
Men	10.7
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.6
Hypertension among Adults (age 15 years and above)	7 110
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	0.0
pressure (%)	20.1
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.0
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.6
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	22.8
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	20.5
102. Men age 15 years and above who use any kind of tobacco (%)	55.0
103. Women age 15 years and above who consume alcohol (%)	20.5
104. Men age 15 years and above who consume alcohol (%)	48.5

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

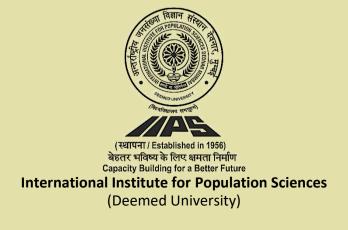


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

KARIMGANJ ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Karimganj. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Karimganj, information was gathered from 917 households, 1,170 women, and 160 men.

Karimganj, Assam - Key Indicators

rtarinigarij, rtocani rtoj inarcatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	82.1	80.6
2. Population below age 15 years (%)	32.3	34.4
3. Sex ratio of the total population (females per 1,000 males)	1,000	986
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	885	952
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.2	98.1
6. Deaths in the last 3 years registered with the civil authority (%)	72.6	na
7. Population living in households with electricity (%)	87.1	72.7
8. Population living in households with an improved drinking-water source ¹ (%)	62.3	62.5
9. Population living in households that use an improved sanitation facility ² (%)	61.5	39.9
10. Households using clean fuel for cooking ³ (%)	39.6	22.5
11. Households using iodized salt (%)	98.7	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	64.4	5.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	80.7	na
15. Women with 10 or more years of schooling (%)	19.6	19.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	27.7	31.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3	3.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.9	7.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	59.8	26.2
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	64.3	52.1
21. Any modern method ⁶ (%)	54.9	34.3
22. Female sterilization (%)	6.1	5.6
23. Male sterilization (%)	0.5	0.0
24. IUD/PPIUD (%)	2.3	1.4
25. Pill (%)	34.0	22.0
26. Condom (%)	9.5	3.9
27. Injectables (%)	1.9	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	8.6	14.6
29. Unmet need for spacing ⁷ (%)	4.2	7.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.0	26.1
31. Current users ever told about side effects of current method ⁸ (%)	84.5	65.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.

 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unimet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Karimganj, Assam - Key Indicators

rtarinigarij, rtodani i toj marcatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	54.8	47.3
33. Mothers who had at least 4 antenatal care visits (%)	42.8	37.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.2	96.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.9	18.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.4	6.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5	97.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.9	36.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,287	4,077
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	2.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	0.0	2.2
days of delivery (%)	70.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	76.4	48.0
43. Institutional births in public facility (%)	69.8	41.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.4	1.3
45. Births attended by skilled health personnel ¹⁰ (%)	78.3	48.9
46. Births delivered by caesarean section (%)	7.0	6.7
47. Births in a private health facility that were delivered by caesarean section (%)	(51.4)	(40.2)
48. Births in a public health facility that were delivered by caesarean section (%)	5.2	10.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	75.1	53.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	75.9	67.4
51. Children age 12-23 months who have received BCG (%)	95.5	80.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	84.2	65.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.0	72.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.5	66.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (4 (%)	47.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.2	60.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.7	72.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.0	97.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.6	3.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(68.4)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(55.6)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(45.8)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	59.6	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

11 Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12 Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Karimgani, Assam - Key Indicators

Kariniganj, Assam - Rey indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	40.3	29.8
68. Children under age 6 months exclusively breastfed (%)	40.3 (53.1)	
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	, ,	(36.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(35.4) 4.7	7.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	*	7. 4 *
71. Notifice astreading children age 6-23 months receiving an adequate diet (%) 72. Total children age 6-23 months receiving an adequate diet (%)	5.3	6.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	29.1	42.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	48.0	17.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	30.5	6.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	52.9	35.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.0	1.8
Nutritional Status of Women (age 15-49 years)	1.0	1.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	17.8	30.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	6.6	10.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.8	na
Anaemia among Children and Women	70.0	110
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	64.1	24.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.5	41.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	41.9	57.5
84. All women age 15-49 years who are anaemic ²² (%)	52.0	42.2
85. All women age 15-19 years who are anaemic ²² (%)	60.6	34.2
Blood Sugar Level among Adults (age 15 years and above)	00.0	04.2
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	16.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control	17.2	no
blood pressure (%) Screening for Cancer among Women (age 30-49 years)	17.2	na
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	110
101. Women age 15 years and above who use any kind of tobacco (%)	43.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	54.2	na
103. Women age 15 years and above who consume alcohol (%)	1.4	na
104. Men age 15 years and above who consume alcohol (%)	7.0	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

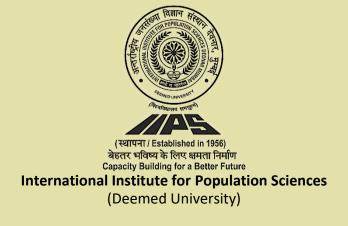


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Kokrajhar Assam



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Kokrajhar. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Kokrajhar, information was gathered from 897 households, 1,052 women, and 144 men.

Kokrajhar, Assam - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	75.2	68.8
2. Population below age 15 years (%)	29.5	29.9
3. Sex ratio of the total population (females per 1,000 males)	1,025	1,009
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,003	863
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1	95.7
6. Deaths in the last 3 years registered with the civil authority (%)	69.5	na
7. Population living in households with electricity (%)	93.9	75.1
8. Population living in households with an improved drinking-water source ¹ (%)	87.3	77.0
9. Population living in households that use an improved sanitation facility ² (%)	72.2	41.0
10. Households using clean fuel for cooking ³ (%)	43.3	18.3
11. Households using iodized salt (%)	99.6	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	50.2	7.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	73.7	na
15. Women with 10 or more years of schooling (%)	27.5	21.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	36.2	40.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	11.3	12.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	72.3	46.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	72.3	56.7
21. Any modern method ⁶ (%)	58.0	36.0
22. Female sterilization (%)	6.0	2.8
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	4.1	3.6
25. Pill (%)	44.0	27.1
26. Condom (%)	3.2	1.8
27. Injectables (%)	0.5	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.0	11.6
29. Unmet need for spacing ⁷ (%)	3.7	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.7	16.4
31. Current users ever told about side effects of current method ⁸ (%)	51.3	50.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with

small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately, Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Kokraihar, Assam - Kev Indicators

Nokrajnar, Assam - Rey mulcators	NEUO 5	NEUO 4
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	67.0	46.7
33. Mothers who had at least 4 antenatal care visits (%)	36.9	39.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.8	86.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	61.1	26.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.4	1.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.4	97.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	68.3	57.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,780	3,924
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(1.9)	4.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	, ,	
days of delivery (%)	65.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	81.9	66.7
43. Institutional births in public facility (%)	76.8	61.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.9	6.1
45. Births attended by skilled health personnel ¹⁰ (%)	82.0	72.7
46. Births delivered by caesarean section (%)	12.0	9.4
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	12.2	11.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	51.1	42.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	52.6	(54.7)
51. Children age 12-23 months who have received BCG (%)	95.3	82.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	59.9	48.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.2	67.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.5	66.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	21.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	37.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	70.4	47.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	52.6	36.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.4	98.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.4	0.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	3.8	1.8
provider (%)	(36.6)	(34.4)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

11Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13Not including polio vaccination given at birth.

14Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kokraihar, Assam - Key Indicators

Kokrajnar, Assam - Key indicators	NEUO	NEUO 4
Indicators	NFHS-5	NFHS-4
Indicators Object Section Provides and Natritional Objects of Objects	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	56.4	74.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(63.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)		10.4
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.9	12.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)		
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.0	11.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	34.6	30.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.5	15.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.9	6.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.2	27.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.3	1.4
Nutritional Status of Women (age 15-49 years)	40.0	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	10.6	21.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	13.7	11.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	77.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	74.7	40.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.5	51.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(59.5)	(42.2)
84. All women age 15-49 years who are anaemic ²² (%)	59.5	51.0
85. All women age 15-19 years who are anaemic ²² (%)	63.7	41.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	17.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	19.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.6	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	25.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.5	na
103. Women age 15 years and above who consume alcohol (%)	12.3	na
104. Men age 15 years and above who consume alcohol (%)	31.3	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.
²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.
²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

LAKHIMPUR ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Lakhimpur. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Lakhimpur, information was gathered from 916 households, 957 women, and 140 men.

Lakhimpur, Assam - Key Indicators

Editimi bari, 7 to barri 1 to y mareatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
Female population age 6 years and above who ever attended school (%)	83.2	80.4
2. Population below age 15 years (%)	28.1	29.8
3. Sex ratio of the total population (females per 1,000 males)	983	1,044
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	985	1,010
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.7	92.9
6. Deaths in the last 3 years registered with the civil authority (%)	67.1	na
7. Population living in households with electricity (%)	97.2	76.0
8. Population living in households with an improved drinking-water source ¹ (%)	81.2	74.1
9. Population living in households that use an improved sanitation facility ² (%)	74.2	49.3
10. Households using clean fuel for cooking ³ (%)	36.1	18.9
11. Households using iodized salt (%)	99.9	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	67.0	9.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(11.0)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	83.9	na
15. Women with 10 or more years of schooling (%)	42.1	40.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	36.3	24.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.1	2.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.2	13.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.7	52.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	67.1	49.1
21. Any modern method ⁶ (%)	43.6	36.0
22. Female sterilization (%)	10.8	10.2
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	3.0	1.8
25. Pill (%)	23.5	22.5
26. Condom (%)	5.9	1.3
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	9.8	20.1
29. Unmet need for spacing ⁷ (%)	4.5	9.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.8	24.7
31. Current users ever told about side effects of current method8 (%)	80.3	70.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

SLocally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

Gany method includes other methods that are not shown separately; Any modern method includes other methods that are not shown separately.

- 7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception. Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Lakhimpur, Assam - Key Indicators

Eakiningary 765am 1765 maioatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.0	68.8
33. Mothers who had at least 4 antenatal care visits (%)	51.7	59.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.3	94.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	42.2	43.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.9	5.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	97.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.7	67.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,098	4,537
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.5)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		(- /
days of delivery (%)	77.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.2	82.7
43. Institutional births in public facility (%)	91.6	77.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.0	3.0
45. Births attended by skilled health personnel ¹⁰ (%)	96.8	85.8
46. Births delivered by caesarean section (%)	22.7	14.2
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	19.9	13.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	69.0	54.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	72.4	(78.0)
51. Children age 12-23 months who have received BCG (%)	94.5	89.3
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	74.3	57.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.7	80.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.3	78.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	16.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	53.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.6	58.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.0	56.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.7	1.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9	0.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	48.0	(71.0)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Lakhimpur, Assam - Key Indicators

Lakilinipar, Assam Rey maleators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	59.0	75.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(80.9)	(63.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	40.4
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	8.2	13.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.9	12.0
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%) 73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	7.9 38.5	12.0 29.3
73. Children under 5 years who are stuffed (height-for-height) ¹⁸ (%)	18.2	11.2
75. Children under 5 years who are severely wasted (weight-for-height) (%)	7.5	4.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	34.4	24.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.3	0.8
Nutritional Status of Women (age 15-49 years)		0.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	17.3	21.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	12.4	15.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	69.3	31.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	66.3	38.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(42.3)	(40.7)
84. All women age 15-49 years who are anaemic ²² (%)	65.4	39.0
85. All women age 15-19 years who are anaemic ²² (%)	71.5	38.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control	20.8	na
blood pressure (%) Men	20.0	Па
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		na
blood pressure (%)	25.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	27.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.8	na
103. Women age 15 years and above who consume alcohol (%)	15.5	na
104. Men age 15 years and above who consume alcohol (%)	39.9	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

MAJULI ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Majuli. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Majuli, information was gathered from 921 households, 1,052 women, and 146 men.

Majuli, Assam - Key Indicators

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Indicators	NFHS-5 (2019-20)
	Total
Population and Household Profile	78.4
1. Female population age 6 years and above who ever attended school (%)	76.4 26.2
2. Population below age 15 years (%)	26.2 995
3. Sex ratio of the total population (females per 1,000 males)	
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	754 98.1
5. Children under age 5 years whose birth was registered with the civil authority (%)	
6. Deaths in the last 3 years registered with the civil authority (%)	59.3 93.5
7. Population living in households with electricity (%) 8. Population living in households with an improved drinking-water source ¹ (%)	98.6
, ,	
9. Population living in households that use an improved sanitation facility ² (%)	65.6 19.3
10. Households using clean fuel for cooking ³ (%)	99.8
11. Households using iodized salt (%)	
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.8 5.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.2
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	83.4
15. Women with 10 or more years of schooling (%)	41.7
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	25.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	75.4
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	63.7
21. Any modern method ⁶ (%)	31.3
22. Female sterilization (%)	12.2
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	3.4
25. Pill (%)	13.6
26. Condom (%)	1.2
27. Injectables (%)	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	11.6
29. Unmet need for spacing ⁷ (%)	4.7
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	25.1
31. Current users ever told about side effects of current method ⁸ (%)	85.6

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately, Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Majuli, Assam - Key Indicators

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Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	76.1
33. Mothers who had at least 4 antenatal care visits (%)	72.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	98.4 73.5
delivery (%) 20. Average out of peaket expanditure per delivery in a public health facility (Pe.)	
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,227
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.5
	73.3
Delivery Care (for births in the 5 years before the survey)	90.3
42. Institutional births (%) 43. Institutional births in public facility (%)	90.3 85.8
43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.2
45. Births attended by skilled health personnel 10 (%)	93.5
46. Births delivered by caesarean section (%)	93.5 22.5
47. Births in a private health facility that were delivered by caesarean section (%)	22. 3
48. Births in a public health facility that were delivered by caesarean section (%)	21.9
Child Vaccinations and Vitamin A Supplementation	21.5
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%)	78.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	83.9
51. Children age 12-23 months who have received BCG (%)	95.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	84.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.9
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	55.6
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	62.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(56.4)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹/Vaccinated with BCG, measies-containing vaccine (MCV)/MR/Minin/Measies, and 3 doses each of polio (excluding polio vaccine given at birth) and DFT of pental vaccine and 3 doses each of polio (excluding polio vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or pental vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Maiuli. Assam - Kev Indicators

Majuli, Assaili - Ney iliulcators	
Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth 15 (%)	51.1
68. Children under age 6 months exclusively breastfed 16 (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet16, 17 (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	22.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.8
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	18.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	14.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.0
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	73.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	68.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*
84. All women age 15-49 years who are anaemic ²² (%)	67.8
85. All women age 15-19 years who are anaemic ²² (%)	65.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.8
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.9
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.1
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.8
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.3
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.9
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.2
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	19.7
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.8
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.3
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	26.6
102. Men age 15 years and above who use any kind of tobacco (%)	54.7
103. Women age 15 years and above who consume alcohol (%)	32.1
104. Men age 15 years and above who consume alcohol (%)	45.4

¹⁵Based on the last child born in the 3 years before the survey.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.
²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.
²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
²³Random blood sugar measurement.

NOTES

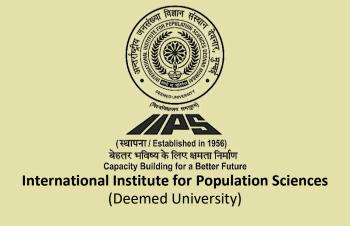


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

MORIGAON ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Morigaon. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Morigaon, information was gathered from 915 households, 1,071 women, and 136 men.

Morigaon, Assam - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	79.1	75.5
2. Population below age 15 years (%)	32.1	33.4
3. Sex ratio of the total population (females per 1,000 males)	1,055	1,016
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,070	1,081
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.8	93.7
6. Deaths in the last 3 years registered with the civil authority (%)	74.3	na
7. Population living in households with electricity (%)	89.5	78.5
8. Population living in households with an improved drinking-water source ¹ (%)	94.6	98.0
9. Population living in households that use an improved sanitation facility ² (%)	62.3	42.0
10. Households using clean fuel for cooking ³ (%)	37.6	18.0
11. Households using iodized salt (%)	97.0	99.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	62.5	25.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	78.7	na
15. Women with 10 or more years of schooling (%)	24.5	22.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	39.1	46.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	1.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	11.6	20.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	69.1	50.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	70.6	51.1
21. Any modern method ⁶ (%)	56.7	36.7
22. Female sterilization (%)	6.0	11.0
23. Male sterilization (%)	0.1	0.4
24. IUD/PPIUD (%)	3.8	1.7
25. Pill (%)	39.6	20.9
26. Condom (%)	5.5	2.4
27. Injectables (%)	1.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	6.5	14.1
29. Unmet need for spacing ⁷ (%)	1.9	5.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.0	16.2
31. Current users ever told about side effects of current method ⁸ (%)	66.4	40.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.

 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unimet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Morigaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	64.0	48.9
33. Mothers who had at least 4 antenatal care visits (%)	42.0	43.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.8	94.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.4	37.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	18.4	8.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7	92.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.9	53.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,379	2,988
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.8)	1.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(112)	
days of delivery (%)	72.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	88.3	72.2
43. Institutional births in public facility (%)	82.8	64.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.7	1.4
45. Births attended by skilled health personnel ¹⁰ (%)	90.0	72.9
46. Births delivered by caesarean section (%)	12.3	12.6
47. Births in a private health facility that were delivered by caesarean section (%)	*	(74.0)
48. Births in a public health facility that were delivered by caesarean section (%)	10.8	11.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	73.4	44.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	82.9	(67.3)
51. Children age 12-23 months who have received BCG (%)	91.3	92.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.0	49.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.9	67.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.0	79.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	9.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	60.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.0	47.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	60.2	47.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.6	96.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.4	6.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(44.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(10.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(37.5)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.9	3.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	51.6	41.3
provider (70)	51.0	41.0

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

11Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13Not including polio vaccination given at birth.

14Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Morigaon, Assam - Key Indicators

Worlgaon, Assar	ii itey iiiaie	ators
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	62.2	66.2
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(65.0)	69.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	8.6	6.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.6	6.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	43.2	38.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	16.1	10.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.5	0.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.5	25.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.3	1.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	15.0	28.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	14.2	11.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	74.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	53.3	38.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	64.9	41.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(48.0)	47.8
84. All women age 15-49 years who are anaemic ²² (%)	64.2	41.4
85. All women age 15-19 years who are anaemic ²² (%)	71.8	42.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³	(%) 10.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³	(%) 14.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm		na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicir		
blood pressure (%)	20.1	na
Men	40.4	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of 97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicir		na
blood pressure (%)	20.5	na
Screening for Cancer among Women (age 30-49 years)	20.0	TIG.
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	5.2	116
101. Women age 15 years and above who use any kind of tobacco (%)	29.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	56.9	na
103. Women age 15 years and above who consume alcohol (%)	1.9	na
		na
104. Men age 15 years and above who consume alcohol (%)	15.6	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

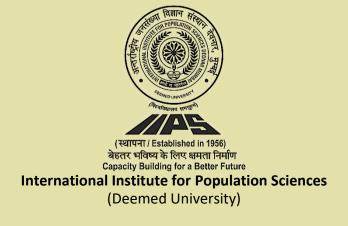


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

NAGAON ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Nagaon. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Nagaon, information was gathered from 922 households, 1,122 women, and 169 men.

Nagaon, Assam - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	81.3
2. Population below age 15 years (%)	31.1
3. Sex ratio of the total population (females per 1,000 males)	1,050
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	969
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.2
6. Deaths in the last 3 years registered with the civil authority (%)	66.0
7. Population living in households with electricity (%)	94.5
8. Population living in households with an improved drinking-water source ¹ (%)	96.1
9. Population living in households that use an improved sanitation facility ² (%)	66.1
10. Households using clean fuel for cooking ³ (%)	38.6
11. Households using iodized salt (%)	98.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	59.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	78.4
15. Women with 10 or more years of schooling (%)	22.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	42.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	58.4
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	58.6
21. Any modern method ⁶ (%)	46.8
22. Female sterilization (%)	7.7
23. Male sterilization (%)	0.2
24. IUD/PPIUD (%)	2.8
25. Pill (%)	30.2
26. Condom (%)	5.4
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	12.3
29. Unmet need for spacing ⁷ (%)	3.1
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	16.6
31. Current users ever told about side effects of current method ⁸ (%)	73.7

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need

for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

Nagaon, Assam - Key Indicators

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Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	73.1
33. Mothers who had at least 4 antenatal care visits (%)	59.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	46.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	62.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,670
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	, ,
delivery (%)	65.3
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	83.7
43. Institutional births in public facility (%)	73.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.7
45. Births attended by skilled health personnel 10 (%)	86.7
46. Births delivered by caesarean section (%)	17.9
47. Births in a private health facility that were delivered by caesarean section (%)	(80.8)
48. Births in a public health facility that were delivered by caesarean section (%)	13.0
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%)	58.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	68.0
51. Children age 12-23 months who have received BCG (%)	86.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	67.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	73.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	67.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	9.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	31.4
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	64.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	47.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.3
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(75.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(11.7)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(57.1)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	42.5

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹/Vaccinated with BCG, measies-containing vaccine (MCV)/MR/Minin/Measies, and 3 doses each of polio (excluding polio vaccine given at birth) and DFT of pental vaccine and 3 doses each of polio (excluding polio vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or pental vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Nagaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	61.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(67.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.4
75. Children under 5 years who are severely wasted (weight-for-height)19 (%)	5.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	7.4
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	21.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	13.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.7
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	68.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	61.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(62.4)
84. All women age 15-49 years who are anaemic ²² (%)	61.0
85. All women age 15-19 years who are anaemic ²² (%)	65.1
Blood Sugar Level among Adults (age 15 years and above)	00.1
Women	
	0.2
86. Blood sugar level - high (141-160 mg/dl) ²³ (%) 87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.3 6.2
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.9
Men	15.9
	10.6
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.6 9.1
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) Hypertension among Adults (age 15 years and above)	21.4
,	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.9
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	16.4
pressure (%) Men	10.4
	0.7
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.7
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.5
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.0
Screening for Cancer among Women (age 30-49 years)	17.0
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.4
101. Women age 15 years and above who use any kind of tobacco (%)	18.2
101. Women age 15 years and above who use any kind of tobacco (%)	49.0
102. Went age 15 years and above who use any kind of tobacco (%) 103. Women age 15 years and above who consume alcohol (%)	2.5
	Z.J

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹²Below -3 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

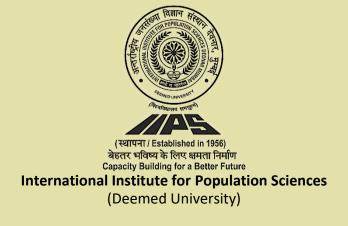


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

NALBARI ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Nalbari. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Nalbari, information was gathered from 886 households, 1,011 women, and 145 men.

Nalbari, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	81.8	78.6
2. Population below age 15 years (%)	24.5	28.3
3. Sex ratio of the total population (females per 1,000 males)	1,043	964
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	994	891
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1	95.3
6. Deaths in the last 3 years registered with the civil authority (%)	55.0	na
7. Population living in households with electricity (%)	94.7	83.7
8. Population living in households with an improved drinking-water source ¹ (%)	99.5	98.7
9. Population living in households that use an improved sanitation facility ² (%)	68.1	54.2
10. Households using clean fuel for cooking ³ (%)	51.1	35.5
11. Households using iodized salt (%)	99.4	99.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	52.5	10.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	83.9	na
15. Women with 10 or more years of schooling (%)	41.6	33.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.1	25.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	1.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.6	8.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.0	51.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	53.3	63.2
21. Any modern method ⁶ (%)	38.7	44.5
22. Female sterilization (%)	11.8	7.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.6	2.0
25. Pill (%)	21.4	32.2
26. Condom (%)	2.9	2.8
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	13.2	7.0
29. Unmet need for spacing ⁷ (%)	4.8	1.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.8	8.3
31. Current users ever told about side effects of current method ⁸ (%)	60.6	32.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

*Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

*Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- · At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Nalbari, Assam - Key Indicators

ransari, rasami ray maisatere	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	70.7	62.3
33. Mothers who had at least 4 antenatal care visits (%)	55.9	49.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.8	94.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	38.6	33.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.7	2.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	96.9	99.3
days of delivery (%)	73.8	50.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,478	4,653
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	r	(0.0)
days of delivery (%)	73.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.8	82.8
43. Institutional births in public facility (%)	69.2	69.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.4	2.2
45. Births attended by skilled health personnel ¹⁰ (%)	91.4	84.7
46. Births delivered by caesarean section (%)	38.7	19.9
47. Births in a private health facility that were delivered by caesarean section (%)	82.8	(65.6)
48. Births in a public health facility that were delivered by caesarean section (%)	28.8	15.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(65.5)	48.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(79.8)	(67.2)
51. Children age 12-23 months who have received BCG (%)	(89.9)	89.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(73.4)	55.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(85.2)	83.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(87.7)	79.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(24.4)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(44.1)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(71.1)	59.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.4	54.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.6)	96.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	1.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.6	1.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	~ +
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)		
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	2.2	0.0
provider (%)	64.1	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

11 Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

12 Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Nalbari, Assam - Kev Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	41.8	71.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(81.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.1	2.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.8	2.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	27.5	26.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	15.4	15.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.9	6.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.7	20.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.6	1.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	16.4	20.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	21.8	17.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	71.0	45.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	66.9	44.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(53.2)	(36.8)
84. All women age 15-49 years who are anaemic ²² (%)	66.4	44.1
85. All women age 15-19 years who are anaemic ²² (%)	66.8	43.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.9	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to contro	00.5	
blood pressure (%)	22.5	na
Men (2) A Market Control of the Cont		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to contro blood pressure (%)	24.9	na
Screening for Cancer among Women (age 30-49 years)	24.0	Tid
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	1.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.8	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		116
101. Women age 15 years and above who use any kind of tobacco (%)	11.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.0	na
103. Women age 15 years and above who consume alcohol (%)	2.4	na
104. Men age 15 years and above who consume alcohol (%)	15.5	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.
²⁰Above +2 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.
²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
²³Random blood sugar measurement.

NOTES

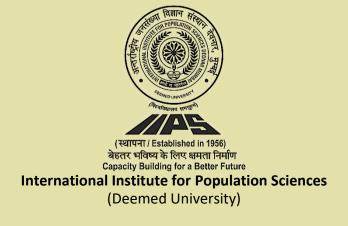


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

SIVASAGAR ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Sivasagar. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Sivasagar, information was gathered from 919 households, 1,020 women, and 146 men.

Sivasagar, Assam - Key Indicators

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Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	87.1
2. Population below age 15 years (%)	23.8
3. Sex ratio of the total population (females per 1,000 males)	989
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	915
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1
6. Deaths in the last 3 years registered with the civil authority (%)	57.9
7. Population living in households with electricity (%)	97.0
8. Population living in households with an improved drinking-water source ¹ (%)	92.7
9. Population living in households that use an improved sanitation facility² (%)	82.3
10. Households using clean fuel for cooking ³ (%)	45.5
11. Households using iodized salt (%)	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	86.6
15. Women with 10 or more years of schooling (%)	47.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	27.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	8.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	75.7
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	67.3
21. Any modern method ⁶ (%)	39.5
22. Female sterilization (%)	12.4
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	4.4
25. Pill (%)	16.3
26. Condom (%)	5.1
27. Injectables (%)	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	8.3
29. Unmet need for spacing ⁷ (%)	3.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	22.1
31. Current users ever told about side effects of current method ⁸ (%)	80.1

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need

for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

Sivasagar, Assam - Key Indicators

Ortabagar, Abbarra Roy marbaroro	
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	85.1
33. Mothers who had at least 4 antenatal care visits (%)	80.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	73.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,466
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	83.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	95.3
43. Institutional births in public facility (%)	76.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.4
45. Births attended by skilled health personnel 10 (%)	95.6
46. Births delivered by caesarean section (%)	30.0
47. Births in a private health facility that were delivered by caesarean section (%)	(75.3)
48. Births in a public health facility that were delivered by caesarean section (%)	20.6
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%)	(77.6)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(76.7)
51. Children age 12-23 months who have received BCG (%)	(95.7)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(81.9)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(90.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(90.5)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(22.5)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(30.4)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(83.8)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.2)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	58.3

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹/Vaccinated with BCG, measles-containing vaccine (MCV)/MR/Minin/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DFT or penta vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sivasagar, Assam - Key Indicators

licators ild Feeding Practices and Nutritional Status of Children . Children under age 3 years breastfed within one hour of birth 15 (%) . Children under age 6 months exclusively breastfed 16 (%) . Children age 6-8 months receiving solid or semi-solid food and breastmilk 16 (%) . Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	NFHS-5 2019-20) Total
. Children under age 3 years breastfed within one hour of birth ¹⁵ (%) . Children under age 6 months exclusively breastfed ¹⁶ (%) . Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%) . Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	Total
. Children under age 6 months exclusively breastfed ¹⁶ (%) . Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%) . Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	
. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%) . Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	54.9
Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
	*
	24.8
. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	24.4
. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	26.1
. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.1
. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.1
. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.9
. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.5
tritional Status of Women (age 15-49 years)	
. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	20.5
. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	21.5
. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.4
aemia among Children and Women	
. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.5
. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	68.0
. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(54.3)
. All women age 15-49 years who are anaemic ²² (%)	67.6
. All women age 15-19 years who are anaemic ²² (%)	67.2
ood Sugar Level among Adults (age 15 years and above)	
men	
. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.9
. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.2
. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.3
n	
. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.7
. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.8
. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.2
pertension among Adults (age 15 years and above)	
men	
. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.5
. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.9
. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	00.0
pressure (%)	22.0
n	45.0
. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.8
. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.8
. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.0
reening for Cancer among Women (age 30-49 years)	20.0
. Ever undergone a screening test for cervical cancer (%)	0.2
Ever undergone a breast examination for breast cancer (%)	0.3
Ever undergone at breast examination for oral cancer (%) Ever undergone an oral cavity examination for oral cancer (%)	0.5
bacco Use and Alcohol Consumption among Adults (age 15 years and above)	3.0
Women age 15 years and above who use any kind of tobacco (%)	25.5
2. Men age 15 years and above who use any kind of tobacco (%)	58.4
3. Women age 15 years and above who consume alcohol (%)	13.5
	42.9

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹²Below -3 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

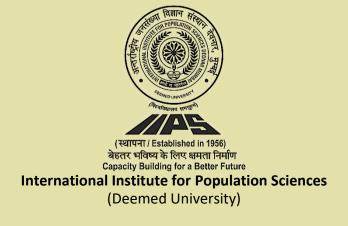


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

SONITPUR ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Sonitpur. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Sonitpur, information was gathered from 909 households, 1,067 women, and 148 men.

Sonitpur, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
Female population age 6 years and above who ever attended school (%)	74.9
2. Population below age 15 years (%)	26.6
3. Sex ratio of the total population (females per 1,000 males)	1,027
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,325
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.0
6. Deaths in the last 3 years registered with the civil authority (%)	77.9
7. Population living in households with electricity (%)	88.2
8. Population living in households with an improved drinking-water source ¹ (%)	82.9
9. Population living in households that use an improved sanitation facility ² (%)	72.2
10. Households using clean fuel for cooking ³ (%)	45.8
11. Households using iodized salt (%)	99.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	66.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.6
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	76.9
15. Women with 10 or more years of schooling (%)	24.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	24.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	63.4
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	74.4
21. Any modern method ⁶ (%)	58.9
22. Female sterilization (%)	9.1
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	1.7
25. Pill (%)	41.9
26. Condom (%)	5.3
27. Injectables (%)	0.6
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	5.8
29. Unmet need for spacing ⁷ (%)	2.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	20.5
31. Current users ever told about side effects of current method ⁸ (%)	72.0

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need

for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

Sonitpur, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	48.8
33. Mothers who had at least 4 antenatal care visits (%)	45.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	99.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	63.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,123
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.8)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	67.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	83.5
43. Institutional births in public facility (%)	73.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.3
45. Births attended by skilled health personnel ¹⁰ (%)	82.8
46. Births delivered by caesarean section (%)	21.1
47. Births in a private health facility that were delivered by caesarean section (%)	(73.4)
48. Births in a public health facility that were delivered by caesarean section (%)	18.5
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%)	70.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(76.8)
51. Children age 12-23 months who have received BCG (%)	90.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	76.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	21.5
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	62.4
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	42.6

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sonitpur, Assam - Key Indicators

Sonitpur, Assam - Key indicators	
	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	49.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(65.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	13.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	21.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.2
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) ²¹ (%)	21.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	13.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	68.8
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	69.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	64.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(47.3)
84. All women age 15-49 years who are anaemic ²² (%)	63.6
85. All women age 15-19 years who are anaemic ²² (%)	55.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.9
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.5
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.9
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.6
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.1
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.0
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	0.0
pressure (%)	24.8
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.4
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.7
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	24.5
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.4
99. Ever undergone a breast examination for breast cancer (%)	0.4
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	23.3
102. Men age 15 years and above who use any kind of tobacco (%)	59.1
103. Women age 15 years and above who consume alcohol (%)	4.4
104. Men age 15 years and above who consume alcohol (%)	28.9

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹²Below -3 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

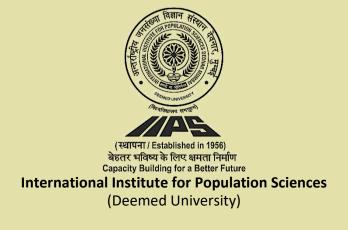
²³Random blood sugar measurement.



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET SOUTH SALMARA MANCACHAR ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for South Salmara Mancachar. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In South Salmara Mancachar, information was gathered from 912 households, 1,085 women, and 162 men.

South Salmara Mancachar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	69.4
2. Population below age 15 years (%)	36.7
3. Sex ratio of the total population (females per 1,000 males)	968
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	911
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.6
6. Deaths in the last 3 years registered with the civil authority (%)	71.1
7. Population living in households with electricity (%)	79.5
8. Population living in households with an improved drinking-water source¹ (%)	98.2
9. Population living in households that use an improved sanitation facility ² (%)	59.0
10. Households using clean fuel for cooking ³ (%)	28.5
11. Households using iodized salt (%)	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	68.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.9
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	63.5
15. Women with 10 or more years of schooling (%)	20.9
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	44.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	22.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	60.6
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	71.5
21. Any modern method ⁶ (%)	60.8
22. Female sterilization (%)	1.1
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	2.9
25. Pill (%)	53.0
26. Condom (%)	2.5
27. Injectables (%)	0.6
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	8.0
29. Unmet need for spacing ⁷ (%)	1.7
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	26.7
31. Current users ever told about side effects of current method ⁸ (%)	71.8

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately, Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need

for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

South Salmara Mancachar, Assam - Key Indicators

	NFHS-5
Indicators	(2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	60.1
33. Mothers who had at least 4 antenatal care visits (%)	35.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	47.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	18.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	99.4
delivery (%)	62.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,092
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.5
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	1.0
delivery (%)	56.1
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	71.7
43. Institutional births in public facility (%)	69.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	8.1
45. Births attended by skilled health personnel ¹⁰ (%)	79.4
46. Births delivered by caesarean section (%)	5.0
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	5.5
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%)	65.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	66.0
51. Children age 12-23 months who have received BCG (%)	97.0
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	74.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	6.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	47.1
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	73.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	60.9

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.
¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

South Salmara Mancachar, Assam - Key Indicators

South Salmara Mancachar, Assam - Ney mulcators	
Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	50.4
68. Children under age 6 months exclusively breastfed 16 (%)	(66.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.9
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	11.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	8.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	76.2
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	69.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	37.6
84. All women age 15-49 years who are anaemic ²² (%)	57.1
85. All women age 15-19 years who are anaemic ²² (%)	64.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.3
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.8
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.7
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.1
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.5
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.0
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	15.5
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.6
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.6
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.5
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.3
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0 = 0
101. Women age 15 years and above who use any kind of tobacco (%)	25.2
102. Men age 15 years and above who use any kind of tobacco (%)	50.0
103. Women age 15 years and above who consume alcohol (%)	0.2
104. Men age 15 years and above who consume alcohol (%)	0.9

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹²Below -3 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

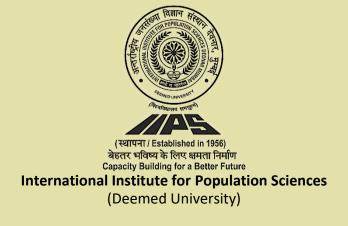


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

TINSUKIA ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Tinsukia. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Tinsukia, information was gathered from 919 households, 1,062 women, and 155 men.

Tinsukia. Assam - Key Indicators

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Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	72.6	67.1
2. Population below age 15 years (%)	25.4	29.6
3. Sex ratio of the total population (females per 1,000 males)	1,023	989
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	884	883
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.1	80.3
6. Deaths in the last 3 years registered with the civil authority (%)	64.3	na
7. Population living in households with electricity (%)	95.7	76.6
8. Population living in households with an improved drinking-water source ¹ (%)	96.8	96.4
9. Population living in households that use an improved sanitation facility ² (%)	66.7	51.6
10. Households using clean fuel for cooking ³ (%)	40.9	26.9
11. Households using iodized salt (%)	99.3	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.0	17.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	70.5	na
15. Women with 10 or more years of schooling (%)	25.6	19.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.8	25.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.5	2.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.1	8.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.6	48.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	59.2	56.1
21. Any modern method ⁶ (%)	36.5	44.4
22. Female sterilization (%)	16.7	31.3
23. Male sterilization (%)	0.1	0.6
24. IUD/PPIUD (%)	3.0	1.9
25. Pill (%)	13.4	7.3
26. Condom (%)	2.1	3.1
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	11.0	11.8
29. Unmet need for spacing ⁷ (%)	4.4	4.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.6	19.0
31. Current users ever told about side effects of current method ⁸ (%)	72.2	51.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.

 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

- Women are considered to have unmet need for limiting if they are:

 At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Tinsukia. Assam - Kev Indicators

rilisukia, Assaili - Key iliulcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	70.7	64.1
33. Mothers who had at least 4 antenatal care visits (%)	63.1	56.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.9	90.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.8	39.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.2	10.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	95.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.6	66.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,163	3,039
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.8)	7.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	,	
days of delivery (%)	77.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	82.6	76.3
43. Institutional births in public facility (%)	66.2	56.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.0	0.5
45. Births attended by skilled health personnel ¹⁰ (%)	83.2	76.9
46. Births delivered by caesarean section (%)	26.5	17.5
47. Births in a private health facility that were delivered by caesarean section (%)	(58.4)	39.8
48. Births in a public health facility that were delivered by caesarean section (%)	25.5	17.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(75.0)	64.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(78.8)	(80.8)
51. Children age 12-23 months who have received BCG (%)	(97.2)	89.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(82.8)	73.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(92.7)	83.8
54. Children age 12-23 months who have received 5 doses of penta of Bi 1 vaccine (MCV) (%)	(95.1)	89.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(38.0)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%)	(39.3)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(90.2)	64.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	59.3	67.1
59. Children age 12-23 months who received a vital min vaccinations in a public health facility (%)	(82.1)	91.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(6.0)	8.4
Treatment of Childhood Diseases (children under age 5 years)	(0.0)	0.4
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.9	5.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	4.9 *	v.5
63. Children with diarrhoea in the 2 weeks preceding the survey who received diarreny diatrices (OK3) (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	2.0	2.8
provider (%)	(50.1)	49.1

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10 Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Tinsukia. Assam - Key Indicators

Tinsukia, Assam - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	51.6	65.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(86.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)		*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	17.5 *	8.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)		*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	16.3	8.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.8	36.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.5	14.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.4	2.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.2	32.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.7	2.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	17.6	35.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	16.9	12.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	66.4	42.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	72.9	49.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(71.7)	(59.1)
84. All women age 15-49 years who are anaemic ²² (%)	72.8	49.6
85. All women age 15-19 years who are anaemic ²² (%)	71.5	55.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	17.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	19.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	23.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	51.1	na
103. Women age 15 years and above who consume alcohol (%)	15.7	na
104. Men age 15 years and above who consume alcohol (%)	43.7	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹⁸Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

UDALGURI ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Udalguri. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Udalguri, information was gathered from 916 households, 1,088 women, and 151 men.

Udalguri, Assam - Key Indicators

Oddiguri, Assam Rey maleators	NEUO E	NEUO 4
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	70.6	68.9
2. Population below age 15 years (%)	27.2	29.9
3. Sex ratio of the total population (females per 1,000 males)	1,087	981
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,255	898
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.1	95.4
6. Deaths in the last 3 years registered with the civil authority (%)	51.2	na
7. Population living in households with electricity (%)	95.5	85.7
8. Population living in households with an improved drinking-water source ¹ (%)	82.3	82.5
9. Population living in households that use an improved sanitation facility ² (%)	73.8	55.7
10. Households using clean fuel for cooking ³ (%)	34.0	14.1
11. Households using iodized salt (%)	99.3	99.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	70.6	2.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	70.0	na
15. Women with 10 or more years of schooling (%)	23.8	21.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.0	28.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.1	1.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.7	10.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	61.8	52.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	50.2	63.9
21. Any modern method ⁶ (%)	36.2	46.8
22. Female sterilization (%)	6.4	9.6
23. Male sterilization (%)	0.3	0.5
24. IUD/PPIUD (%)	2.0	2.8
25. Pill (%)	23.9	32.3
26. Condom (%)	3.0	1.4
27. Injectables (%)	0.2	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	14.6	8.5
29. Unmet need for spacing ⁷ (%)	6.4	3.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.6	20.9
31. Current users ever told about side effects of current method ⁸ (%)	47.2	52.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.

 Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

- Women are considered to have unmet need for limiting if they are:

 At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

Udalguri, Assam - Key Indicators

Gaaigan, 7.65am Roy maisatore	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	50.1	45.2
33. Mothers who had at least 4 antenatal care visits (%)	49.8	37.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.0	94.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	44.2	29.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	25.7	0.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	98.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	53.1	61.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,731	3,657
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	,	
days of delivery (%)	62.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	86.2	72.2
43. Institutional births in public facility (%)	78.5	65.2
44. Home births that were conducted by skilled health personnel (%)	1.9	3.2
45. Births attended by skilled health personnel ¹⁰ (%)	87.9	76.4
46. Births delivered by caesarean section (%)	14.4	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	*	(50.6)
48. Births in a public health facility that were delivered by caesarean section (%)	10.8	7.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(38.3)	52.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(52.0)	*
51. Children age 12-23 months who have received BCG (%)	(78.6)	90.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(48.6)	59.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(68.0)	79.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(75.9)	82.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(20.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%)	(52.2)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(65.7)	58.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	53.2	66.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(88.0)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.2	0.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	0.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	55.6	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

10Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
12Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

13 Not including polio vaccination given at birth.

14 Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Udalguri, Assam - Kev Indicators

Odalguri, Assam - Ney mulcators		
In Produce	NFHS-5	NFHS-4
Indicators Obild Fooding Provides and Natritional Obstace of Obildes	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.5	80.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(70.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%) 70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.6	3.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	2.U *	3. I *
71. Notificial teaching children age 6-23 months receiving an adequate diet (70)	2.5	3.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	33.8	39.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.3	18.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.6	8.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.5	31.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.2	4.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	16.1	20.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	14.0	10.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.6	39.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	82.2	54.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(63.9)	(50.2)
84. All women age 15-49 years who are anaemic ²² (%)	81.5	54.8
85. All women age 15-19 years who are anaemic ²² (%)	72.6	41.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control	40.7	
blood pressure (%)	19.7	na
Men	45.0	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control	4.1	na
blood pressure (%)	22.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	12.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	50.8	na
103. Women age 15 years and above who consume alcohol (%)	11.1	na
104. Men age 15 years and above who consume alcohol (%)	35.1	na

 ¹⁵Based on the last child born in the 3 years before the survey.
 ¹⁶Based on the youngest child living with the mother.
 ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹³Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

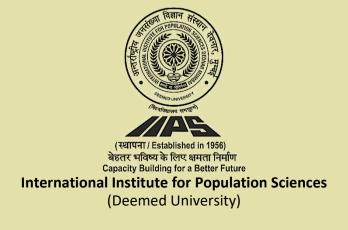
²³Random blood sugar measurement.



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET WEST KARBI ANGLONG ASSAM



Introduction

The National Family Health Survey 2019-20 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector 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.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night. as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children. contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, Ayushman Bharat AB-PMJAY and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for West Karbi Anglong. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In West Karbi Anglong, information was gathered from 921 households, 1,065 women, and 146 men.

West Karbi Anglong, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	73.8
2. Population below age 15 years (%)	31.7
3. Sex ratio of the total population (females per 1,000 males)	959
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,105
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.4
6. Deaths in the last 3 years registered with the civil authority (%)	43.5
7. Population living in households with electricity (%)	94.7
8. Population living in households with an improved drinking-water source ¹ (%)	44.7
9. Population living in households that use an improved sanitation facility ² (%)	76.7
10. Households using clean fuel for cooking ³ (%)	17.7
11. Households using iodized salt (%)	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	63.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	73.9
15. Women with 10 or more years of schooling (%)	21.7
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	21.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.3
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	69.9
21. Any modern method ⁶ (%)	43.3
22. Female sterilization (%)	7.8
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	3.9
25. Pill (%)	26.8
26. Condom (%)	4.4
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	7.1
29. Unmet need for spacing ⁷ (%)	3.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	23.0
31. Current users ever told about side effects of current method ⁸ (%)	80.5

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

1Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely. ³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

6Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

7Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

· Pregnant with a mistimed pregnancy.

Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

At risk of becoming pregnant, not using contraception, and want no (more) children.

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need

for spacing plus unmet need for limiting.

Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

West Karbi Anglong, Assam - Key Indicators

West Harbi Anglong, Assam Roy maisatore	NFHS-5
Indicators	(2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	55.5
33. Mothers who had at least 4 antenatal care visits (%)	46.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	87.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	10.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	98.7
delivery (%)	55.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,597
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	60.5
Delivery Care (for births in the 5 years before the survey)	00.0
42. Institutional births (%)	72.5
43. Institutional births in public facility (%)	68.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	12.0
45. Births attended by skilled health personnel ¹⁰ (%)	84.5
46. Births delivered by caesarean section (%)	6.4
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	6.0
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	47.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	54.5
51. Children age 12-23 months who have received BCG (%)	92.7
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	52.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	70.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	66.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	3.3
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%)	50.5
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	65.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	42.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	50.7

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

West Karbi Anglong, Assam - Key Indicators

West Karbi Anglong, Assam - Key mulcators	
Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	56.2
68. Children under age 6 months exclusively breastfed (%)	(75.6) *
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%) 70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	14.5
71. Notifible astreeding children age 6-23 months receiving an adequate diet (%) 72. Total children age 6-23 months receiving an adequate diet (%)	12.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	31.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.9
Nutritional Status of Women (age 15-49 years)	0.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	13.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	9.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	54.4
Anaemia among Children and Women	01.1
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	79.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	79.0 58.8
83. Pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	
84. All women age 15-49 years who are anaemic (%11.0 g/di) (%)	(38.8) 57.9
85. All women age 15-19 years who are anaemic (%)	57.9 58.8
Blood Sugar Level among Adults (age 15 years and above)	30.0
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.0
87. Blood sugar level - riigh (141-160 mg/dl) ²³ (%)	6.0 2.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.1
Men	9.1
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	0.6
90. Blood sugar level - riigh (141-160 mg/dl) ²³ (%)	8.6 2.3
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.2
Hypertension among Adults (age 15 years and above)	12.2
Women	44.0
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	4.2
pressure (%)	17.0
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.0
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	0.0
pressure (%)	22.2
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	20.2
102. Men age 15 years and above who use any kind of tobacco (%)	58.2
103. Women age 15 years and above who consume alcohol (%)	23.0
104. Men age 15 years and above who consume alcohol (%)	54.2

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

¹²Below -3 standard deviations, based on the WHO standard.
²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

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