Government of India

Ministry of Health and Family Welfare

Compendium of Fact Sheets

KEY INDICATORS

State and Districts of Rajasthan

National Family Health Survey (NFHS-5) 2019-21

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

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Key Indicators Content

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

STATE FACT SHEET

RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
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Introduction

The National Family Health Survey 2019-21 (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 Rajasthan. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). Information was gathered from 31,817 households, 42,990 women, and 6,353 men. Fact sheets for each district in Rajasthan are also available separately.

Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	76.9	59.4	63.5	57.2
2. Population below age 15 years (%)	24.9	29.4	28.3	31.2
3. Sex ratio of the total population (females per 1,000 males)	968	1,022	1,009	973
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	940	879	891	887
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.3	90.5	91.4	66.6
6. Deaths in the last 3 years registered with the civil authority (%)	85.1	74.9	77.1	na
7. Population living in households with electricity (%)	99.7	97.7	98.1	91.2
8. Population living in households with an improved drinking-water source[1] (%)	99.1	95.6	96.5	93.7
9. Population living in households that use an improved sanitation facility[2] (%)	87.2	66.1	71.1	46.1
10. Households using clean fuel for cooking[3] (%)	87.8	26.2	41.4	31.8
11. Households using iodized salt (%)	97.4	93.2	94.2	93.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	80.0	90.4	87.8	18.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.3	8.0	8.9	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	80.1	59.9	64.7	na
15. Men who are literate[4] (%)	91.4	88.0	88.9	na
16. Women with 10 or more years of schooling (%)	51.2	27.8	33.4	25.1
17. Men with 10 or more years of schooling (%)	62.2	48.4	51.9	43.8
18. Women who have ever used the internet (%)	56.1	30.8	36.9	na
19. Men who have ever used the internet (%)	81.7	59.4	65.2	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	15.1	28.3	25.4	35.4
21. Men age 25-29 years married before age 21 years (%)	16.1	33.2	28.2	35.7
22. Total fertility rate (children per woman)	1.7	2.1	2.0	2.4
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.8	4.2	3.7	6.3
24. Adolescent fertility rate for women age 15-19 years[5]	17	34	31	46
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	13.3	21.9	20.2	29.8
26. Infant mortality rate (IMR)	22.2	32.2	30.3	41.3
27. Under-five mortality rate (U5MR)	32.3	38.8	37.6	50.7
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	74.2	71.7	72.3	59.7
29. Any modern method[6] (%)	63.2	61.8	62.1	53.5
30. Female sterilization (%)	35.5	44.5	42.4	40.7
31. Male sterilization (%)	0.2	0.3	0.3	0.2
32. IUD/PPIUD (%)	1.9	1.3	1.4	1.2
33. Pill (%)	3.4	3.0	3.1	2.4
34. Condom (%)	21.3	11.4	13.7	8.7
35. Injectables (%)	0.4	0.7	0.6	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	6.9	7.8	7.6	12.3
37. Unmet need for spacing[7] (%)	2.9	4.0	3.7	5.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	23.4	24.4	24.1	17.5
39. Current users ever told about side effects of current method[8] (%)	61.6	60.9	61.0	43.5

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases

[1]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.

[2]Flush 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.

[3]Electricity, LPG/natural gas, biogas.

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

[5]Equivalent 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.

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

[7]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.

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

Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	80.5	75.1	76.3	63.0
41. Mothers who had at least 4 antenatal care visits (%)	60.6	53.9	55.3	38.5
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.9	93.0	93.4	89.7
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.6	32.3	33.9	17.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.7	13.7	14.4	6.0
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.2	98.1	98.1	92.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.0	84.8	85.3	63.7
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,384	2,034	2,102	3,052
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	1.4	1.3	1.2
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.1	86.3	86.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	97.5	94.2	94.9	84.0
51. Institutional births in public facility (%)	70.5	78.6	77.0	63.5
52. Home births that were conducted by skilled health personnel[10] (%)	0.8	1.6	1.4	3.2
53. Births attended by skilled health personnel[10] (%)	98.0	95.0	95.6	86.6
54. Births delivered by caesarean section (%)	19.7	8.1	10.4	8.6
55. Births in a private health facility that were delivered by caesarean section (%)	33.0	24.4	26.9	23.2
56. Births in a public health facility that were delivered by caesarean section (%)	15.3	5.5	7.2	6.1
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] (%)	83.2	79.7	80.4	54.8
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	88.3	84.5	85.3	69.7
59. Children age 12-23 months who have received BCG (%)	97.4	95.1	95.6	88.8
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	86.0	84.2	84.6	65.4
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.6	88.8	89.3	71.6
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.5	90.5	91.2	78.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.8	26.5	26.8	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	65.5	60.7	61.6	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.1	87.7	88.2	53.1
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.5	64.5	64.5	44.0
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.3	98.7	98.0	94.4
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.2	0.9	1.6	4.4
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.4	6.3	6.1	7.4
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	65.7	64.0	64.3	56.2
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	27.9	27.1	27.2	17.5
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	82.2	79.2	79.7	73.9
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.6	3.0	2.9	2.1
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.8	71.7	71.1	82.6

[9]Includes 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.

Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (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] (%)	37.1	41.6	40.7	28.4
76. Children under age 6 months exclusively breastfed[16] (%)	70.6	70.3	70.4	58.2
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	51.6	34.5	38.0	30.1
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.0	8.3	8.4	3.4
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.5	5.7	7.5	3.7
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.7	8.0	8.3	3.4
81. Children under 5 years who are stunted (height-for-age)[18] (%)	28.3	32.6	31.8	39.1
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.3	16.4	16.8	23.0
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.0	7.5	7.6	8.6
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.4	28.1	27.6	36.7
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.9	3.1	3.3	2.1
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	14.0	21.3	19.6	27.0
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.0	15.0	14.0	22.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.6	10.5	12.9	14.1
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	19.1	13.6	15.0	13.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.1	58.1	59.0	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	42.5	42.3	42.4	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	68.3	72.4	71.5	60.3
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	50.2	56.1	54.7	46.8
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	41.4	47.5	46.3	46.6
95. All women age 15-49 years who are anaemic[22] (%)	49.9	55.7	54.4	46.8
96. All women age 15-19 years who are anaemic[22] (%)	56.6	60.1	59.4	49.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	19.2	24.6	23.2	17.2
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	29.0	35.7	34.0	22.1
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.7	3.9	3.9	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.1	2.7	2.8	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.9	7.0	7.2	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	5.0	5.0	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.6	3.2	3.3	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.6	8.7	8.9	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.3	9.7	9.8	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.3	3.2	3.3	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.9	14.9	15.4	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	12.6	12.7	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.9	3.6	3.6	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.2	17.4	17.9	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)			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	0.3	0.4	na
112. Ever undergone a breast examination for breast cancer (%)	0.3	0.1	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.1	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.2	0.7	0.8	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	32.1	25.1	26.8	19.1
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	40.7	34.3	36.0	37.4
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.6	73.1	74.9	50.4
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	93.6	89.6	90.6	79.1
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	90.6	86.8	87.7	81.7
120. Women who worked in the last 12 months and were paid in cash (%)	17.0	17.5	17.4	18.6
121. Women owning a house and/or land (alone or jointly with others) (%)	26.5	26.6	26.6	24.1
122. Women having a bank or savings account that they themselves use (%)	81.7	79.0	79.6	58.2
123. Women having a mobile phone that they themselves use (%)	65.5	45.3	50.2	41.4
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	92.2	81.9	84.1	55.2
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	22.4	24.9	24.3	25.2
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.8	2.2	2.1	1.4
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.0	1.2	0.9	0.8
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 (%)	5.9	7.2	6.9	na
129. Men age 15 years and above who use any kind of tobacco (%)	33.3	44.9	42.0	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.3	0.3	na
131. Men age 15 years and above who consume alcohol (%)	9.3	11.6	11.0	na

[24]Comprehensive 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.
[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.
[26]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Ajmer
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Ajmer. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Ajmer, information was gathered from 894 households, 1,082 women, and 146 men.

Ajmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.3	64.7
2. Population below age 15 years (%)	26.7	29.2
3. Sex ratio of the total population (females per 1,000 males)	993	953
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	848	761
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.4	82.6
6. Deaths in the last 3 years registered with the civil authority (%)	83.4	na
7. Population living in households with electricity (%)	99.9	98.8
8. Population living in households with an improved drinking-water source[1] (%)	98.1	94.6
9. Population living in households that use an improved sanitation facility[2] (%)	77.5	69.9
10. Households using clean fuel for cooking[3] (%)	52.9	50.6
11. Households using iodized salt (%)	97.7	96.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	88.7	14.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	68.4	na
15. Women with 10 or more years of schooling (%)	40.2	31.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.2	35.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.1	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.5	5.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	84.3	63.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	60.6	68.7
21. Any modern method[6] (%)	56.6	61.7
22. Female sterilization (%)	41.1	45.0
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	0.5	1.3
25. Pill (%)	2.4	3.5
26. Condom (%)	12.0	11.4
27. Injectables (%)	0.3	0.5
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	11.9	7.9
29. Unmet need for spacing[7] (%)	5.2	4.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.4	14.4
31. Current users ever told about side effects of current method[8] (%)	48.1	32.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Ajmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	80.4	75.2
33. Mothers who had at least 4 antenatal care visits (%)	52.8	51.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.9	95.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.6	9.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	20.7	1.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.5	95.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.3	70.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,986	1,463
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 (%)	82.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.1	87.2
43. Institutional births in public facility (%)	82.1	69.5
44. Home births that were conducted by skilled health personnel[10] (%)	2.8	1.3
45. Births attended by skilled health personnel[10] (%)	97.9	88.4
46. Births delivered by caesarean section (%)	11.6	10.7
47. Births in a private health facility that were delivered by caesarean section (%)	(28.0)	27.1
48. Births in a public health facility that were delivered by caesarean section (%)	9.7	8.6
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] (%)	78.9	67.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	92.3	68.1
51. Children age 12-23 months who have received BCG (%)	96.8	93.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	80.5	78.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.9	86.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.5	83.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	56.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.9	71.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.0	29.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.2	97.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.8	2.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.2	9.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	76.7
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	15.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	81.4
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.9	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 (%)	(57.8)	83.9

[9]Includes 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.

Ajmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	35.2	18.5
68. Children under age 6 months exclusively breastfed[16] (%)	(66.3)	54.0
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(34.1)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	5.3	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(2.9)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.1	0.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	22.3	33.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.0	31.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	11.7	12.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	23.1	39.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.8	2.3
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] (%)	14.2	24.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	18.9	16.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	76.3	68.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	52.5	53.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(59.6)	57.6
84. All women age 15-49 years who are anaemic[22] (%)	52.7	53.4
85. All women age 15-19 years who are anaemic[22] (%)	54.4	60.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.8	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] (%)	7.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.3	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] (%)	7.9	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) (%)	6.8	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 (%)	14.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	13.1	na
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 (%)	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 (%)	4.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.6	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	12.4	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Alwar
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

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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 Alwar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Alwar, information was gathered from 935 households, 1,182 women, and 152 men.

Alwar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.0	61.2
2. Population below age 15 years (%)	29.4	33.5
3. Sex ratio of the total population (females per 1,000 males)	991	937
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,127	748
5. Children under age 5 years whose birth was registered with the civil authority (%)	77.0	56.1
6. Deaths in the last 3 years registered with the civil authority (%)	65.0	na
7. Population living in households with electricity (%)	97.8	97.0
8. Population living in households with an improved drinking-water source[1] (%)	97.6	98.6
9. Population living in households that use an improved sanitation facility[2] (%)	66.0	39.3
10. Households using clean fuel for cooking[3] (%)	34.9	24.0
11. Households using iodized salt (%)	92.6	95.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	80.8	10.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	24.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	63.2	na
15. Women with 10 or more years of schooling (%)	35.1	28.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.2	40.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.0	4.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.0	9.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	84.9	62.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	54.6	59.8
21. Any modern method[6] (%)	47.3	56.5
22. Female sterilization (%)	34.0	47.0
23. Male sterilization (%)	0.4	0.4
24. IUD/PPIUD (%)	2.2	2.2
25. Pill (%)	1.5	0.5
26. Condom (%)	8.5	6.1
27. Injectables (%)	0.6	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	12.0	11.7
29. Unmet need for spacing[7] (%)	5.9	6.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	13.5	13.3
31. Current users ever told about side effects of current method[8] (%)	54.7	40.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Alwar, Rajasthan - Key Indicators

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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 (%)	55.5	52.0
33. Mothers who had at least 4 antenatal care visits (%)	30.0	21.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	82.4	86.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	16.7	13.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.0	7.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	91.8	92.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.9	50.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,829	1,487
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 (%)	76.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.3	81.9
43. Institutional births in public facility (%)	64.0	64.4
44. Home births that were conducted by skilled health personnel[10] (%)	1.0	1.6
45. Births attended by skilled health personnel[10] (%)	90.8	81.0
46. Births delivered by caesarean section (%)	8.8	7.4
47. Births in a private health facility that were delivered by caesarean section (%)	16.8	27.9
48. Births in a public health facility that were delivered by caesarean section (%)	6.6	3.9
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] (%)	59.4	47.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(72.1)	(74.2)
51. Children age 12-23 months who have received BCG (%)	92.6	80.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	72.5	54.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	71.4	69.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.0	78.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	40.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	68.8	37.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	52.8	48.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.3	97.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.2	2.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.1	6.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(39.9)	(43.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(7.4)	(32.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(92.3)	(66.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.0	3.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	65.7	82.4

[9]Includes 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.

Alwar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	33.5	29.7
68. Children under age 6 months exclusively breastfed[16] (%)	66.2	(55.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(28.1)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.6	5.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(11.2)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	11.2	6.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	33.9	41.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.6	18.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.1	8.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	24.0	35.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.1	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] (%)	24.3	25.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	17.3	13.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	63.2	54.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	53.3	40.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(49.0)	33.4
84. All women age 15-49 years who are anaemic[22] (%)	53.2	40.2
85. All women age 15-19 years who are anaemic[22] (%)	55.3	45.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	1.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	5.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.3	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] (%)	7.2	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) (%)	13.1	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 (%)	20.3	na
Men		
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) (%)	8.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.5	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 (%)	9.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.5	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	13.3	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BANSWARA
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Banswara. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Banswara, information was gathered from 976 households, 1,172 women, and 170 men.

Banswara, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	55.9	50.4
2. Population below age 15 years (%)	31.7	35.5
3. Sex ratio of the total population (females per 1,000 males)	1,056	983
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	835	1,012
5. Children under age 5 years whose birth was registered with the civil authority (%)	88.0	65.1
6. Deaths in the last 3 years registered with the civil authority (%)	58.9	na
7. Population living in households with electricity (%)	93.1	68.9
8. Population living in households with an improved drinking-water source[1] (%)	95.6	93.7
9. Population living in households that use an improved sanitation facility[2] (%)	40.8	20.8
10. Households using clean fuel for cooking[3] (%)	21.1	12.6
11. Households using iodized salt (%)	88.4	79.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	84.2	12.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	53.1	na
15. Women with 10 or more years of schooling (%)	28.5	18.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	25.0	28.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.8	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.2	12.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	61.3	26.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	70.4	54.9
21. Any modern method[6] (%)	58.5	51.6
22. Female sterilization (%)	43.5	43.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.6	0.6
25. Pill (%)	2.2	1.9
26. Condom (%)	8.5	5.6
27. Injectables (%)	1.7	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.1	9.7
29. Unmet need for spacing[7] (%)	3.1	3.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	39.0	17.6
31. Current users ever told about side effects of current method[8] (%)	68.2	45.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Banswara, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	87.0	62.7
33. Mothers who had at least 4 antenatal care visits (%)	69.9	43.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.9	94.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	26.4	13.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.8	0.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.7	93.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	94.0	60.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,153	5,033
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 (%)	95.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.7	93.1
43. Institutional births in public facility (%)	83.8	84.4
44. Home births that were conducted by skilled health personnel[10] (%)	0.5	2.5
45. Births attended by skilled health personnel[10] (%)	97.5	95.6
46. Births delivered by caesarean section (%)	6.4	7.0
47. Births in a private health facility that were delivered by caesarean section (%)	18.5	(26.8)
48. Births in a public health facility that were delivered by caesarean section (%)	4.6	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] (%)	83.0	46.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	88.3	(69.3)
51. Children age 12-23 months who have received BCG (%)	98.9	90.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	84.4	66.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.1	70.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.5	77.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	75.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.1	45.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.9	51.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	95.9
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 (%)	3.8	2.8
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 (%)	0.5	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 (%)	*	*

[9]Includes 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.

Banswara, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	57.8	37.8
68. Children under age 6 months exclusively breastfed[16] (%)	71.8	(57.1)
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	0.9
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] (%)	9.7	0.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	44.6	50.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.3	30.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.5	12.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	38.7	50.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.1	0.9
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] (%)	23.3	33.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	4.5	9.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	77.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	82.1	84.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	53.1	77.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(43.3)	68.7
84. All women age 15-49 years who are anaemic[22] (%)	52.8	76.3
85. All women age 15-19 years who are anaemic[22] (%)	70.2	78.5
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] (%)	3.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.8	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 of Hg) (%)	3.1	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) (%)	15.2	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 (%)	19.4	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 (%)	5.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.7	na
103. Women age 15 years and above who consume alcohol (%)	0.8	na
104. Men age 15 years and above who consume alcohol (%)	18.1	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BARAN
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Baran. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Baran, information was gathered from 985 households, 1,301 women, and 227 men.

Baran, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	61.7	56.9
2. Population below age 15 years (%)	28.4	28.1
3. Sex ratio of the total population (females per 1,000 males)	1,019	959
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,077	805
5. Children under age 5 years whose birth was registered with the civil authority (%)	91.2	78.9
6. Deaths in the last 3 years registered with the civil authority (%)	60.0	na
7. Population living in households with electricity (%)	98.3	92.9
8. Population living in households with an improved drinking-water source[1] (%)	96.1	92.9
9. Population living in households that use an improved sanitation facility[2] (%)	59.0	33.5
10. Households using clean fuel for cooking[3] (%)	39.6	25.0
11. Households using iodized salt (%)	94.1	97.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	89.5	13.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	57.9	na
15. Women with 10 or more years of schooling (%)	24.4	19.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	26.8	33.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.0	2.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	74.7	34.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	78.9	65.4
21. Any modern method[6] (%)	71.8	62.3
22. Female sterilization (%)	51.3	50.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.0	0.9
25. Pill (%)	3.0	2.8
26. Condom (%)	13.0	7.3
27. Injectables (%)	2.8	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.0	8.1
29. Unmet need for spacing[7] (%)	2.9	2.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.0	9.7
31. Current users ever told about side effects of current method[8] (%)	66.1	41.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Baran, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	88.2	76.8
33. Mothers who had at least 4 antenatal care visits (%)	79.3	46.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.1	96.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	36.9	8.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.2	2.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	96.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.4	68.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,590	5,674
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 (%)	94.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.3	97.0
43. Institutional births in public facility (%)	91.4	90.4
44. Home births that were conducted by skilled health personnel[10] (%)	0.8	0.0
45. Births attended by skilled health personnel[10] (%)	97.8	96.5
46. Births delivered by caesarean section (%)	6.7	8.0
47. Births in a private health facility that were delivered by caesarean section (%)	(35.7)	(40.6)
48. Births in a public health facility that were delivered by caesarean section (%)	5.0	5.9
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] (%)	89.3	68.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	93.4	(85.7)
51. Children age 12-23 months who have received BCG (%)	100.0	99.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	90.5	75.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	95.3	81.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.5	95.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	46.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	80.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	95.3	61.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.9	61.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	95.7
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 (%)	5.4	2.4
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 (%)	8.1	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 (%)	67.9	*

[9]Includes 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.

Baran, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	63.0	44.1
68. Children under age 6 months exclusively breastfed[16] (%)	78.2	(63.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(41.6)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	12.1	2.7
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] (%)	11.1	2.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	46.0	40.2
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.3	28.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.0	10.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	40.2	41.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.2	0.8
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] (%)	20.5	30.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.1	9.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	65.1	76.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.1	66.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(59.3)	69.5
84. All women age 15-49 years who are anaemic[22] (%)	60.1	66.3
85. All women age 15-19 years who are anaemic[22] (%)	61.3	74.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.8	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.6	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) (%)	7.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	12.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.6	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 (%)	0.0	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 (%)	19.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	57.0	na
103. Women age 15 years and above who consume alcohol (%)	0.8	na
104. Men age 15 years and above who consume alcohol (%)	16.2	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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).
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[20]Above +2 standard deviations, based on the WHO standard.
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[22]Haemoglobin 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.
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NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Barmer
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
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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 and trends for Barmer. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Barmer, information was gathered from 973 households, 1,621 women, and 237 men.

Barmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.0	44.7
2. Population below age 15 years (%)	31.4	38.5
3. Sex ratio of the total population (females per 1,000 males)	986	980
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	877	897
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.0	52.3
6. Deaths in the last 3 years registered with the civil authority (%)	88.7	na
7. Population living in households with electricity (%)	95.5	66.8
8. Population living in households with an improved drinking-water source[1] (%)	99.9	93.1
9. Population living in households that use an improved sanitation facility[2] (%)	83.6	20.5
10. Households using clean fuel for cooking[3] (%)	26.8	14.7
11. Households using iodized salt (%)	92.5	87.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	97.8	8.9
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] (%)	66.3	na
15. Women with 10 or more years of schooling (%)	25.6	10.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.2	46.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.5	6.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.0	7.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	86.3	29.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	77.9	46.2
21. Any modern method[6] (%)	66.7	37.4
22. Female sterilization (%)	46.3	31.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.5	0.6
25. Pill (%)	4.5	0.8
26. Condom (%)	13.5	4.1
27. Injectables (%)	1.4	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.1	14.8
29. Unmet need for spacing[7] (%)	2.8	7.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	26.8	12.9
31. Current users ever told about side effects of current method[8] (%)	73.6	32.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Barmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	82.7	48.0
33. Mothers who had at least 4 antenatal care visits (%)	64.9	16.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.5	68.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	41.7	10.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	24.0	4.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.8	86.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.3	41.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,117	1,238
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 (%)	85.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.3	60.3
43. Institutional births in public facility (%)	86.0	44.5
44. Home births that were conducted by skilled health personnel[10] (%)	1.2	10.2
45. Births attended by skilled health personnel[10] (%)	94.3	70.5
46. Births delivered by caesarean section (%)	4.9	5.1
47. Births in a private health facility that were delivered by caesarean section (%)	(19.8)	27.9
48. Births in a public health facility that were delivered by caesarean section (%)	4.0	1.5
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] (%)	92.9	36.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	92.8	(45.4)
51. Children age 12-23 months who have received BCG (%)	97.5	68.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	94.0	52.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.9	51.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.9	49.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	68.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	92.9	38.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.7	24.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	90.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	3.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.4	5.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	91.4	(47.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	18.6	(15.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	94.9	(67.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.3	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 (%)	(84.5)	(80.1)

[9]Includes 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.

Barmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	28.6	27.6
68. Children under age 6 months exclusively breastfed[16] (%)	66.7	34.9
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(38.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.2	1.6
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] (%)	9.0	2.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	39.1	36.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	11.5	25.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.2	9.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.7	39.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.2	1.3
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] (%)	19.7	26.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	4.5	11.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	67.1	60.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	50.0	42.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	36.6	44.2
84. All women age 15-49 years who are anaemic[22] (%)	49.4	42.7
85. All women age 15-19 years who are anaemic[22] (%)	61.6	41.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.3	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.2	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) (%)	6.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	8.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	10.9	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 (%)	0.0	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 (%)	3.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.1	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	11.4	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BHARATPUR
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Bharatpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Bharatpur, information was gathered from 950 households, 1,225 women, and 168 men.

Bharatpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	62.4	56.3
2. Population below age 15 years (%)	31.7	36.3
3. Sex ratio of the total population (females per 1,000 males)	970	970
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	845	941
5. Children under age 5 years whose birth was registered with the civil authority (%)	79.4	52.2
6. Deaths in the last 3 years registered with the civil authority (%)	67.7	na
7. Population living in households with electricity (%)	98.3	90.9
8. Population living in households with an improved drinking-water source[1] (%)	93.9	91.3
9. Population living in households that use an improved sanitation facility[2] (%)	62.7	34.9
10. Households using clean fuel for cooking[3] (%)	24.3	16.2
11. Households using iodized salt (%)	89.8	91.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	84.8	13.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	61.1	na
15. Women with 10 or more years of schooling (%)	30.3	22.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	33.5	37.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.3	6.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.1	8.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	77.7	50.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	61.2	44.6
21. Any modern method[6] (%)	48.4	40.4
22. Female sterilization (%)	35.9	31.3
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	0.7	2.3
25. Pill (%)	1.8	0.7
26. Condom (%)	8.5	5.6
27. Injectables (%)	0.4	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	11.3	18.1
29. Unmet need for spacing[7] (%)	4.7	7.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.3	14.4
31. Current users ever told about side effects of current method[8] (%)	47.9	31.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Bharatpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	55.4	44.7
33. Mothers who had at least 4 antenatal care visits (%)	33.2	17.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	86.9	83.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	13.7	5.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	3.9	2.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.5	89.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.9	44.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,773	1,796
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 (%)	76.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.1	79.4
43. Institutional births in public facility (%)	74.6	67.7
44. Home births that were conducted by skilled health personnel[10] (%)	1.3	2.4
45. Births attended by skilled health personnel[10] (%)	90.8	79.6
46. Births delivered by caesarean section (%)	12.2	6.9
47. Births in a private health facility that were delivered by caesarean section (%)	39.7	28.9
48. Births in a public health facility that were delivered by caesarean section (%)	7.0	5.2
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] (%)	64.1	50.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	67.2	71.3
51. Children age 12-23 months who have received BCG (%)	86.0	77.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.4	56.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.1	60.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.0	70.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	13.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	51.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.2	42.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	44.9	43.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.8	96.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.1	2.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	15.3	10.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	47.3	38.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	23.0	17.9
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	70.5	67.8
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.8	5.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	77.4	75.0

[9]Includes 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.

Bharatpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	37.9	32.5
68. Children under age 6 months exclusively breastfed[16] (%)	48.2	55.3
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(40.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	12.9	10.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(0.0)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	11.8	8.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	40.3	47.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	12.2	14.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.3	6.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.1	30.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.1	2.8
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] (%)	23.5	25.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	12.4	14.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	48.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	75.7	56.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.0	41.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	56.1	39.0
84. All women age 15-49 years who are anaemic[22] (%)	60.8	41.6
85. All women age 15-19 years who are anaemic[22] (%)	61.7	42.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	6.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.1	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] (%)	7.7	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) (%)	11.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	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 (%)	10.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	12.1	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BHILWARA
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Bhilwara. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Bhilwara, information was gathered from 952 households, 1,147 women, and 171 men.

Bhilwara, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	57.1	50.0
2. Population below age 15 years (%)	29.2	29.5
3. Sex ratio of the total population (females per 1,000 males)	1,069	1,000
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	802	981
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.4	76.2
6. Deaths in the last 3 years registered with the civil authority (%)	83.4	na
7. Population living in households with electricity (%)	99.3	96.9
8. Population living in households with an improved drinking-water source[1] (%)	93.1	91.8
9. Population living in households that use an improved sanitation facility[2] (%)	62.3	34.7
10. Households using clean fuel for cooking[3] (%)	26.5	27.3
11. Households using iodized salt (%)	96.2	96.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	89.1	22.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	56.4	na
15. Women with 10 or more years of schooling (%)	25.3	23.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	41.8	57.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	3.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.4	6.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	76.0	44.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	71.1	57.0
21. Any modern method[6] (%)	58.9	49.2
22. Female sterilization (%)	41.8	38.5
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	2.2	1.3
25. Pill (%)	1.6	2.1
26. Condom (%)	12.2	7.2
27. Injectables (%)	0.4	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.2	12.4
29. Unmet need for spacing[7] (%)	4.6	5.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.4	21.0
31. Current users ever told about side effects of current method[8] (%)	83.9	46.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Bhilwara, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	78.0	70.0
33. Mothers who had at least 4 antenatal care visits (%)	64.7	41.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.1	96.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	30.4	31.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.9	12.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.4	97.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	95.7	73.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,248	1,014
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 (%)	94.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.0	81.8
43. Institutional births in public facility (%)	87.4	61.4
44. Home births that were conducted by skilled health personnel[10] (%)	1.0	2.4
45. Births attended by skilled health personnel[10] (%)	96.0	84.2
46. Births delivered by caesarean section (%)	5.9	9.2
47. Births in a private health facility that were delivered by caesarean section (%)	(36.4)	27.4
48. Births in a public health facility that were delivered by caesarean section (%)	3.6	5.9
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] (%)	83.2	66.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	87.8	(65.3)
51. Children age 12-23 months who have received BCG (%)	94.6	96.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	89.9	74.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	89.1	90.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.1	87.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	78.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.1	77.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	70.2	47.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	93.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	5.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.9	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 (%)	2.0	1.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*

[9]Includes 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.

Bhilwara, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	45.9	37.4
68. Children under age 6 months exclusively breastfed[16] (%)	(80.8)	*
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] (%)	6.4	5.2
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] (%)	5.8	5.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	22.6	35.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.4	33.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.5	12.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	23.5	42.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.7	1.6
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] (%)	16.3	24.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	12.4	14.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	70.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	62.7	71.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	50.7	55.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(42.8)	(66.7)
84. All women age 15-49 years who are anaemic[22] (%)	50.4	56.0
85. All women age 15-19 years who are anaemic[22] (%)	52.6	50.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.9	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] (%)	6.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	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] (%)	10.7	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) (%)	10.7	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 (%)	15.4	na
Men		
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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 (%)	15.7	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 (%)	4.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	41.9	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	11.5	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
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NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Bikaner
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

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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 and trends for Bikaner. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Bikaner, information was gathered from 966 households, 1,473 women, and 241 men.

Bikaner, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.6	61.5
2. Population below age 15 years (%)	30.2	32.0
3. Sex ratio of the total population (females per 1,000 males)	968	957
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	907	984
5. Children under age 5 years whose birth was registered with the civil authority (%)	89.9	64.7
6. Deaths in the last 3 years registered with the civil authority (%)	77.3	na
7. Population living in households with electricity (%)	96.1	91.2
8. Population living in households with an improved drinking-water source[1] (%)	94.9	98.9
9. Population living in households that use an improved sanitation facility[2] (%)	79.8	65.9
10. Households using clean fuel for cooking[3] (%)	51.4	39.7
11. Households using iodized salt (%)	95.7	90.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	87.4	7.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	62.5	na
15. Women with 10 or more years of schooling (%)	30.2	23.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	33.3	33.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.9	3.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.5	6.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	90.2	58.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	79.5	71.4
21. Any modern method[6] (%)	67.5	66.8
22. Female sterilization (%)	43.4	43.8
23. Male sterilization (%)	0.1	0.2
24. IUD/PPIUD (%)	1.7	0.9
25. Pill (%)	1.7	3.7
26. Condom (%)	19.9	18.0
27. Injectables (%)	0.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.6	8.5
29. Unmet need for spacing[7] (%)	2.7	4.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.6	10.0
31. Current users ever told about side effects of current method[8] (%)	42.5	36.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Bikaner, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	80.5	67.5
33. Mothers who had at least 4 antenatal care visits (%)	50.5	38.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.6	93.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.8	10.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.6	2.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7	95.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.2	64.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,492	2,495
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	0.7
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.0	73.4
43. Institutional births in public facility (%)	81.8	59.8
44. Home births that were conducted by skilled health personnel[10] (%)	2.9	7.5
45. Births attended by skilled health personnel[10] (%)	92.7	80.8
46. Births delivered by caesarean section (%)	8.1	7.6
47. Births in a private health facility that were delivered by caesarean section (%)	(35.5)	24.9
48. Births in a public health facility that were delivered by caesarean section (%)	6.3	7.1
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] (%)	75.6	56.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	81.3	64.4
51. Children age 12-23 months who have received BCG (%)	94.8	87.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	80.4	61.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.0	69.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.1	73.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	23.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	58.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.1	53.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	56.3	32.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.6	96.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.4	3.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.6	9.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	52.2
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	13.3
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	74.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.2	1.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(83.4)	89.8

[9]Includes 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.

Bikaner, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	48.0	16.1
68. Children under age 6 months exclusively breastfed[16] (%)	61.2	77.8
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	30.3
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.7	1.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(11.8)	(0.0)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	10.2	1.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	22.8	33.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	25.6	24.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	12.6	9.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.5	33.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.4	2.4
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] (%)	17.8	23.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.4	15.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	65.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	82.4	51.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.4	43.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	46.4	40.4
84. All women age 15-49 years who are anaemic[22] (%)	58.9	43.0
85. All women age 15-19 years who are anaemic[22] (%)	63.6	43.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.8	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] (%)	8.5	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) (%)	6.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	12.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	11.8	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 (%)	3.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.0	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	8.8	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Bundi

Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Bundi. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Bundi, information was gathered from 984 households, 1,253 women, and 190 men.

Bundi, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	57.9	51.1
2. Population below age 15 years (%)	28.4	27.7
3. Sex ratio of the total population (females per 1,000 males)	1,002	930
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	803	987
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.7	78.7
6. Deaths in the last 3 years registered with the civil authority (%)	81.9	na
7. Population living in households with electricity (%)	98.4	92.5
8. Population living in households with an improved drinking-water source[1] (%)	95.7	93.5
9. Population living in households that use an improved sanitation facility[2] (%)	56.3	28.6
10. Households using clean fuel for cooking[3] (%)	26.5	22.8
11. Households using iodized salt (%)	94.9	96.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	87.7	8.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	56.9	na
15. Women with 10 or more years of schooling (%)	27.4	20.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	34.1	35.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.3	4.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	77.6	42.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	75.8	57.7
21. Any modern method[6] (%)	66.6	52.1
22. Female sterilization (%)	46.1	39.5
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	0.3	1.0
25. Pill (%)	3.9	2.4
26. Condom (%)	14.2	8.9
27. Injectables (%)	0.9	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.1	10.7
29. Unmet need for spacing[7] (%)	4.0	5.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	29.1	15.9
31. Current users ever told about side effects of current method[8] (%)	63.2	36.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Bundi, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	81.0	81.1
33. Mothers who had at least 4 antenatal care visits (%)	74.0	30.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.1	91.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	35.5	10.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.7	4.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.9	94.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.2	62.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,961	674
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 (%)	89.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.3	92.4
43. Institutional births in public facility (%)	83.7	82.9
44. Home births that were conducted by skilled health personnel[10] (%)	0.5	1.2
45. Births attended by skilled health personnel[10] (%)	95.1	93.6
46. Births delivered by caesarean section (%)	10.5	10.7
47. Births in a private health facility that were delivered by caesarean section (%)	32.7	(49.8)
48. Births in a public health facility that were delivered by caesarean section (%)	8.1	7.2
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] (%)	75.7	63.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	81.4	(67.7)
51. Children age 12-23 months who have received BCG (%)	97.7	95.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	83.1	67.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.3	75.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.1	85.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	65.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.5	61.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	62.8	49.4
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 (%)	7.4	4.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(56.3)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(44.5)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(74.7)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	9.5	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	*

[9]Includes 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.

Bundi, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	41.8	26.8
68. Children under age 6 months exclusively breastfed[16] (%)	72.7	(36.5)
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] (%)	9.5	2.2
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] (%)	10.8	1.9
73. Children under 5 years who are stunted (height-for-age)[18] (%)	30.0	38.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.6	27.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.2	8.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.1	43.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.0	0.5
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] (%)	29.6	33.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	12.4	10.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	74.9	80.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	56.3	63.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(44.8)	63.2
84. All women age 15-49 years who are anaemic[22] (%)	55.9	63.7
85. All women age 15-19 years who are anaemic[22] (%)	57.2	69.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	5.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.4	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.0	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) (%)	10.5	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 (%)	17.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.4	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 (%)	19.0	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 (%)	0.2	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 (%)	13.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	52.8	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	11.5	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

CHITTAURGARH

RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Chittaurgarh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Chittaurgarh, information was gathered from 972 households, 1,090 women, and 141 men.

Chittaurgarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	55.3	50.0
2. Population below age 15 years (%)	26.1	27.3
3. Sex ratio of the total population (females per 1,000 males)	1,037	968
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	861	1,047
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.5	72.8
6. Deaths in the last 3 years registered with the civil authority (%)	73.3	na
7. Population living in households with electricity (%)	99.0	95.7
8. Population living in households with an improved drinking-water source[1] (%)	97.6	94.4
9. Population living in households that use an improved sanitation facility[2] (%)	63.8	33.1
10. Households using clean fuel for cooking[3] (%)	31.3	25.4
11. Households using iodized salt (%)	97.3	99.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	90.6	6.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	56.1	na
15. Women with 10 or more years of schooling (%)	24.8	19.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	42.6	53.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.5	5.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	67.5	43.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	66.9	47.3
21. Any modern method[6] (%)	49.6	38.8
22. Female sterilization (%)	33.5	29.5
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	1.6	0.9
25. Pill (%)	2.1	2.0
26. Condom (%)	9.6	5.8
27. Injectables (%)	1.1	0.5
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.1	15.3
29. Unmet need for spacing[7] (%)	3.2	7.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	33.5	15.6
31. Current users ever told about side effects of current method[8] (%)	72.4	39.6

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Chittaurgarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	85.5	69.4
33. Mothers who had at least 4 antenatal care visits (%)	75.0	22.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.2	87.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	30.2	16.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.7	9.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.2	88.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.2	55.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,139	842
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.6)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	94.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.8	85.6
43. Institutional births in public facility (%)	85.3	77.5
44. Home births that were conducted by skilled health personnel[10] (%)	0.8	3.2
45. Births attended by skilled health personnel[10] (%)	97.3	88.8
46. Births delivered by caesarean section (%)	15.4	6.9
47. Births in a private health facility that were delivered by caesarean section (%)	(50.3)	*
48. Births in a public health facility that were delivered by caesarean section (%)	11.3	5.8
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] (%)	87.8	(42.4)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	89.9	*
51. Children age 12-23 months who have received BCG (%)	100.0	(95.8)
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	89.1	(56.1)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	96.8	(57.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	97.1	(80.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	55.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	86.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	98.3	(44.8)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	62.7	48.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.8	(95.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.2	(4.2)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.2	5.3
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 (%)	1.3	1.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(81.9)

[9]Includes 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.

Chittaurgarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	51.1	23.4
68. Children under age 6 months exclusively breastfed[16] (%)	(77.2)	(35.9)
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] (%)	5.0	0.0
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] (%)	5.2	0.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	31.4	37.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	14.6	23.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.9	8.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.9	41.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.0	0.8
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] (%)	20.2	28.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.3	17.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	68.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	72.4	71.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	45.4	59.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(38.4)	(71.6)
84. All women age 15-49 years who are anaemic[22] (%)	45.1	60.3
85. All women age 15-19 years who are anaemic[22] (%)	46.6	58.8
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] (%)	2.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.3	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) (%)	11.9	na
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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
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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 (%)	3.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.4	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	10.5	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
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[18]Below -2 standard deviations, based on the WHO standard.
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[22]Haemoglobin 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.
[23]Random blood sugar measurement.

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Government of India

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

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RAJASTHAN

(स्थापना / Established in 1956)
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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 and trends for Churu. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Churu, information was gathered from 982 households, 1,493 women, and 225 men.

Churu, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	62.9	57.3
2. Population below age 15 years (%)	29.0	32.1
3. Sex ratio of the total population (females per 1,000 males)	1,037	1,009
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	944	896
5. Children under age 5 years whose birth was registered with the civil authority (%)	88.0	72.3
6. Deaths in the last 3 years registered with the civil authority (%)	76.5	na
7. Population living in households with electricity (%)	96.6	95.6
8. Population living in households with an improved drinking-water source[1] (%)	98.2	92.0
9. Population living in households that use an improved sanitation facility[2] (%)	80.2	76.1
10. Households using clean fuel for cooking[3] (%)	40.6	30.3
11. Households using iodized salt (%)	90.9	92.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	81.9	18.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	63.9	na
15. Women with 10 or more years of schooling (%)	33.4	24.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	27.9	36.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.4	2.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.2	8.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	87.9	75.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	76.7	52.4
21. Any modern method[6] (%)	68.4	47.7
22. Female sterilization (%)	43.5	37.8
23. Male sterilization (%)	1.7	1.0
24. IUD/PPIUD (%)	0.9	1.3
25. Pill (%)	5.2	1.4
26. Condom (%)	15.8	6.1
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.6	15.9
29. Unmet need for spacing[7] (%)	3.5	5.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.3	20.1
31. Current users ever told about side effects of current method[8] (%)	42.8	45.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Churu, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	72.4	56.7
33. Mothers who had at least 4 antenatal care visits (%)	45.0	18.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	87.3	95.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	31.4	17.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.9	6.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.4	94.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.9	61.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,104	1,330
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.2)	1.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	87.8	80.6
43. Institutional births in public facility (%)	67.4	61.8
44. Home births that were conducted by skilled health personnel[10] (%)	3.4	6.7
45. Births attended by skilled health personnel[10] (%)	89.9	86.0
46. Births delivered by caesarean section (%)	8.2	3.7
47. Births in a private health facility that were delivered by caesarean section (%)	23.8	11.4
48. Births in a public health facility that were delivered by caesarean section (%)	4.9	2.4
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] (%)	74.3	57.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	82.4	(66.9)
51. Children age 12-23 months who have received BCG (%)	93.0	94.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	79.1	64.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.2	79.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.1	83.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	52.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.7	58.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.4	35.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	97.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.2	6.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(61.9)	(47.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(16.3)	(7.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(75.7)	(59.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.2	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 (%)	73.8	(84.5)

[9]Includes 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.

Churu, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	39.7	41.9
68. Children under age 6 months exclusively breastfed[16] (%)	62.0	(91.3)
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] (%)	10.6	4.9
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] (%)	11.2	5.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	27.1	31.2
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.5	21.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.2	9.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	23.4	27.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.0	3.1
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] (%)	20.3	26.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.3	13.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	55.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.1	42.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	53.0	33.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(51.5)	44.8
84. All women age 15-49 years who are anaemic[22] (%)	52.9	34.1
85. All women age 15-19 years who are anaemic[22] (%)	51.2	32.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	2.9	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] (%)	6.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.6	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.9	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) (%)	13.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.1	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 (%)	5.0	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 (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	9.1	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Dausa
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Dausa. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Dausa, information was gathered from 982 households, 1,332 women, and 208 men.

Dausa, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	59.4	59.3
2. Population below age 15 years (%)	29.2	32.3
3. Sex ratio of the total population (females per 1,000 males)	986	1,016
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	863	965
5. Children under age 5 years whose birth was registered with the civil authority (%)	89.6	53.1
6. Deaths in the last 3 years registered with the civil authority (%)	67.6	na
7. Population living in households with electricity (%)	99.0	90.7
8. Population living in households with an improved drinking-water source[1] (%)	99.4	96.9
9. Population living in households that use an improved sanitation facility[2] (%)	59.4	37.0
10. Households using clean fuel for cooking[3] (%)	22.6	16.7
11. Households using iodized salt (%)	92.8	92.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	91.2	34.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	60.3	na
15. Women with 10 or more years of schooling (%)	34.6	27.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	26.3	40.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.2	6.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.0	7.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	86.9	55.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	80.0	54.8
21. Any modern method[6] (%)	68.7	50.1
22. Female sterilization (%)	54.6	43.8
23. Male sterilization (%)	0.3	0.0
24. IUD/PPIUD (%)	1.2	0.4
25. Pill (%)	1.8	1.2
26. Condom (%)	10.2	4.3
27. Injectables (%)	0.2	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.2	14.1
29. Unmet need for spacing[7] (%)	3.1	7.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.7	10.8
31. Current users ever told about side effects of current method[8] (%)	58.5	42.6

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Dausa, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	81.0	57.4
33. Mothers who had at least 4 antenatal care visits (%)	53.6	28.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.1	85.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	16.3	17.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.9	7.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	91.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.7	74.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,902	1,621
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 (%)	93.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.2	89.6
43. Institutional births in public facility (%)	74.3	58.1
44. Home births that were conducted by skilled health personnel[10] (%)	0.0	2.5
45. Births attended by skilled health personnel[10] (%)	96.1	91.2
46. Births delivered by caesarean section (%)	8.8	11.9
47. Births in a private health facility that were delivered by caesarean section (%)	18.4	21.2
48. Births in a public health facility that were delivered by caesarean section (%)	5.9	9.0
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] (%)	92.1	57.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	87.4	(76.9)
51. Children age 12-23 months who have received BCG (%)	98.5	96.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	95.0	64.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	96.2	81.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.1	84.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	82.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	97.5	62.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	60.2	31.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	96.0
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 (%)	7.3	6.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(45.0)	(55.2)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(32.0)	(6.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(70.3)	(74.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.4	4.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	71.0	88.7

[9]Includes 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.

Dausa, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	36.7	23.6
68. Children under age 6 months exclusively breastfed[16] (%)	(72.8)	(68.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(32.3)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.7	3.6
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] (%)	5.8	3.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	37.7	33.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.7	15.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.7	6.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	33.5	28.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.2	1.8
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] (%)	22.7	29.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	9.1	10.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	45.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	74.4	45.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.3	27.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(60.0)	28.6
84. All women age 15-49 years who are anaemic[22] (%)	60.3	27.1
85. All women age 15-19 years who are anaemic[22] (%)	61.6	32.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.4	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] (%)	7.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.5	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) (%)	7.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	12.2	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) (%)	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 (%)	16.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	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 (%)	15.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	7.2	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

DHAULPUR
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Dhaulpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Dhaulpur, information was gathered from 974 households, 1,220 women, and 187 men.

Dhaulpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.2	62.7
2. Population below age 15 years (%)	34.9	37.8
3. Sex ratio of the total population (females per 1,000 males)	1,002	917
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	929	852
5. Children under age 5 years whose birth was registered with the civil authority (%)	73.7	47.2
6. Deaths in the last 3 years registered with the civil authority (%)	50.5	na
7. Population living in households with electricity (%)	97.5	92.4
8. Population living in households with an improved drinking-water source[1] (%)	94.8	94.5
9. Population living in households that use an improved sanitation facility[2] (%)	57.5	31.0
10. Households using clean fuel for cooking[3] (%)	36.5	20.7
11. Households using iodized salt (%)	78.0	85.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	89.0	32.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	57.7	na
15. Women with 10 or more years of schooling (%)	27.0	21.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.6	35.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	6.0	5.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.2	8.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	76.0	54.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	67.9	53.7
21. Any modern method[6] (%)	52.9	45.1
22. Female sterilization (%)	35.1	37.5
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.3	0.4
25. Pill (%)	2.2	2.2
26. Condom (%)	11.5	5.0
27. Injectables (%)	1.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	10.9	16.4
29. Unmet need for spacing[7] (%)	4.5	7.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.5	24.2
31. Current users ever told about side effects of current method[8] (%)	54.2	52.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Dhaulpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	67.9	52.0
33. Mothers who had at least 4 antenatal care visits (%)	42.4	30.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.5	88.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	21.3	12.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.7	2.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.1	87.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.4	56.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,362	907
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 (%)	84.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.4	85.4
43. Institutional births in public facility (%)	86.1	77.0
44. Home births that were conducted by skilled health personnel[10] (%)	0.4	1.9
45. Births attended by skilled health personnel[10] (%)	94.2	85.8
46. Births delivered by caesarean section (%)	5.9	5.7
47. Births in a private health facility that were delivered by caesarean section (%)	(26.3)	(37.5)
48. Births in a public health facility that were delivered by caesarean section (%)	4.3	3.3
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] (%)	85.9	55.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	79.8	57.2
51. Children age 12-23 months who have received BCG (%)	98.3	90.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	89.7	75.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.3	69.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	97.0	77.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	79.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.3	57.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.0	46.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.3	94.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.1	2.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.8	8.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	40.3	(39.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	23.3	(22.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.3	(68.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	6.0	1.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	69.2	73.6

[9]Includes 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.

Dhaulpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	41.0	34.3
68. Children under age 6 months exclusively breastfed[16] (%)	77.9	56.3
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(36.3)	(25.1)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	4.9	3.6
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] (%)	5.8	3.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	45.7	54.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.7	15.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.3	4.8
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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/m^2)[21] (%)	21.5	29.8
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80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	47.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	81.7	50.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	68.8	47.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	63.7	35.9
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Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.6	na
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Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
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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 (%)	9.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	48.0	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	9.9	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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).
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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 Dungarpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Dungarpur, information was gathered from 972 households, 1,359 women, and 223 men.

Dungarpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.6	53.3
2. Population below age 15 years (%)	28.8	34.0
3. Sex ratio of the total population (females per 1,000 males)	1,029	1,009
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	843	811
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.5	66.9
6. Deaths in the last 3 years registered with the civil authority (%)	72.7	na
7. Population living in households with electricity (%)	99.4	78.3
8. Population living in households with an improved drinking-water source[1] (%)	94.1	91.7
9. Population living in households that use an improved sanitation facility[2] (%)	59.9	31.9
10. Households using clean fuel for cooking[3] (%)	27.3	16.9
11. Households using iodized salt (%)	96.6	92.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	97.5	9.6
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] (%)	66.0	na
15. Women with 10 or more years of schooling (%)	32.5	24.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.9	29.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9	5.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.4	6.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	85.5	35.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	70.7	64.2
21. Any modern method[6] (%)	60.8	55.1
22. Female sterilization (%)	41.6	40.0
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	2.9	0.4
25. Pill (%)	2.9	4.2
26. Condom (%)	12.2	10.4
27. Injectables (%)	1.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.9	9.7
29. Unmet need for spacing[7] (%)	1.8	3.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.0	13.7
31. Current users ever told about side effects of current method[8] (%)	71.2	40.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Dungarpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	77.0	73.1
33. Mothers who had at least 4 antenatal care visits (%)	50.6	45.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.5	94.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	38.0	8.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.7	2.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	95.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.6	70.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,525	1,359
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(4.3)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.1	86.4
43. Institutional births in public facility (%)	81.2	71.7
44. Home births that were conducted by skilled health personnel[10] (%)	1.9	0.9
45. Births attended by skilled health personnel[10] (%)	95.5	87.1
46. Births delivered by caesarean section (%)	5.9	6.7
47. Births in a private health facility that were delivered by caesarean section (%)	20.6	31.2
48. Births in a public health facility that were delivered by caesarean section (%)	4.0	2.9
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] (%)	83.3	65.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	89.2	68.5
51. Children age 12-23 months who have received BCG (%)	96.9	93.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	84.8	78.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.7	75.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.8	83.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.0	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 (%)	89.8	65.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.7	18.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.6	97.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.4	3.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.7	9.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	82.5
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	6.3
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	79.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.0	0.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(87.3)

[9]Includes 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.

Dungarpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	47.2	17.5
68. Children under age 6 months exclusively breastfed[16] (%)	66.3	44.4
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] (%)	5.1	0.0
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] (%)	4.7	0.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	31.4	46.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.6	37.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.4	16.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.9	53.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.5	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] (%)	26.8	38.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	4.4	6.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	63.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	79.8	76.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	73.6	73.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	53.3	65.2
84. All women age 15-49 years who are anaemic[22] (%)	72.6	73.2
85. All women age 15-19 years who are anaemic[22] (%)	77.3	76.8
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] (%)	4.0	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] (%)	9.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.1	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) (%)	9.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	12.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.9	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 (%)	0.3	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 (%)	3.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	40.8	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	11.4	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

GANGANAGAR
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Ganganagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Ganganagar, information was gathered from 985 households, 1,409 women, and 223 men.

Ganganagar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.6	64.8
2. Population below age 15 years (%)	24.9	25.8
3. Sex ratio of the total population (females per 1,000 males)	957	929
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	906	907
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.9	82.0
6. Deaths in the last 3 years registered with the civil authority (%)	87.0	na
7. Population living in households with electricity (%)	96.9	94.2
8. Population living in households with an improved drinking-water source[1] (%)	94.4	95.1
9. Population living in households that use an improved sanitation facility[2] (%)	83.4	75.9
10. Households using clean fuel for cooking[3] (%)	45.5	39.6
11. Households using iodized salt (%)	98.1	97.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	85.3	12.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	69.3	na
15. Women with 10 or more years of schooling (%)	39.3	31.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.6	19.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.8	3.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.4	2.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	92.3	78.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	81.1	71.1
21. Any modern method[6] (%)	72.8	64.7
22. Female sterilization (%)	48.5	46.9
23. Male sterilization (%)	0.6	0.6
24. IUD/PPIUD (%)	2.0	3.3
25. Pill (%)	2.9	1.6
26. Condom (%)	17.7	12.3
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.1	8.5
29. Unmet need for spacing[7] (%)	3.6	3.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	32.4	17.9
31. Current users ever told about side effects of current method[8] (%)	54.5	46.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Ganganagar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	83.3	64.8
33. Mothers who had at least 4 antenatal care visits (%)	58.7	52.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.8	95.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	48.5	31.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.6	9.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.2	96.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.9	68.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,902	662
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 (%)	84.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.7	88.8
43. Institutional births in public facility (%)	74.0	65.2
44. Home births that were conducted by skilled health personnel[10] (%)	0.5	1.5
45. Births attended by skilled health personnel[10] (%)	98.2	90.8
46. Births delivered by caesarean section (%)	14.3	13.3
47. Births in a private health facility that were delivered by caesarean section (%)	35.0	34.9
48. Births in a public health facility that were delivered by caesarean section (%)	8.1	7.7
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] (%)	89.7	79.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	90.4	84.5
51. Children age 12-23 months who have received BCG (%)	95.6	97.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	91.1	87.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.0	90.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	95.6	93.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	45.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.0	74.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	70.8	64.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.5	94.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.5	5.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.0	6.4
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 (%)	4.2	2.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(61.0)	(83.6)

[9]Includes 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.

Ganganagar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	46.9	27.8
68. Children under age 6 months exclusively breastfed[16] (%)	(81.9)	(68.4)
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] (%)	12.0	5.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(0.0)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.3	3.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	24.5	29.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	24.9	20.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	10.8	5.8
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	26.1	29.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.5	2.3
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] (%)	14.3	21.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	19.5	20.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	72.3	40.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.8	34.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(64.3)	37.7
84. All women age 15-49 years who are anaemic[22] (%)	59.0	34.8
85. All women age 15-19 years who are anaemic[22] (%)	67.2	38.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.8	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.9	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] (%)	8.4	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) (%)	10.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.8	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 (%)	18.3	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 (%)	0.0	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 (%)	2.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	29.0	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	15.6	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Hanumangarh

Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Hanumangarh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Hanumangarh, information was gathered from 989 households, 1,372 women, and 223 men.

Hanumangarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	65.1	59.9
2. Population below age 15 years (%)	25.1	27.3
3. Sex ratio of the total population (females per 1,000 males)	1,015	928
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,117	1,013
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.3	77.6
6. Deaths in the last 3 years registered with the civil authority (%)	89.1	na
7. Population living in households with electricity (%)	99.0	95.0
8. Population living in households with an improved drinking-water source[1] (%)	97.8	98.7
9. Population living in households that use an improved sanitation facility[2] (%)	83.8	56.5
10. Households using clean fuel for cooking[3] (%)	36.2	25.1
11. Households using iodized salt (%)	97.7	97.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	89.0	7.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	68.2	na
15. Women with 10 or more years of schooling (%)	38.4	29.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.6	23.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3	3.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.8	4.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	92.0	66.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	80.2	70.6
21. Any modern method[6] (%)	70.7	67.4
22. Female sterilization (%)	49.9	53.4
23. Male sterilization (%)	0.7	0.3
24. IUD/PPIUD (%)	1.1	2.1
25. Pill (%)	5.1	1.4
26. Condom (%)	13.2	10.3
27. Injectables (%)	0.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.1	9.2
29. Unmet need for spacing[7] (%)	3.2	4.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	21.7	17.3
31. Current users ever told about side effects of current method[8] (%)	49.4	42.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Hanumangarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	84.4	70.7
33. Mothers who had at least 4 antenatal care visits (%)	53.1	24.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.7	91.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	48.3	15.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	20.8	4.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.7	93.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.4	60.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,057	1,130
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.9	84.2
43. Institutional births in public facility (%)	65.7	53.9
44. Home births that were conducted by skilled health personnel[10] (%)	2.0	6.4
45. Births attended by skilled health personnel[10] (%)	96.9	90.3
46. Births delivered by caesarean section (%)	16.0	8.7
47. Births in a private health facility that were delivered by caesarean section (%)	34.7	20.0
48. Births in a public health facility that were delivered by caesarean section (%)	9.0	4.9
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] (%)	83.3	62.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	86.6	75.3
51. Children age 12-23 months who have received BCG (%)	92.2	92.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	88.3	72.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.7	84.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.5	89.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	57.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.7	58.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.8	51.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	95.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	4.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.2	4.8
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 (%)	1.6	1.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(77.4)	(77.7)

[9]Includes 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.

Hanumangarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	45.0	26.1
68. Children under age 6 months exclusively breastfed[16] (%)	(83.9)	(61.8)
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] (%)	6.1	2.6
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] (%)	7.1	2.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	24.2	35.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.8	20.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.0	7.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	21.3	23.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.9	2.4
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] (%)	19.3	23.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	17.6	14.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	81.0	46.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.4	34.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(55.8)	(20.3)
84. All women age 15-49 years who are anaemic[22] (%)	60.3	33.9
85. All women age 15-19 years who are anaemic[22] (%)	61.7	31.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.9	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] (%)	7.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.1	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] (%)	8.5	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) (%)	11.5	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 (%)	20.0	na
Men		
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) (%)	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 (%)	22.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.8	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	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 (%)	1.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	36.1	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	13.0	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

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सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

JAIPUR
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Jaipur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Jaipur, information was gathered from 957 households, 1,241 women, and 198 men.

Jaipur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.1	68.5
2. Population below age 15 years (%)	25.6	29.0
3. Sex ratio of the total population (females per 1,000 males)	944	920
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	915	883
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.9	68.3
6. Deaths in the last 3 years registered with the civil authority (%)	81.9	na
7. Population living in households with electricity (%)	99.5	98.3
8. Population living in households with an improved drinking-water source[1] (%)	99.9	99.0
9. Population living in households that use an improved sanitation facility[2] (%)	79.6	59.4
10. Households using clean fuel for cooking[3] (%)	60.1	54.6
11. Households using iodized salt (%)	95.3	96.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	81.5	28.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	19.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	72.4	na
15. Women with 10 or more years of schooling (%)	47.9	38.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	23.1	29.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	3.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.8	6.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	91.8	73.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	76.9	66.7
21. Any modern method[6] (%)	66.7	63.6
22. Female sterilization (%)	44.8	45.1
23. Male sterilization (%)	0.4	0.5
24. IUD/PPIUD (%)	1.7	1.1
25. Pill (%)	2.0	3.7
26. Condom (%)	16.9	12.8
27. Injectables (%)	0.4	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.4	13.4
29. Unmet need for spacing[7] (%)	2.8	6.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.2	19.3
31. Current users ever told about side effects of current method[8] (%)	58.8	51.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jaipur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	81.3	71.4
33. Mothers who had at least 4 antenatal care visits (%)	53.5	58.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.5	92.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	20.6	31.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.9	13.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.6	89.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.4	74.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,252	2,365
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.2)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.3	93.9
43. Institutional births in public facility (%)	67.0	55.5
44. Home births that were conducted by skilled health personnel[10] (%)	1.2	1.7
45. Births attended by skilled health personnel[10] (%)	98.0	95.2
46. Births delivered by caesarean section (%)	18.0	15.5
47. Births in a private health facility that were delivered by caesarean section (%)	25.0	20.2
48. Births in a public health facility that were delivered by caesarean section (%)	15.6	14.0
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] (%)	89.3	58.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	96.8	82.2
51. Children age 12-23 months who have received BCG (%)	98.6	98.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	89.3	67.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	97.1	76.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	98.6	87.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	89.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	97.1	49.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	62.3	55.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.3	89.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.7	11.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.3	13.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	60.6
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	17.7
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	77.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.6	4.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(79.4)	83.8

[9]Includes 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.

Jaipur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	40.7	26.5
68. Children under age 6 months exclusively breastfed[16] (%)	(67.8)	72.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(42.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	5.2	2.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(2.9)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.8	2.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	25.0	35.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	14.6	12.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.2	4.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	20.8	25.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.0	2.0
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] (%)	16.6	22.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	18.1	17.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	71.3	49.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	54.4	27.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(43.7)	30.0
84. All women age 15-49 years who are anaemic[22] (%)	54.1	27.1
85. All women age 15-19 years who are anaemic[22] (%)	53.6	29.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.2	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] (%)	7.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.8	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] (%)	8.5	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) (%)	9.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.1	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 (%)	6.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	33.1	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	7.7	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

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District Fact Sheet

Jaisalmer
Rajasthan

(स्थापना / Established in 1956)
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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 and trends for Jaisalmer. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Jaisalmer, information was gathered from 979 households, 1,537 women, and 237 men.

Jaisalmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	61.7	45.2
2. Population below age 15 years (%)	32.9	39.8
3. Sex ratio of the total population (females per 1,000 males)	987	916
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	818	824
5. Children under age 5 years whose birth was registered with the civil authority (%)	91.3	52.7
6. Deaths in the last 3 years registered with the civil authority (%)	83.1	na
7. Population living in households with electricity (%)	97.3	75.9
8. Population living in households with an improved drinking-water source[1] (%)	95.2	93.7
9. Population living in households that use an improved sanitation facility[2] (%)	75.7	37.4
10. Households using clean fuel for cooking[3] (%)	30.9	17.1
11. Households using iodized salt (%)	93.0	90.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	93.7	31.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	62.2	na
15. Women with 10 or more years of schooling (%)	18.7	9.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.9	48.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.5	4.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.0	8.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	82.8	34.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	83.0	53.5
21. Any modern method[6] (%)	68.2	45.0
22. Female sterilization (%)	49.3	36.6
23. Male sterilization (%)	0.3	0.1
24. IUD/PPIUD (%)	1.5	0.8
25. Pill (%)	3.3	1.4
26. Condom (%)	12.5	5.6
27. Injectables (%)	0.9	0.5
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.6	13.5
29. Unmet need for spacing[7] (%)	2.8	8.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.5	11.3
31. Current users ever told about side effects of current method[8] (%)	54.4	42.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jaisalmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	64.6	40.9
33. Mothers who had at least 4 antenatal care visits (%)	47.6	18.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.2	75.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	37.5	10.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.1	5.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.4	78.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.1	43.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,110	1,473
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(3.7)	1.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.0	49.8
43. Institutional births in public facility (%)	81.1	42.2
44. Home births that were conducted by skilled health personnel[10] (%)	3.8	12.7
45. Births attended by skilled health personnel[10] (%)	93.6	62.0
46. Births delivered by caesarean section (%)	9.3	4.6
47. Births in a private health facility that were delivered by caesarean section (%)	23.9	(38.3)
48. Births in a public health facility that were delivered by caesarean section (%)	8.9	4.0
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] (%)	72.0	38.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	74.7	(65.7)
51. Children age 12-23 months who have received BCG (%)	89.8	81.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	76.1	53.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.3	55.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.3	56.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	46.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	78.3	40.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	70.7	28.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.8	88.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.1	5.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.7	7.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(61.7)	(55.2)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(25.3)	(10.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(70.6)	(73.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.1	2.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	71.3	90.4

[9]Includes 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.

Jaisalmer, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	36.4	30.9
68. Children under age 6 months exclusively breastfed[16] (%)	63.2	55.6
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(24.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.4	4.2
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] (%)	6.1	4.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	25.5	37.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	25.0	21.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	13.8	10.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.7	37.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.7	0.9
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] (%)	16.3	25.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	11.2	12.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	58.6	42.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	44.7	32.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(35.5)	48.0
84. All women age 15-49 years who are anaemic[22] (%)	44.4	33.6
85. All women age 15-19 years who are anaemic[22] (%)	53.8	32.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	2.7	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	4.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.8	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) (%)	6.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	9.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.8	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 (%)	5.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.9	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	10.5	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Jalor
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Jalor. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Jalor, information was gathered from 927 households, 1,318 women, and 193 men.

Jalor Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	59.5	47.4
2. Population below age 15 years (%)	31.1	34.6
3. Sex ratio of the total population (females per 1,000 males)	982	957
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	769	883
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.6	64.9
6. Deaths in the last 3 years registered with the civil authority (%)	94.0	na
7. Population living in households with electricity (%)	98.4	82.4
8. Population living in households with an improved drinking-water source[1] (%)	98.3	93.6
9. Population living in households that use an improved sanitation facility[2] (%)	77.4	39.9
10. Households using clean fuel for cooking[3] (%)	36.5	27.1
11. Households using iodized salt (%)	97.0	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	96.6	9.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	60.4	na
15. Women with 10 or more years of schooling (%)	22.2	12.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	23.3	32.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.4	5.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.9	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	79.8	39.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	54.2	59.0
21. Any modern method[6] (%)	46.2	48.8
22. Female sterilization (%)	34.2	41.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.5	0.5
25. Pill (%)	2.1	1.8
26. Condom (%)	8.7	4.8
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	14.8	13.1
29. Unmet need for spacing[7] (%)	6.9	6.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.2	14.0
31. Current users ever told about side effects of current method[8] (%)	75.7	24.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jalor, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	82.1	55.0
33. Mothers who had at least 4 antenatal care visits (%)	71.2	31.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.8	81.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	38.0	21.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	15.2	8.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.0	87.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.6	66.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,460	927
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 (%)	87.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.5	83.9
43. Institutional births in public facility (%)	73.7	44.5
44. Home births that were conducted by skilled health personnel[10] (%)	1.3	4.0
45. Births attended by skilled health personnel[10] (%)	94.8	87.9
46. Births delivered by caesarean section (%)	4.1	5.9
47. Births in a private health facility that were delivered by caesarean section (%)	13.5	13.1
48. Births in a public health facility that were delivered by caesarean section (%)	1.5	1.7
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] (%)	78.0	35.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	82.4	(70.4)
51. Children age 12-23 months who have received BCG (%)	97.4	74.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	84.5	44.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.3	46.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.7	52.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	62.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.3	34.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.7	38.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.7	84.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.3	14.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.2	4.6
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 (%)	1.7	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 (%)	*	(87.9)

[9]Includes 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.

Jalor, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	43.3	24.0
68. Children under age 6 months exclusively breastfed[16] (%)	78.6	56.2
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(27.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	5.8	1.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(0.0)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.0	0.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	44.3	45.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	12.1	27.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.8	9.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	36.5	42.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.0	2.4
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] (%)	19.7	31.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	4.3	9.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	55.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	66.3	67.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.8	59.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	43.5	46.5
84. All women age 15-49 years who are anaemic[22] (%)	59.9	58.7
85. All women age 15-19 years who are anaemic[22] (%)	73.8	60.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.3	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] (%)	9.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.8	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) (%)	1.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	10.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	11.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.1	na
99. Ever undergone a breast examination for breast cancer (%)	0.1	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.1	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 (%)	6.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.2	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	9.9	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

JHALAWAR
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Jhalawar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Jhalawar, information was gathered from 977 households, 1,209 women, and 177 men.

Jhalawar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	55.6	53.4
2. Population below age 15 years (%)	25.7	28.4
3. Sex ratio of the total population (females per 1,000 males)	977	948
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	905	807
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.0	78.4
6. Deaths in the last 3 years registered with the civil authority (%)	76.2	na
7. Population living in households with electricity (%)	99.3	96.1
8. Population living in households with an improved drinking-water source[1] (%)	92.4	85.3
9. Population living in households that use an improved sanitation facility[2] (%)	62.1	37.3
10. Households using clean fuel for cooking[3] (%)	33.8	25.5
11. Households using iodized salt (%)	95.5	96.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	93.6	11.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	54.3	na
15. Women with 10 or more years of schooling (%)	22.4	20.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	37.8	36.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	1.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.6	3.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	62.1	39.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	74.4	68.2
21. Any modern method[6] (%)	67.8	60.0
22. Female sterilization (%)	49.3	47.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.4	0.4
25. Pill (%)	1.9	2.0
26. Condom (%)	13.8	10.2
27. Injectables (%)	0.7	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.8	9.4
29. Unmet need for spacing[7] (%)	4.3	4.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.4	18.0
31. Current users ever told about side effects of current method[8] (%)	67.2	38.6

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jhalawar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	89.9	66.0
33. Mothers who had at least 4 antenatal care visits (%)	72.3	36.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.9	97.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	30.3	19.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.1	8.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.8	98.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.7	74.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,692	846
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 (%)	91.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.3	93.9
43. Institutional births in public facility (%)	92.2	88.0
44. Home births that were conducted by skilled health personnel[10] (%)	0.5	1.4
45. Births attended by skilled health personnel[10] (%)	98.5	95.3
46. Births delivered by caesarean section (%)	8.6	7.7
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 (%)	6.6	6.9
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] (%)	81.5	75.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	92.0	(82.5)
51. Children age 12-23 months who have received BCG (%)	98.8	96.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	83.9	77.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.8	82.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.6	91.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	77.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	89.3	72.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.8	66.1
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	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 (%)	5.1	1.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(59.3)	*

[9]Includes 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.

Jhalawar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	59.3	33.2
68. Children under age 6 months exclusively breastfed[16] (%)	(77.1)	(60.6)
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] (%)	6.0	1.2
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] (%)	5.8	1.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	34.0	38.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	29.0	31.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	14.0	13.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	38.1	47.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.4	0.8
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] (%)	19.8	28.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	8.6	8.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	73.1	76.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	51.7	58.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(48.5)	(69.6)
84. All women age 15-49 years who are anaemic[22] (%)	51.5	58.8
85. All women age 15-19 years who are anaemic[22] (%)	56.9	57.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.4	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.8	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) (%)	9.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	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 (%)	17.3	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 (%)	0.0	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)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.4	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	15.1	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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).
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[22]Haemoglobin 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.
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सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Jhunjhunun
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
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This fact sheet provides information on key indicators and trends for Jhunjhunun. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Jhunjhunun, information was gathered from 976 households, 1,388 women, and 186 men.

Jhunjhunun, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	66.8	60.7
2. Population below age 15 years (%)	24.8	27.0
3. Sex ratio of the total population (females per 1,000 males)	1,063	1,020
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	946	891
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.2	77.1
6. Deaths in the last 3 years registered with the civil authority (%)	77.6	na
7. Population living in households with electricity (%)	99.0	96.2
8. Population living in households with an improved drinking-water source[1] (%)	98.4	97.8
9. Population living in households that use an improved sanitation facility[2] (%)	79.0	66.8
10. Households using clean fuel for cooking[3] (%)	55.5	51.0
11. Households using iodized salt (%)	94.9	96.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	86.1	23.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	74.4	na
15. Women with 10 or more years of schooling (%)	45.2	38.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.1	23.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	1.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.8	4.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	93.6	78.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	77.8	63.7
21. Any modern method[6] (%)	69.1	58.7
22. Female sterilization (%)	48.3	47.3
23. Male sterilization (%)	1.0	0.7
24. IUD/PPIUD (%)	0.5	1.0
25. Pill (%)	4.0	1.9
26. Condom (%)	14.4	7.7
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.1	12.7
29. Unmet need for spacing[7] (%)	3.7	5.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	26.8	21.7
31. Current users ever told about side effects of current method[8] (%)	52.3	51.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jhunjhunun, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	80.1	63.3
33. Mothers who had at least 4 antenatal care visits (%)	49.2	45.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.6	94.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	38.8	30.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.5	6.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.9	94.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.6	71.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,435	882
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 (%)	86.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.1	96.9
43. Institutional births in public facility (%)	64.8	59.4
44. Home births that were conducted by skilled health personnel[10] (%)	1.5	1.0
45. Births attended by skilled health personnel[10] (%)	98.6	98.0
46. Births delivered by caesarean section (%)	13.7	6.5
47. Births in a private health facility that were delivered by caesarean section (%)	30.4	14.7
48. Births in a public health facility that were delivered by caesarean section (%)	5.9	1.7
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] (%)	88.7	65.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	88.0	(72.3)
51. Children age 12-23 months who have received BCG (%)	98.5	94.6
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	90.2	75.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	96.0	82.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.6	89.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	52.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.3	62.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	62.9	53.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.4	97.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.6	1.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.7	7.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(64.8)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(6.4)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(86.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.1	2.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(89.6)

[9]Includes 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.

Jhunjhunun, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	43.3	26.9
68. Children under age 6 months exclusively breastfed[16] (%)	(83.5)	(89.1)
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] (%)	11.4	5.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(2.8)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	10.7	4.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	20.9	32.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.9	13.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.1	5.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	19.6	19.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.9	5.1
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] (%)	20.0	19.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	19.0	17.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	77.2	46.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	55.5	38.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(50.7)	(27.7)
84. All women age 15-49 years who are anaemic[22] (%)	55.4	38.3
85. All women age 15-19 years who are anaemic[22] (%)	57.0	39.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	2.9	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] (%)	6.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.6	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] (%)	8.2	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) (%)	12.5	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 control blood pressure (%)	20.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.7	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 (%)	5.9	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 (%)	0.7	na
104. Men age 15 years and above who consume alcohol (%)	12.4	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Jodhpur
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Jodhpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Jodhpur, information was gathered from 978 households, 1,535 women, and 239 men.

Jodhpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.8	58.0
2. Population below age 15 years (%)	30.3	31.9
3. Sex ratio of the total population (females per 1,000 males)	1,042	952
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	872	870
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1	68.4
6. Deaths in the last 3 years registered with the civil authority (%)	83.3	na
7. Population living in households with electricity (%)	98.4	91.1
8. Population living in households with an improved drinking-water source[1] (%)	96.5	98.1
9. Population living in households that use an improved sanitation facility[2] (%)	75.4	52.2
10. Households using clean fuel for cooking[3] (%)	56.1	44.8
11. Households using iodized salt (%)	94.5	88.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	87.5	17.6
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] (%)	67.4	na
15. Women with 10 or more years of schooling (%)	34.6	25.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.1	34.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.6	4.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.1	8.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	89.5	55.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	78.9	61.2
21. Any modern method[6] (%)	66.4	55.8
22. Female sterilization (%)	41.0	39.3
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	1.6	1.8
25. Pill (%)	4.8	3.1
26. Condom (%)	18.0	10.8
27. Injectables (%)	0.3	0.6
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.7	11.4
29. Unmet need for spacing[7] (%)	3.2	4.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	21.5	15.3
31. Current users ever told about side effects of current method[8] (%)	70.8	49.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jodhpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	71.9	60.5
33. Mothers who had at least 4 antenatal care visits (%)	56.7	40.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.4	86.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	46.3	14.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	24.4	2.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.4	91.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.6	59.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,286	22,172
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 days of delivery (%)	83.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.0	72.7
43. Institutional births in public facility (%)	73.9	57.4
44. Home births that were conducted by skilled health personnel[10] (%)	3.1	5.8
45. Births attended by skilled health personnel[10] (%)	92.6	78.0
46. Births delivered by caesarean section (%)	13.6	10.1
47. Births in a private health facility that were delivered by caesarean section (%)	35.1	29.8
48. Births in a public health facility that were delivered by caesarean section (%)	10.8	9.6
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] (%)	81.2	42.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	77.0	68.5
51. Children age 12-23 months who have received BCG (%)	94.1	84.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	87.2	57.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.9	63.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.0	75.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	23.4	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 (%)	84.1	41.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.8	52.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.3	93.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.7	6.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.3	6.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(88.6)	(51.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(17.0)	(24.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(85.0)	(54.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4	0.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.0)	80.2

[9]Includes 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.

Jodhpur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
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67. Children under age 3 years breastfed within one hour of birth[15] (%)	27.9	32.1
68. Children under age 6 months exclusively breastfed[16] (%)	64.7	49.3
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(67.2)	(43.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.1	4.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(0.0)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.5	3.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	32.6	40.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.3	23.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.0	9.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.4	38.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.5	2.1
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] (%)	16.9	20.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.3	18.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	64.4	63.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	44.2	44.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	23.6	40.8
84. All women age 15-49 years who are anaemic[22] (%)	43.4	44.3
85. All women age 15-19 years who are anaemic[22] (%)	50.1	45.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.1	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] (%)	6.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.8	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.5	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) (%)	8.7	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 (%)	13.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.5	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 (%)	0.3	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 (%)	6.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.6	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	7.5	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Karauli
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Karauli. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Karauli, information was gathered from 979 households, 1,167 women, and 176 men.

Karauli, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	56.5	54.7
2. Population below age 15 years (%)	32.1	33.5
3. Sex ratio of the total population (females per 1,000 males)	996	988
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	863	936
5. Children under age 5 years whose birth was registered with the civil authority (%)	88.9	50.8
6. Deaths in the last 3 years registered with the civil authority (%)	65.5	na
7. Population living in households with electricity (%)	98.7	94.8
8. Population living in households with an improved drinking-water source[1] (%)	94.8	88.4
9. Population living in households that use an improved sanitation facility[2] (%)	49.9	22.1
10. Households using clean fuel for cooking[3] (%)	24.2	14.0
11. Households using iodized salt (%)	84.7	87.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	86.4	24.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	53.3	na
15. Women with 10 or more years of schooling (%)	22.7	19.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	33.5	49.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.2	6.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.0	10.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	73.8	47.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.7	56.0
21. Any modern method[6] (%)	61.2	47.9
22. Female sterilization (%)	49.5	41.1
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	1.0	0.8
25. Pill (%)	1.5	1.0
26. Condom (%)	7.5	4.8
27. Injectables (%)	0.7	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.9	13.6
29. Unmet need for spacing[7] (%)	3.6	6.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	22.4	19.2
31. Current users ever told about side effects of current method[8] (%)	60.3	55.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Karauli, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	65.0	47.6
33. Mothers who had at least 4 antenatal care visits (%)	42.0	29.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.5	85.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	14.1	11.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	2.2	3.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.4	88.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.4	56.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,987	1,781
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 (%)	87.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.6	88.3
43. Institutional births in public facility (%)	76.9	60.3
44. Home births that were conducted by skilled health personnel[10] (%)	0.2	1.4
45. Births attended by skilled health personnel[10] (%)	97.6	83.6
46. Births delivered by caesarean section (%)	2.8	7.6
47. Births in a private health facility that were delivered by caesarean section (%)	6.3	18.3
48. Births in a public health facility that were delivered by caesarean section (%)	1.9	4.1
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] (%)	88.9	54.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	93.1	(68.1)
51. Children age 12-23 months who have received BCG (%)	98.2	92.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	91.2	67.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	95.9	66.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	95.9	79.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	20.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	70.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	95.9	47.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.7	49.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.4	95.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.6	3.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.4	9.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(67.0)	(60.7)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(30.7)	(14.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(59.3)	(78.0)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4	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 (%)	74.7	75.5

[9]Includes 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.

Karauli, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	38.4	38.8
68. Children under age 6 months exclusively breastfed[16] (%)	(81.3)	(64.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(30.6)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.2	1.7
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] (%)	6.3	2.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	37.6	45.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	26.6	18.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	10.6	5.8
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	37.3	35.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.3	1.6
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] (%)	23.0	32.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.5	10.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	47.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	75.9	52.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.1	38.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(70.1)	34.8
84. All women age 15-49 years who are anaemic[22] (%)	61.5	38.1
85. All women age 15-19 years who are anaemic[22] (%)	60.5	36.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.7	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	6.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.8	na
Hypertension among Adults (age 15 years and above)		
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92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.7	na
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Men		
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Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	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 (%)	17.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	51.6	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	7.0	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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).
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National Family Health Survey - 5

2019-21

District Fact Sheet

Kota

Rajasthan

(स्थापना / Established in 1956)
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This fact sheet provides information on key indicators and trends for Kota. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Kota, information was gathered from 979 households, 1,278 women, and 158 men.

Kota, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	74.7	70.4
2. Population below age 15 years (%)	23.9	26.7
3. Sex ratio of the total population (females per 1,000 males)	981	942
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	870	829
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.1	75.9
6. Deaths in the last 3 years registered with the civil authority (%)	84.4	na
7. Population living in households with electricity (%)	99.4	98.6
8. Population living in households with an improved drinking-water source[1] (%)	99.6	98.2
9. Population living in households that use an improved sanitation facility[2] (%)	79.0	52.4
10. Households using clean fuel for cooking[3] (%)	72.3	60.0
11. Households using iodized salt (%)	96.0	98.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	80.9	23.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	76.5	na
15. Women with 10 or more years of schooling (%)	44.0	35.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.2	19.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.8	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.5	1.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	83.3	55.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	77.2	71.3
21. Any modern method[6] (%)	68.3	62.0
22. Female sterilization (%)	39.9	41.8
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	2.1	1.2
25. Pill (%)	2.5	2.5
26. Condom (%)	22.7	16.3
27. Injectables (%)	0.8	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.6	7.1
29. Unmet need for spacing[7] (%)	2.7	3.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.1	23.6
31. Current users ever told about side effects of current method[8] (%)	59.5	63.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kota, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	88.0	85.5
33. Mothers who had at least 4 antenatal care visits (%)	81.3	58.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.8	95.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	37.3	31.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.9	11.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7	93.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	88.8	74.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,647	1,050
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.1)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.9	92.1
43. Institutional births in public facility (%)	77.8	66.0
44. Home births that were conducted by skilled health personnel[10] (%)	0.5	1.0
45. Births attended by skilled health personnel[10] (%)	99.0	92.9
46. Births delivered by caesarean section (%)	20.7	15.2
47. Births in a private health facility that were delivered by caesarean section (%)	35.6	35.4
48. Births in a public health facility that were delivered by caesarean section (%)	17.4	9.0
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] (%)	84.4	71.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	85.2	72.6
51. Children age 12-23 months who have received BCG (%)	98.4	97.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	86.3	78.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.8	85.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	95.3	86.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	25.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	71.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.3	70.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.6	44.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.7	90.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.4	9.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.4	4.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(65.2)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(41.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(73.2)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.4	0.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	62.1	(74.0)

[9]Includes 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.

Kota, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	47.9	31.8
68. Children under age 6 months exclusively breastfed[16] (%)	(77.6)	(42.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(36.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.3	0.5
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] (%)	9.3	2.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	29.5	32.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.8	27.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.9	7.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	26.4	39.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.3	1.2
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] (%)	15.5	26.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.0	20.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	57.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	66.7	73.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	51.8	59.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(49.5)	57.0
84. All women age 15-49 years who are anaemic[22] (%)	51.8	59.6
85. All women age 15-19 years who are anaemic[22] (%)	59.5	65.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	1.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	5.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.8	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) (%)	2.8	na
94. 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
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.2	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 (%)	0.7	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 (%)	9.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.2	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	12.6	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

NAGAUR
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Nagaur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Nagaur, information was gathered from 985 households, 1,601 women, and 221 men.

Nagaur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	62.9	52.7
2. Population below age 15 years (%)	27.6	29.5
3. Sex ratio of the total population (females per 1,000 males)	1,055	1,011
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	817	820
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.7	70.2
6. Deaths in the last 3 years registered with the civil authority (%)	86.7	na
7. Population living in households with electricity (%)	99.0	90.6
8. Population living in households with an improved drinking-water source[1] (%)	96.9	90.4
9. Population living in households that use an improved sanitation facility[2] (%)	79.0	54.8
10. Households using clean fuel for cooking[3] (%)	45.7	24.4
11. Households using iodized salt (%)	92.3	88.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	90.0	29.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	67.2	na
15. Women with 10 or more years of schooling (%)	32.3	23.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.2	42.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.9	7.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	86.6	58.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	83.4	54.7
21. Any modern method[6] (%)	69.3	52.4
22. Female sterilization (%)	40.9	43.2
23. Male sterilization (%)	0.2	0.1
24. IUD/PPIUD (%)	1.4	1.0
25. Pill (%)	6.6	2.2
26. Condom (%)	19.4	5.6
27. Injectables (%)	0.5	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.4	14.9
29. Unmet need for spacing[7] (%)	2.2	6.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	22.2	21.8
31. Current users ever told about side effects of current method[8] (%)	64.6	41.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Nagaur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	77.1	52.6
33. Mothers who had at least 4 antenatal care visits (%)	46.2	42.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.4	87.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	40.6	11.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.0	2.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5	91.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.8	67.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,450	9,395
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 (%)	85.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.0	87.0
43. Institutional births in public facility (%)	77.0	67.4
44. Home births that were conducted by skilled health personnel[10] (%)	1.7	4.4
45. Births attended by skilled health personnel[10] (%)	96.9	90.9
46. Births delivered by caesarean section (%)	8.9	8.3
47. Births in a private health facility that were delivered by caesarean section (%)	23.9	22.2
48. Births in a public health facility that were delivered by caesarean section (%)	5.4	5.8
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] (%)	80.6	44.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	93.4	(67.3)
51. Children age 12-23 months who have received BCG (%)	95.3	83.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	82.7	62.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.0	62.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.0	76.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	42.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.2	39.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	66.0	51.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.7	99.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.6	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 (%)	1.3	2.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(67.1)	(65.7)

[9]Includes 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.

Nagaur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	28.9	22.8
68. Children under age 6 months exclusively breastfed[16] (%)	69.0	(71.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(19.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.1	5.4
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] (%)	7.3	6.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	31.5	39.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.2	18.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.8	7.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	26.2	31.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.7	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] (%)	18.9	25.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.0	14.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	65.1	50.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	45.6	38.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(33.2)	34.7
84. All women age 15-49 years who are anaemic[22] (%)	45.3	38.2
85. All women age 15-19 years who are anaemic[22] (%)	55.2	40.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	6.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.6	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.9	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) (%)	10.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.1	na
99. Ever undergone a breast examination for breast cancer (%)	0.1	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.1	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 (%)	5.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.0	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	7.5	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Pali

Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Pali. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Pali, information was gathered from 929 households, 1,236 women, and 159 men.

Pali, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.1	56.7
2. Population below age 15 years (%)	27.3	30.1
3. Sex ratio of the total population (females per 1,000 males)	1,085	1,056
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	998	875
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.0	71.3
6. Deaths in the last 3 years registered with the civil authority (%)	90.4	na
7. Population living in households with electricity (%)	99.7	95.7
8. Population living in households with an improved drinking-water source[1] (%)	96.2	92.3
9. Population living in households that use an improved sanitation facility[2] (%)	81.8	51.4
10. Households using clean fuel for cooking[3] (%)	53.1	40.8
11. Households using iodized salt (%)	96.2	97.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	96.2	32.8
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] (%)	74.4	na
15. Women with 10 or more years of schooling (%)	36.6	19.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.8	31.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.4	4.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.2	3.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	94.1	53.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	57.8	57.1
21. Any modern method[6] (%)	47.6	46.7
22. Female sterilization (%)	33.5	34.6
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	1.1	1.0
25. Pill (%)	2.9	2.3
26. Condom (%)	9.1	8.7
27. Injectables (%)	0.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	12.9	12.3
29. Unmet need for spacing[7] (%)	5.2	5.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.6	24.4
31. Current users ever told about side effects of current method[8] (%)	65.1	48.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Pali, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	69.3	67.1
33. Mothers who had at least 4 antenatal care visits (%)	45.0	47.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.5	93.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.8	16.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	20.0	5.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.5	92.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	96.4	52.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,269	904
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 (%)	94.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.8	83.1
43. Institutional births in public facility (%)	82.4	67.4
44. Home births that were conducted by skilled health personnel[10] (%)	0.3	2.5
45. Births attended by skilled health personnel[10] (%)	98.5	85.5
46. Births delivered by caesarean section (%)	10.2	8.8
47. Births in a private health facility that were delivered by caesarean section (%)	39.9	32.1
48. Births in a public health facility that were delivered by caesarean section (%)	4.4	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] (%)	90.2	57.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	89.2	(60.8)
51. Children age 12-23 months who have received BCG (%)	100.0	93.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	91.5	69.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.1	68.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	97.4	75.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	61.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.6	55.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.7	35.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	95.8
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 (%)	6.3	5.3
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 (%)	1.3	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 (%)	(88.1)	(73.0)

[9]Includes 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.

Pali, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	38.5	30.5
68. Children under age 6 months exclusively breastfed[16] (%)	(48.9)	(48.8)
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] (%)	6.1	3.4
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] (%)	5.5	3.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	35.9	44.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.3	21.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.4	6.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.9	41.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.9	1.6
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] (%)	16.3	32.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	8.1	14.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	65.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	72.6	53.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.7	48.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	42.1	61.6
84. All women age 15-49 years who are anaemic[22] (%)	58.8	49.0
85. All women age 15-19 years who are anaemic[22] (%)	69.7	53.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.4	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.8	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) (%)	8.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.9	na
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Men		
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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	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 (%)	4.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	40.1	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	9.0	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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).
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[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

PRATAPGARH
RAJASTHAN

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
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Introduction

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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 Pratapgarh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Pratapgarh, information was gathered from 978 households, 1,199 women, and 177 men.

Pratapgarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	57.0	48.7
2. Population below age 15 years (%)	30.7	32.7
3. Sex ratio of the total population (females per 1,000 males)	1,038	982
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	919	796
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.1	63.7
6. Deaths in the last 3 years registered with the civil authority (%)	71.0	na
7. Population living in households with electricity (%)	97.0	75.9
8. Population living in households with an improved drinking-water source[1] (%)	88.6	85.3
9. Population living in households that use an improved sanitation facility[2] (%)	46.3	16.3
10. Households using clean fuel for cooking[3] (%)	23.0	13.6
11. Households using iodized salt (%)	90.4	95.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	84.5	10.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	53.5	na
15. Women with 10 or more years of schooling (%)	23.5	16.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	30.9	41.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.9	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.2	4.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	67.6	28.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.0	63.6
21. Any modern method[6] (%)	61.8	54.6
22. Female sterilization (%)	46.1	44.4
23. Male sterilization (%)	0.5	0.0
24. IUD/PPIUD (%)	1.0	1.0
25. Pill (%)	1.8	2.0
26. Condom (%)	11.9	7.0
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.0	9.1
29. Unmet need for spacing[7] (%)	3.1	5.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.5	15.4
31. Current users ever told about side effects of current method[8] (%)	76.0	26.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Pratapgarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	75.1	54.2
33. Mothers who had at least 4 antenatal care visits (%)	52.9	30.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.2	94.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	17.0	30.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	2.7	12.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7	91.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	94.0	69.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,213	758
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.7)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.4	89.5
43. Institutional births in public facility (%)	92.3	84.3
44. Home births that were conducted by skilled health personnel[10] (%)	0.5	1.5
45. Births attended by skilled health personnel[10] (%)	97.1	90.8
46. Births delivered by caesarean section (%)	3.6	2.7
47. Births in a private health facility that were delivered by caesarean section (%)	*	(35.6)
48. Births in a public health facility that were delivered by caesarean section (%)	1.8	1.0
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] (%)	75.8	66.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	88.7	75.4
51. Children age 12-23 months who have received BCG (%)	96.5	97.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	81.1	73.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	97.2	79.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.9	83.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	67.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	97.2	59.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.1	52.7
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 (%)	5.0	6.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(70.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(14.3)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(86.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.8	2.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(88.7)

[9]Includes 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.

Pratapgarh, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	56.6	30.1
68. Children under age 6 months exclusively breastfed[16] (%)	(78.6)	44.7
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(7.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.8	0.9
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] (%)	8.0	0.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	29.0	46.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	24.9	38.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	11.5	15.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.8	54.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.9	1.6
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] (%)	24.1	35.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	5.9	7.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	65.8	75.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	53.0	64.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(56.2)	(46.3)
84. All women age 15-49 years who are anaemic[22] (%)	53.1	63.3
85. All women age 15-19 years who are anaemic[22] (%)	54.9	65.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	1.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	5.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.9	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) (%)	11.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	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) (%)	13.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.7	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 (%)	2.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	37.8	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	18.0	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Rajsamand
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Rajsamand. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Rajsamand, information was gathered from 919 households, 1,153 women, and 152 men.

Rajsamand, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.2	55.6
2. Population below age 15 years (%)	27.6	30.6
3. Sex ratio of the total population (females per 1,000 males)	1,065	1,001
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	800	780
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.5	77.5
6. Deaths in the last 3 years registered with the civil authority (%)	79.1	na
7. Population living in households with electricity (%)	98.9	96.2
8. Population living in households with an improved drinking-water source[1] (%)	94.8	83.6
9. Population living in households that use an improved sanitation facility[2] (%)	72.1	32.1
10. Households using clean fuel for cooking[3] (%)	37.1	25.1
11. Households using iodized salt (%)	97.5	94.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	93.2	8.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	67.7	na
15. Women with 10 or more years of schooling (%)	33.9	22.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	27.5	44.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	3.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.2	4.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	77.9	48.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	56.6	61.2
21. Any modern method[6] (%)	50.7	52.3
22. Female sterilization (%)	36.9	32.2
23. Male sterilization (%)	0.0	0.3
24. IUD/PPIUD (%)	1.0	1.7
25. Pill (%)	1.9	5.8
26. Condom (%)	10.0	12.4
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	14.7	13.5
29. Unmet need for spacing[7] (%)	7.4	6.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	22.0	11.9
31. Current users ever told about side effects of current method[8] (%)	54.4	40.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Rajsamand, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	84.8	70.1
33. Mothers who had at least 4 antenatal care visits (%)	60.7	39.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.4	94.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	46.3	8.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.9	1.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.7	95.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.6	72.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,413	1,507
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 (%)	79.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.1	84.7
43. Institutional births in public facility (%)	84.3	67.1
44. Home births that were conducted by skilled health personnel[10] (%)	1.1	3.0
45. Births attended by skilled health personnel[10] (%)	95.7	87.4
46. Births delivered by caesarean section (%)	9.0	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	(43.3)	20.0
48. Births in a public health facility that were delivered by caesarean section (%)	5.2	6.9
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] (%)	71.7	60.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	76.6	(63.0)
51. Children age 12-23 months who have received BCG (%)	85.3	97.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	79.1	69.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.3	78.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.7	83.8
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] (%)	52.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.3	58.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.3	22.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	94.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.2	11.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(89.2)	(67.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(68.2)	(10.4)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(78.6)	(87.5)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.2	0.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(63.0)	(88.9)

[9]Includes 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.

Rajsamand, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	44.1	14.6
68. Children under age 6 months exclusively breastfed[16] (%)	(73.4)	(64.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(26.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.0	0.9
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] (%)	7.6	1.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	30.3	38.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.6	28.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	10.2	11.8
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	23.7	38.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.5	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] (%)	18.1	28.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	8.3	12.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	56.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	84.3	75.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.6	61.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(52.3)	(65.8)
84. All women age 15-49 years who are anaemic[22] (%)	58.4	62.0
85. All women age 15-19 years who are anaemic[22] (%)	63.3	65.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.9	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] (%)	6.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.4	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.9	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) (%)	8.6	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 (%)	15.1	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) (%)	2.1	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 (%)	0.0	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 (%)	4.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.6	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	11.6	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Sawai Madhopur

Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Sawai Madhopur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Sawai Madhopur, information was gathered from 934 households, 1,118 women, and 177 men.

Sawai Madhopur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	57.4	51.7
2. Population below age 15 years (%)	28.9	32.5
3. Sex ratio of the total population (females per 1,000 males)	999	1,001
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	849	850
5. Children under age 5 years whose birth was registered with the civil authority (%)	79.4	59.7
6. Deaths in the last 3 years registered with the civil authority (%)	63.0	na
7. Population living in households with electricity (%)	95.5	86.6
8. Population living in households with an improved drinking-water source[1] (%)	92.5	88.2
9. Population living in households that use an improved sanitation facility[2] (%)	71.2	36.8
10. Households using clean fuel for cooking[3] (%)	29.1	17.9
11. Households using iodized salt (%)	92.5	88.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	80.5	31.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	11.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	55.7	na
15. Women with 10 or more years of schooling (%)	28.3	14.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	35.4	47.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.0	5.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.9	9.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	78.2	41.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	58.7	50.4
21. Any modern method[6] (%)	50.2	46.2
22. Female sterilization (%)	37.1	36.7
23. Male sterilization (%)	0.1	0.2
24. IUD/PPIUD (%)	0.3	0.7
25. Pill (%)	2.4	2.4
26. Condom (%)	9.4	5.2
27. Injectables (%)	0.4	1.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	11.5	15.6
29. Unmet need for spacing[7] (%)	5.3	6.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	15.4	18.3
31. Current users ever told about side effects of current method[8] (%)	49.2	35.8

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sawai Madhopur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	65.4	57.5
33. Mothers who had at least 4 antenatal care visits (%)	47.3	33.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	82.5	84.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	24.6	8.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	5.8	3.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.3	88.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.2	59.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,083	1,679
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 (%)	82.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.4	87.4
43. Institutional births in public facility (%)	83.2	68.9
44. Home births that were conducted by skilled health personnel[10] (%)	1.0	2.5
45. Births attended by skilled health personnel[10] (%)	97.8	89.4
46. Births delivered by caesarean section (%)	10.4	4.8
47. Births in a private health facility that were delivered by caesarean section (%)	17.9	13.5
48. Births in a public health facility that were delivered by caesarean section (%)	9.5	3.4
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] (%)	54.9	46.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(56.1)	(77.5)
51. Children age 12-23 months who have received BCG (%)	90.1	82.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	62.5	64.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	77.2	62.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	77.5	71.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	24.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	35.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	65.7	49.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	56.6	44.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	94.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.7	9.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(53.0)	(29.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(24.2)	(10.3)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(74.2)	(74.2)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.0	4.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	73.3	83.0

[9]Includes 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.

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Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
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67. Children under age 3 years breastfed within one hour of birth[15] (%)	48.2	32.9
68. Children under age 6 months exclusively breastfed[16] (%)	71.0	(57.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(31.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	11.6	4.3
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] (%)	10.4	5.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	26.9	39.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	22.0	16.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	11.1	5.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	24.2	34.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.4	1.0
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] (%)	25.8	30.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	11.1	11.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	73.3	49.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	57.6	39.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	55.9	30.8
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Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	5.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.4	na
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92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
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98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
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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 (%)	13.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.1	na
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104. Men age 15 years and above who consume alcohol (%)	7.3	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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).
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Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Sikar

Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
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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 Sikar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Sikar, information was gathered from 971 households, 1,458 women, and 203 men.

Sikar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.9	61.4
2. Population below age 15 years (%)	27.5	30.3
3. Sex ratio of the total population (females per 1,000 males)	1,061	1,015
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	770	938
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.3	67.7
6. Deaths in the last 3 years registered with the civil authority (%)	74.8	na
7. Population living in households with electricity (%)	99.2	96.7
8. Population living in households with an improved drinking-water source[1] (%)	99.4	98.9
9. Population living in households that use an improved sanitation facility[2] (%)	77.9	66.3
10. Households using clean fuel for cooking[3] (%)	58.4	42.8
11. Households using iodized salt (%)	94.5	94.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	82.4	17.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	71.8	na
15. Women with 10 or more years of schooling (%)	41.4	27.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.0	24.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3	2.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.0	3.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	94.0	83.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	75.2	59.8
21. Any modern method[6] (%)	63.3	56.0
22. Female sterilization (%)	38.6	41.6
23. Male sterilization (%)	0.4	0.1
24. IUD/PPIUD (%)	2.2	1.0
25. Pill (%)	4.7	3.7
26. Condom (%)	17.2	8.6
27. Injectables (%)	0.2	0.8
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	10.3	15.7
29. Unmet need for spacing[7] (%)	4.7	7.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.2	14.4
31. Current users ever told about side effects of current method[8] (%)	58.0	42.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sikar Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	75.9	81.3
33. Mothers who had at least 4 antenatal care visits (%)	50.4	49.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.9	95.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	45.1	16.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	25.8	6.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.2	92.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.5	73.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,927	2,386
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(4.7)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.8	92.0
43. Institutional births in public facility (%)	54.8	49.1
44. Home births that were conducted by skilled health personnel[10] (%)	1.1	3.7
45. Births attended by skilled health personnel[10] (%)	94.9	95.3
46. Births delivered by caesarean section (%)	17.2	10.9
47. Births in a private health facility that were delivered by caesarean section (%)	26.5	20.9
48. Births in a public health facility that were delivered by caesarean section (%)	11.7	3.9
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] (%)	70.0	56.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	71.3	(62.6)
51. Children age 12-23 months who have received BCG (%)	95.7	90.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.6	63.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.6	69.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.5	82.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	38.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	79.3	54.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.1	45.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.2	84.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.9	15.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.9	9.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(63.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(14.3)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(80.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.2	3.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(71.8)	89.9

[9]Includes 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.

Sikar, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	30.4	24.7
68. Children under age 6 months exclusively breastfed[16] (%)	(74.0)	(67.8)
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] (%)	10.7	4.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(4.5)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.0	4.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	23.1	28.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	12.8	11.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.3	4.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	18.3	20.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.1	4.5
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] (%)	21.4	23.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	19.6	18.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	61.5	48.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	44.3	32.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(32.9)	(32.1)
84. All women age 15-49 years who are anaemic[22] (%)	44.0	32.8
85. All women age 15-19 years who are anaemic[22] (%)	42.1	32.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	2.9	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] (%)	6.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.8	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) (%)	12.1	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 (%)	19.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.0	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 (%)	0.1	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)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.1	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	9.8	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Sirohi

Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Sirohi. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Sirohi, information was gathered from 951 households, 1,304 women, and 190 men.

Sirohi, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	59.4	48.3
2. Population below age 15 years (%)	29.5	33.5
3. Sex ratio of the total population (females per 1,000 males)	1,060	999
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,064	959
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.7	68.0
6. Deaths in the last 3 years registered with the civil authority (%)	65.8	na
7. Population living in households with electricity (%)	93.9	85.6
8. Population living in households with an improved drinking-water source[1] (%)	93.6	92.8
9. Population living in households that use an improved sanitation facility[2] (%)	54.1	38.2
10. Households using clean fuel for cooking[3] (%)	46.0	40.0
11. Households using iodized salt (%)	94.1	98.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	92.0	22.1
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] (%)	60.6	na
15. Women with 10 or more years of schooling (%)	25.7	14.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.0	31.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	2.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.4	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	74.2	42.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	67.9	47.5
21. Any modern method[6] (%)	61.5	40.1
22. Female sterilization (%)	43.0	29.3
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	2.5	1.1
25. Pill (%)	4.3	4.5
26. Condom (%)	10.3	5.1
27. Injectables (%)	1.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.9	14.4
29. Unmet need for spacing[7] (%)	3.7	6.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.1	15.4
31. Current users ever told about side effects of current method[8] (%)	71.7	39.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sirohi, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	73.1	54.2
33. Mothers who had at least 4 antenatal care visits (%)	69.5	31.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.3	87.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	42.5	18.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.4	6.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.7	89.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.1	74.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,614	1,216
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 (%)	91.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.7	84.2
43. Institutional births in public facility (%)	82.6	56.0
44. Home births that were conducted by skilled health personnel[10] (%)	1.1	1.8
45. Births attended by skilled health personnel[10] (%)	95.9	86.0
46. Births delivered by caesarean section (%)	6.6	5.8
47. Births in a private health facility that were delivered by caesarean section (%)	14.7	16.2
48. Births in a public health facility that were delivered by caesarean section (%)	5.7	2.2
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] (%)	86.4	47.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	95.6	(60.0)
51. Children age 12-23 months who have received BCG (%)	91.2	76.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	88.9	59.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.5	66.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.7	65.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	16.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	77.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.1	51.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.5	33.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	93.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	4.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.5	6.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(57.9)	(59.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(33.3)	(12.4)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(85.7)	(82.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.9	0.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(86.3)	(90.9)

[9]Includes 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.

Sirohi, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	50.1	28.6
68. Children under age 6 months exclusively breastfed[16] (%)	(73.8)	(39.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(29.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	5.0	5.8
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] (%)	4.3	5.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	30.7	42.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.4	36.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.8	15.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.2	50.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.5	0.9
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] (%)	17.7	34.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	7.9	10.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	76.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	75.8	69.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	65.3	60.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	42.2	56.5
84. All women age 15-49 years who are anaemic[22] (%)	64.0	59.8
85. All women age 15-19 years who are anaemic[22] (%)	72.2	61.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	1.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	5.1	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] (%)	2.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.6	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) (%)	10.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.7	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 (%)	0.0	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)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.7	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 (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	13.5	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed 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.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Tonk

Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future
International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Tonk. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Tonk, information was gathered from 966 households, 1,240 women, and 187 men.

Tonk, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	54.8	54.2
2. Population below age 15 years (%)	25.9	28.7
3. Sex ratio of the total population (females per 1,000 males)	987	987
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	969	880
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.5	79.3
6. Deaths in the last 3 years registered with the civil authority (%)	67.5	na
7. Population living in households with electricity (%)	97.8	97.9
8. Population living in households with an improved drinking-water source[1] (%)	90.9	91.3
9. Population living in households that use an improved sanitation facility[2] (%)	66.2	35.6
10. Households using clean fuel for cooking[3] (%)	24.1	21.5
11. Households using iodized salt (%)	96.9	96.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	84.5	23.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	55.2	na
15. Women with 10 or more years of schooling (%)	27.3	22.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	37.2	47.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.6	2.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.1	4.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	82.2	52.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	69.1	66.0
21. Any modern method[6] (%)	61.3	56.0
22. Female sterilization (%)	47.3	41.7
23. Male sterilization (%)	0.1	0.4
24. IUD/PPIUD (%)	1.3	1.4
25. Pill (%)	1.9	3.0
26. Condom (%)	9.0	9.4
27. Injectables (%)	0.6	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.7	9.9
29. Unmet need for spacing[7] (%)	4.4	5.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.5	22.3
31. Current users ever told about side effects of current method[8] (%)	51.1	59.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Tonk, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	78.8	74.7
33. Mothers who had at least 4 antenatal care visits (%)	66.2	49.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.6	94.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	33.5	19.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.6	4.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.8	97.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.5	85.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,303	805
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 (%)	88.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.4	93.4
43. Institutional births in public facility (%)	84.9	76.3
44. Home births that were conducted by skilled health personnel[10] (%)	0.5	2.4
45. Births attended by skilled health personnel[10] (%)	97.9	95.8
46. Births delivered by caesarean section (%)	12.9	6.2
47. Births in a private health facility that were delivered by caesarean section (%)	(36.9)	14.7
48. Births in a public health facility that were delivered by caesarean section (%)	9.7	4.9
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] (%)	75.3	75.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(80.3)	(83.6)
51. Children age 12-23 months who have received BCG (%)	94.4	98.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.2	82.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.5	92.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.7	93.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	32.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	60.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.8	74.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	52.8	49.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.6	98.6
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 (%)	8.6	4.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(52.6)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(28.0)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(79.2)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.7	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 (%)	72.8	(81.0)

[9]Includes 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.

Tonk, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	38.9	43.0
68. Children under age 6 months exclusively breastfed[16] (%)	(82.1)	(40.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(29.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.4	6.1
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] (%)	6.0	6.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	33.1	32.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.1	23.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	10.3	5.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.2	37.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.8	0.8
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] (%)	23.8	32.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.0	10.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	64.6	74.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	52.9	62.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(49.9)	(61.5)
84. All women age 15-49 years who are anaemic[22] (%)	52.8	62.5
85. All women age 15-19 years who are anaemic[22] (%)	59.6	66.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.0	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] (%)	5.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	6.5	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) (%)	9.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.8	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) (%)	14.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.1	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)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.6	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	12.1	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
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[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin 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.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Udaipur
Rajasthan

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (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 Udaipur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). In Udaipur, information was gathered from 961 households, 1,277 women, and 191 men.

Udaipur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.8	52.7
2. Population below age 15 years (%)	27.6	32.6
3. Sex ratio of the total population (females per 1,000 males)	998	1,043
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	833	993
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.8	59.8
6. Deaths in the last 3 years registered with the civil authority (%)	82.3	na
7. Population living in households with electricity (%)	98.1	82.5
8. Population living in households with an improved drinking-water source[1] (%)	92.7	79.2
9. Population living in households that use an improved sanitation facility[2] (%)	60.3	29.0
10. Households using clean fuel for cooking[3] (%)	34.3	24.2
11. Households using iodized salt (%)	98.4	88.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	94.3	24.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	62.0	na
15. Women with 10 or more years of schooling (%)	30.1	21.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.2	40.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.8	3.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.5	6.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	85.7	41.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	75.5	51.2
21. Any modern method[6] (%)	65.7	37.8
22. Female sterilization (%)	43.8	25.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.5	1.4
25. Pill (%)	3.4	2.8
26. Condom (%)	13.5	8.3
27. Injectables (%)	1.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.4	12.7
29. Unmet need for spacing[7] (%)	2.1	5.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	34.6	27.1
31. Current users ever told about side effects of current method[8] (%)	71.1	55.8

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

[1]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.
[2]Flush 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.
[3]Electricity, LPG/natural gas, biogas.
[4]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.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]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.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Udaipur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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 (%)	69.6	59.9
33. Mothers who had at least 4 antenatal care visits (%)	62.3	45.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	98.4	85.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	44.7	19.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	17.4	6.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	90.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	96.6	59.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,480	947
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 (%)	95.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.1	73.7
43. Institutional births in public facility (%)	89.4	63.8
44. Home births that were conducted by skilled health personnel[10] (%)	1.6	0.8
45. Births attended by skilled health personnel[10] (%)	97.4	74.8
46. Births delivered by caesarean section (%)	7.3	8.4
47. Births in a private health facility that were delivered by caesarean section (%)	(36.6)	(28.7)
48. Births in a public health facility that were delivered by caesarean section (%)	5.4	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] (%)	86.8	43.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	89.5	(54.5)
51. Children age 12-23 months who have received BCG (%)	95.3	80.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	88.5	54.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.2	63.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.9	66.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	76.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.2	47.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.2	38.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	96.1
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 (%)	6.9	8.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(78.1)	(50.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(46.0)	(17.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(89.1)	(68.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.8	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 (%)	(74.3)	(79.0)

[9]Includes 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.

Udaipur, Rajasthan - Key Indicators

Indicators	NFHS-5 (2019-21)	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] (%)	44.6	22.5
68. Children under age 6 months exclusively breastfed[16] (%)	81.6	(48.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(11.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.5	3.1
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] (%)	6.1	3.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	34.0	47.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	8.6	29.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	3.1	11.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	26.6	52.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.8	1.4
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] (%)	17.5	37.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	9.1	10.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	70.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	76.9	79.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.4	69.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(39.7)	73.5
84. All women age 15-49 years who are anaemic[22] (%)	60.5	69.7
85. All women age 15-19 years who are anaemic[22] (%)	63.3	76.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.8	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] (%)	6.6	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.5	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) (%)	10.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.4	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) (%)	2.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.5	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 (%)	4.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.5	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	14.4	na

[15]Based on the last child born in the 3 years before the survey.
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[17]Breastfed 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).
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Vision: "To position IIPS as a premier teaching and research institution in population sciences responsive to emerging national and global needs based on values of inclusion, sensitivity and rights protection."

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