

Ministry of Health and Family Welfare

Compendium of Fact Sheets

KEY INDICATORS

STATE AND DISTRICTS OF MAHARASHTRA

National Family Health Survey (NFHS-5)

2019-20



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Key Indicators Content

Cont	Key Indicators Content	Derro No
Conte		Page No.
State	ırashtra	4
Distri		1
1.	Ahmadnagar	7
2.	Akola	13
3.	Amravati	13
3. 4.		19 25
4. 5.	Aurangabad Bhandara	
6.	Bid	31
7.		37
	Buldana	43
8.	Chandrapur	49
9.	Dhule	55
10.	Gadchiroli	61
11.	Gondiya	67
12.	Hingoli	73
13.	Jalgaon	79
14.	-	85
15.	Kolhapur	91
16.		97
17.	Mumbai Suburban	103
18.	Mumbai	109
19.	Nagpur	115
20.	Nanded	121
21.	Nandurbar	127
22.	Nashik	133
23.	Osmanabad	139
24.	Palghar	145
25.	Parbhani	151
26.	Pune	157
27.	Raigarh	163
28.	Ratnagiri	169
29.	Sangli	175
30.	Satara	181
31.	Sindhudurg	187
32.	Solapur	193
33.	Thane	199
34.	Wardha	205
35.	Washim	211
36.	Yavatmal	217

NOTES



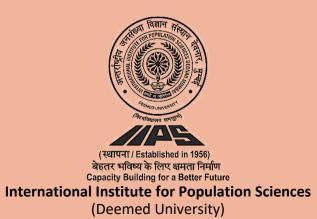
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

STATE FACT SHEET

MAHARASHTRA

2019-20



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Maharashtra. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR) and TRIOs Development Support (P) Ltd. Information was gathered from 31,643 households, 33,755 women, and 5,497 men. Fact sheets for each district in Maharashtra are also available separately.

Maharashtra - Key Indicators

IndicatorsNFHS-5 (2019-20)Population and Household ProfileUrbanRuralTotal1. Female population age 6 years and above who ever attended school (%)87.273.179.62. Population below age 15 years (%)21.923.622.83. Sex ratio of the total population (females per 1,000 males)9549779664. Sex ratio at birth for children born in the last five years (females per 1,000 males)878941913	NFHS-4 (2015-16) Total 77.4 24.5 952 924
Population and Household ProfileUrbanRuralTotal1. Female population age 6 years and above who ever attended school (%)87.273.179.62. Population below age 15 years (%)21.923.622.83. Sex ratio of the total population (females per 1,000 males)954977966	Total 77.4 24.5 952 924
1. Female population age 6 years and above who ever attended school (%)87.273.179.62. Population below age 15 years (%)21.923.622.83. Sex ratio of the total population (females per 1,000 males)954977966	77.4 24.5 952 924
2. Population below age 15 years (%) 21.9 23.6 22.8 3. Sex ratio of the total population (females per 1,000 males) 954 977 966	24.5 952 924
3. Sex ratio of the total population (females per 1,000 males)954977966	952 924
	924
4. Sex ratio at hirth for children born in the last five years (females per 1 000 males) 878 941 913	
5. Children under age 5 years whose birth was registered with the civil authority (%) 96.5 96.1 96.3	95.1
6. Deaths in the last 3 years registered with the civil authority (%)92.987.689.7	na
7. Population living in households with electricity (%)99.196.797.8	93.5
8. Population living in households with an improved drinking-water source ¹ (%) 99.3 88.5 93.5	92.5
9. Population living in households that use an improved sanitation facility 2 (%)75.169.472.0	52.3
10. Households using clean fuel for cooking 3 (%)95.665.479.7	59.9
11. Households using iodized salt (%) 98.3 94.2 96.2	96.4
12. Households with any usual member covered under a health insurance/financing scheme (%) 20.1 19.9 20.0	15.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)29.927.328.4	na
Characteristics of Adults (age 15-49 years)	
14. Women who are literate ⁴ (%) 90.2 79.5 84.6	na
15. Men who are literate ⁴ (%) 94.6 91.5 93.0	na
16. Women with 10 or more years of schooling (%) 61.1 40.7 50.4	42.0
17. Men with 10 or more years of schooling (%) 68.3 54.3 61.0	53.6
18. Women who have ever used the internet (%) 54.3 23.7 38.0	na
19. Men who have ever used the internet (%) 76.8 47.2 61.5	na
Marriage and Fertility	
20. Women age 20-24 years married before age 18 years (%) 15.7 27.6 21.9	26.3
21. Men age 25-29 years married before age 21 years (%) 9.6 11.3 10.5	11.4
22. Total fertility rate (children per woman)1.51.91.7	1.9
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%) 3.9 10.6 7.6	8.3
24. Adolescent fertility rate for women age 15-19 years 5 296347	59
Infant and Child Mortality Rates (per 1,000 live births)	
25. Neonatal mortality rate (NNMR) 15.1 17.6 16.5	16.2
26. Infant mortality rate (IMR) 22.6 23.7 23.2	23.7
27. Under-five mortality rate (U5MR) 28.2 27.9 28.0	28.7
Current Use of Family Planning Methods (currently married women age 15–49 years)	
28. Any method ⁶ (%) 65.8 66.5 66.2	64.8
29. Any modern method ⁶ (%) 62.7 64.7 63.8	62.6
30. Female sterilization (%) 44.0 53.3 49.1	50.7
31. Male sterilization (%) 0.1 0.6 0.4	0.4
32. IUD/PPIUD (%) 2.2 1.6 1.9	1.6
33. Pill (%) 1.9 1.7 1.8	2.4
34. Condom (%) 14.1 7.1 10.2	7.1
35. Injectables (%) 0.2 0.2 0.2	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)	
36. Total unmet need ⁷ (%) 9.9 9.3 9.6	9.7
37. Unmet need for spacing ⁷ (%) 4.0 3.8 3.9	4.3
Quality of Family Planning Services	
38. Health worker ever talked to female non-users about family planning (%)21.722.121.9	18.5
39. Current users ever told about side effects of current method ⁸ (%) 51.2 52.8 52.1	36.3

Note: Major indicators are highlighted in grey.

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

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

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

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

⁵Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

· Pregnant with an unwanted pregnancy.

 Postpart with an environmental program of the program need for spacing plus unmet need for limiting.

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

Maharashtra - Kev Indicators

Manarashtra - Key mulcators				
		NFHS-5		NFHS-4
Indicators		(2019-20	<u> </u>	(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 (%)	69.5	72.0	70.9	67.6
41. Mothers who had at least 4 antenatal care visits (%)	72.2	68.7	70.3	72.2
42. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.2	89.3	90.1	90.4
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	51.4	45.7	48.2	40.6
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.6	28.8	30.9	28.0
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.8	96.8	95.5	90.9
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.3	83.8	85.4	78.5
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,390	2,675	2,966	3,578
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	5.6	7.2	6.8	6.4
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health				
personnel within 2 days of delivery (%)	91.2	87.4	89.1	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	96.7	93.1	94.7	90.3
51. Institutional births in public facility (%)	50.8	59.5	55.8	48.9
52. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.1	2.6	2.0	3.6
53. Births attended by skilled health personnel ¹⁰ (%)	95.9	92.2	93.8	91.1
54. Births delivered by caesarean section (%)	30.6	21.5	25.4	20.1
55. Births in a private health facility that were delivered by caesarean section (%)	40.9	37.3	39.1	33.1
56. Births in a public health facility that were delivered by caesarean section (%)	23.2	15.1	18.3	13.1
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 (%)	71.7	74.7	73.5	56.2
58. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	81.6	81.7	81.7	78.4
59. Children age 12-23 months who have received BCG (%)	92.0	95.1	93.8	90.0
60. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	76.4	80.9	79.0	67.0
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.5	84.8	83.4	74.9
62. Children age 12-23 months who have received the first dose of measles-containing				
vaccine (MCV) (%) 63. Children age 24-35 months who have received a second dose of measles-containing	82.7	86.2	84.7	82.8
vaccine (MCV) (%)	22.5	29.1	26.3	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	7.2	8.9	8.2	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	74.3	76.6	75.6	60.8
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.4	72.0	72.2	73.6
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	82.2	94.6	89.5	86.2
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	17.3	4.8	10.0	13.6
Treatment of Childhood Diseases (children under age 5 years)	17.5	- 1 .0	10.0	13.0
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.6	10.7	8.9	8.5
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration	0.0	10.7	0.0	0.0
salts (ORS) (%)	64.3	57.3	59.5	60.5
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	25.7	28.1	27.3	13.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health				
provider (%) 73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the	73.9	71.6	72.3	77.6
survey (%)	2.4	3.8	3.2	2.4
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	81.2	75.1	77.5	84.7
⁹ Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 ye	ears of the l	ast live hirth) or three (or more

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth. ¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

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

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth. ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Maharashtra - Kev Indicators

Wanarashtra - Key mulcators				
Indiantara		NFHS-5		NFHS-4
Indicators		(2019-20)		(2015-16)
Child Feeding Practices and Nutritional Status of Children	Urban	Rural	Total	Total
75. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	51.8	54.3	53.2	57.5
76. Children under age 6 months exclusively breastfed ¹⁶ (%)	66.9	74.1	71.0	56.6
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	49.9	54.8	52.7	43.3
78. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.5	8.4	8.4	5.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.8	12.1	12.0	12.2
80. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.2	9.0	9.0	6.5
81. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	34.9	35.5	35.2	34.4
82. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.0	27.3	25.6	25.6
83. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.5	11.9	10.9	9.4
84. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.3	38.0	36.1	36.0
85. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.2	3.4	4.1	1.9
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 (%)	15.8	25.0	20.8	23.5
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) (%)	15.3	16.9	16.2	19.1
88. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	29.6	18.3	23.4	23.4
89. Men who are overweight or obese (BMI ≥25.0 kg/m²) (%)	28.9	21.3	24.7	23.8
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.5	38.6	44.5	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	43.2	38.7	40.7	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	66.3	70.7	68.9	53.8
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.3	56.4	54.5	47.9
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	44.2	46.5	45.7	49.3
95. All women age 15-49 years who are anaemic ²² (%)	52.0	56.1	54.2	48.0
96. All women age 15-19 years who are anaemic ²² (%)	56.4	57.7	57.2	49.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl) ^{22 (} %)	17.4	25.4	21.9	17.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl) ²² (%)	19.0	34.2	27.9	27.5
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.2	5.2	5.7	na
100. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.5	4.5	5.4	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood				
sugar level ²³ (%)	14.6	10.7	12.4	na
Men				
102. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.0	6.2	6.5	na
103. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.8	5.2	5.9	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood				
sugar level ²³ (%)	15.3	12.4	13.6	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) (%)	14.1	13.4	13.7	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.4	5.5	5.0	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.8	22.6	23.1	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.8	15.4	16.0	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.0	5.5	5.3	na
 110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%) 	25.7	23.5	24.4	na
¹⁵ Based on the last child born in the 3 years before the survey.				

¹⁵Based on the last child born in the 3 years before the survey. ¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group). ¹⁸Below -2 standard deviations, based on the WHO standard.

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

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

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

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

Maharashtra - Key Indicators

	· .			
In Produce		NFHS-5		NFHS-4
Indicators		(2019-20)		(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 (%)	2.5	2.1	2.3	na
112. Ever undergone a breast examination for breast cancer (%)	1.6	1.0	1.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	1.7	0.9	1.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.5	0.6	0.6	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	39.2	30.1	34.4	30.0
116. Men who have comprehensive knowledge24 of HIV/AIDS (%)	50.7	35.1	42.6	44.5
117. Women who know that consistent condom use can reduce the chance of getting	_			
HIV/AIDS (%)	76.3	68.5	72.1	67.9
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	89.6	79.8	84.5	86.4
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions ²⁵ (%)	90.7	89.2	89.8	89.3
120. Women who worked in the last 12 months and were paid in cash (%)	29.1	39.6	34.7	28.9
121. Women owning a house and/or land (alone or jointly with others) (%)	21.1	24.5	22.9	34.3
122. Women having a bank or savings account that they themselves use (%)	75.0	70.9	72.8	45.3
123. Women having a mobile phone that they themselves use (%)	68.2	43.1	54.8	45.6
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period ²⁶ (%)	90.2	80.1	84.8	66.1
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence ²⁷ (%)	21.0	28.6	25.2	21.3
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.5	4.0	3.3	2.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.3	1.0	1.2	0.9
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 (%)	6.6	14.7	10.9	na
129. Men age 15 years and above who use any kind of tobacco (%)	26.2	40.6	33.8	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.5	0.4	na
131. Men age 15 years and above who consume alcohol (%)	13.0	14.7	13.9	na

²⁴Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.
 ²⁵Decisions about health care for herself, making major household purchases, and visits to her family or relatives.
 ²⁶Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
 ²⁷Spousal violence is defined as physical and/or sexual violence.



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Ahmednagar Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Ahmednagar. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Ahmednagar, information was gathered from 883 households, 993 women, and 139 men.

Ahmednagar, Maharashtra - Key Indicators

Anneunagar, Manarashtra - Key mulcators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.4	75.4
2. Population below age 15 years (%)	23.0	25.8
3. Sex ratio of the total population (females per 1,000 males)	967	905
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	845	843
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.3	93.4
6. Deaths in the last 3 years registered with the civil authority (%)	85.7	na
7. Population living in households with electricity (%)	94.5	93.8
8. Population living in households with an improved drinking-water source ¹ (%)	90.0	90.6
9. Population living in households that use an improved sanitation facility ² (%)	79.5	52.8
10. Households using clean fuel for cooking ³ (%)	77.4	57.8
11. Households using iodized salt (%)	95.5	94.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.0	10.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	86.2	na
15. Women with 10 or more years of schooling (%)	45.7	44.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	26.9	39.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7	2.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.8	13.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.2	60.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	69.5	48.4
21. Any modern method ⁶ (%)	67.4	47.5
22. Female sterilization (%)	56.6	40.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.7	2.1
25. Pill (%)	1.0	1.5
26. Condom (%)	8.0	3.4
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	8.3	12.1
29. Unmet need for spacing ⁷ (%)	2.6	4.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.5	18.1
31. Current users ever told about side effects of current method ⁸ (%)	31.7	50.0

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant. ²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Ahmednagar, Maharashtra - Key Indicators

Anneunagar, Manarashtra - Key Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	71.4	59.1
33. Mothers who had at least 4 antenatal care visits (%)	76.6	63.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.2	87.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.3	22.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	32.0	5.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.4	90.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	90.9	80.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,575	4,851
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 (%)	92.9	na
Delivery Care (for births in the 5 years before the survey)	02.0	nu
42. Institutional births (%)	97.9	93.9
43. Institutional births in public facility (%)	45.5	43.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.0	2.7
45. Births attended by skilled health personnel ¹⁰ (%)	95.0	96.2
46. Births delivered by caesarean section (%)	28.1	16.7
47. Births in a private health facility that were delivered by caesarean section (%)	33.7	18.9
48. Births in a public health facility that were delivered by caesarean section (%)	23.0	16.5
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 (%)	83.5	42.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	88.3	(69.7)
51. Children age 12-23 months who have received BCG (%)	96.6	94.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	87.6	58.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.6	59.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.8	76.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	43.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	4.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	89.3	38.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.9	77.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.1	84.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.9	15.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	15.9	10.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(66.0)	(47.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(28.3)	(11.4)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(71.0)	(81.2)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.7	2.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	(94.2)	(81.2)
health provider (%)	(84.2)	(01.2)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Ahmednagar, Maharashtra - Key Indicators

Annieunayar, Manarashtra - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	50.5	42.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.6	3.9
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} (%)	9.8	3.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.7	33.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	24.9	21.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.6	4.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	41.2	31.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.8	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 (%)	21.5	22.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	23.0	18.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	44.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	64.5	47.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	50.5	46.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(44.0)	(35.7)
84. All women age 15-49 years who are anaemic ²² (%)	50.3	46.1
85. All women age 15-19 years who are anaemic ²² (%)	45.0	43.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.5	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) (%)	13.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	0.1	na
control blood pressure (%)	23.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	25.3	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 (%)	0.2	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 (%)	14.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	37.7	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	10.5	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Akola Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Akola. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Akola, information was gathered from 926 households, 1,098 women, and 202 men.

Akola, Maharashtra - Kev Indicators

Akola, Manarashtra Key maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	86.3	85.2
2. Population below age 15 years (%)	23.5	24.7
3. Sex ratio of the total population (females per 1,000 males)	951	975
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	896	934
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.8	98.7
6. Deaths in the last 3 years registered with the civil authority (%)	94.4	na
7. Population living in households with electricity (%)	97.6	94.9
8. Population living in households with an improved drinking-water source ¹ (%)	95.1	99.3
9. Population living in households that use an improved sanitation facility ² (%)	69.5	49.8
10. Households using clean fuel for cooking ³ (%)	75.5	43.1
11. Households using iodized salt (%)	95.2	98.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	40.1	16.1
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 (%)	87.5	na
15. Women with 10 or more years of schooling (%)	52.7	44.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.5	13.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.0	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.7	6.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.7	58.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	77.0	67.4
21. Any modern method ⁶ (%)	72.8	65.7
22. Female sterilization (%)	48.6	51.7
23. Male sterilization (%)	0.6	0.4
24. IUD/PPIUD (%)	2.9	1.2
25. Pill (%)	3.8	2.2
26. Condom (%)	16.3	9.9
27. Injectables (%)	0.5	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	6.8	8.3
29. Unmet need for spacing ⁷ (%)	3.7	3.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	33.8	19.8
31. Current users ever told about side effects of current method ⁸ (%)	59.5	30.1

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Akola, Maharashtra - Key Indicators

Akola, Manarashtra - Key mulcators	·	
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	75.1	80.8
33. Mothers who had at least 4 antenatal care visits (%)	76.3	80.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.9	95.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	60.6	33.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	40.4	26.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	91.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	82.3	80.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,753	1,759
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 (%)	92.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.7	92.0
43. Institutional births in public facility (%)	65.9	56.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.9	2.4
45. Births attended by skilled health personnel ¹⁰ (%)	86.4	94.4
46. Births delivered by caesarean section (%)	29.1	23.7
47. Births in a private health facility that were delivered by caesarean section (%)	42.0	37.1
48. Births in a public health facility that were delivered by caesarean section (%)	23.9	18.7
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	69.5	50.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	66.1	(52.1)
51. Children age 12-23 months who have received BCG (%)	97.8	90.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.0	76.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.1	70.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.8	83.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	25.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	10.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	71.6	63.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.3	79.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.8	88.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	10.2	11.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	12.0	11.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(70.6)	(74.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(41.1)	(26.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(77.3)	(89.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	6.5	2.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or		
health provider (%)	75.8	88.8

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Akola, Maharashtra - Kev Indicators

Akula, Maharashtra - Key mulcalurs		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	63.1	62.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(59.6)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(46.7)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.0	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(4.1)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.0	0.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.8	41.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	29.4	22.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	14.7	7.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.8	39.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	8.6	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 (%)	16.1	25.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	19.6	20.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	25.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.5	53.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	53.2	38.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(39.2)	(45.0)
84. All women age 15-49 years who are anaemic ²² (%)	52.6	38.7
85. All women age 15-19 years who are anaemic ²² (%)	60.3	42.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.7	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 (%)	9.8	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) (%)	11.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	7.2	na
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) (%)	12.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	19.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.6	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	10.4	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 (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	12.9	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



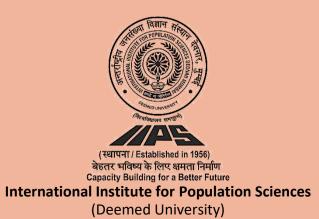
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Amravati Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Amravati. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Amravati, information was gathered from 913 households, 1,060 women, and 180 men.

Amravati, Maharashtra - Kev Indicators

Annavati, Manarashtra - Rey Indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	86.2	83.0
2. Population below age 15 years (%)	21.1	22.9
3. Sex ratio of the total population (females per 1,000 males)	994	979
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,090	1,052
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1	97.9
6. Deaths in the last 3 years registered with the civil authority (%)	89.5	na
7. Population living in households with electricity (%)	99.1	93.6
8. Population living in households with an improved drinking-water source ¹ (%)	95.8	95.3
9. Population living in households that use an improved sanitation facility ² (%)	75.7	67.7
10. Households using clean fuel for cooking ³ (%)	71.7	50.3
11. Households using iodized salt (%)	98.5	97.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	31.9	24.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	24.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	87.8	na
15. Women with 10 or more years of schooling (%)	55.0	49.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	9.8	14.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	0.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.6	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	83.0	59.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	79.2	72.4
21. Any modern method ⁶ (%)	77.7	70.7
22. Female sterilization (%)	56.4	56.3
23. Male sterilization (%)	1.3	2.1
24. IUD/PPIUD (%)	1.3	1.8
25. Pill (%)	3.7	1.9
26. Condom (%)	14.4	8.6
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.6	6.7
29. Unmet need for spacing ⁷ (%)	2.5	3.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.0	19.4
31. Current users ever told about side effects of current method ⁸ (%)	52.8	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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant. ²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Amravati, Maharashtra - Key Indicators

Annavati, Manarashtra Rey maleators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	89.1	68.2
33. Mothers who had at least 4 antenatal care visits (%)	71.7	75.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.8	97.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	38.1	50.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.7	35.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.1	94.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	80.2	69.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,557	6,546
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	70.4	
days of delivery (%)	79.4	na
Delivery Care (for births in the 5 years before the survey)	04.0	02.0
42. Institutional births (%)	91.3	93.0
43. Institutional births in public facility (%)	65.4	60.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.8	2.2
45. Births attended by skilled health personnel ¹⁰ (%)	89.7	88.8
46. Births delivered by caesarean section (%)	30.2	18.4
47. Births in a private health facility that were delivered by caesarean section (%)	58.9	32.9
48. Births in a public health facility that were delivered by caesarean section (%)	22.7	12.9
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(92.5)	(64.7)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(92.5)	(77.5)
51. Children age 12-23 months who have received BCG (%)	(100.0)	(91.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(92.5)	(73.0)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(95.9)	(78.1)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(95.9)	(89.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(40.2)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(2.1)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(89.1)	(72.5)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	85.9	77.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	(95.5)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	(4.6)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.6	8.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(61.5)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(20.5)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(68.1)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	5.2	2.0
health provider (%)	78.5	(83.3)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Amravati, Maharashtra - Kev Indicators

Annavati, Manarashtra - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	54.7	57.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(80.5)	(60.8)
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} (%)	11.3	4.1
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} (%)	13.4	5.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	29.0	38.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	26.2	24.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.7	9.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	38.0	33.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.2	1.7
Nutritional Status of Women (age 15-49 years)	00 F	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	20.5	26.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	20.3	18.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	34.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	74.4	50.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	53.6	42.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(43.3)	(49.7)
84. All women age 15-49 years who are anaemic ²² (%)	53.4	42.8
85. All women age 15-19 years who are anaemic ²² (%)	64.8	41.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.1	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) (%)	10.9	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 (%)	19.8	na
Men	40.0	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.7	n 2
Screening for Cancer among Women (age 30-49 years)	10.7	na
98. Ever undergone a screening test for cervical cancer (%)	0.5	n 2
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 na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	iia
101. Women age 15 years and above who use any kind of tobacco (%)	9.0	na
101. Women age 15 years and above who use any kind of tobacco (%)	9.0 40.8	na
102. Women age 15 years and above who consume alcohol (%)	40.8 0.9	na na
104. Men age 15 years and above who consume alcohol (%)	18.4	na
	10.4	iia

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Aurangabad Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Aurangabad. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Aurangabad, information was gathered from 875 households, 1,011 women, and 147 men.

Aurangabad, Maharashtra - Key Indicators

Adrangabad, Manarashtra - Ney Indicators		
In Produce	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	78.4	72.6
2. Population below age 15 years (%)	27.4	28.6
3. Sex ratio of the total population (females per 1,000 males)	978	923
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	875	1,130
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.5	93.6
6. Deaths in the last 3 years registered with the civil authority (%)	83.2	na
7. Population living in households with electricity (%)	97.0	97.0
8. Population living in households with an improved drinking-water source ¹ (%)	91.7	93.8
9. Population living in households that use an improved sanitation facility ² (%)	69.1	48.3
10. Households using clean fuel for cooking ³ (%)	78.4	54.6
11. Households using iodized salt (%)	98.9	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.4	9.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	31.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	83.1	na
15. Women with 10 or more years of schooling (%)	48.4	41.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	35.8	46.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0	1.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.4	14.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.3	70.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	48.1	64.6
21. Any modern method ⁶ (%)	46.0	63.0
22. Female sterilization (%)	28.8	42.0
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.4	2.4
25. Pill (%)	2.8	5.4
26. Condom (%)	11.7	12.2
27. Injectables (%)	0.3	0.7
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	17.1	9.1
29. Unmet need for spacing ⁷ (%)	5.1	3.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	11.8	22.7
31. Current users ever told about side effects of current method ⁸ (%)	44.4	50.8

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Aurangabad, Maharashtra - Key Indicators

Adrangabad, Manarashtra Rey Maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.2	69.6
33. Mothers who had at least 4 antenatal care visits (%)	57.2	70.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	86.2	92.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	14.5	19.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.9	4.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.0	93.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	70.4	07.0
days of delivery (%)	76.4	87.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,039	2,924
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	~	ĥ
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.8	93.5
43. Institutional births in public facility (%)	61.1	41.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.1	2.9
45. Births attended by skilled health personnel ¹⁰ (%)	96.3	95.6
46. Births delivered by caesarean section (%)	17.5	14.4
47. Births in a private health facility that were delivered by caesarean section (%)	19.5	20.8
48. Births in a public health facility that were delivered by caesarean section (%)	17.9	8.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	56.7	59.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(81.7)	(84.8)
51. Children age 12-23 months who have received BCG (%)	94.2	94.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	62.4	69.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	89.0	85.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.5	84.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	11.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	27.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.4	64.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.2	80.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.4	(88.2)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.6	(11.8)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	12.6	9.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(55.1)	(42.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(30.8)	(18.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.7)	(80.1)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.1	4.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	64.2	84.2

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Aurangabad, Maharashtra - Key Indicators

Auranyabau, Manarashira - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	39.9	41.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(75.7)	(60.9)
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} (%)	11.9	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} (%)	11.7	0.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	34.2	38.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	26.4	20.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.8	6.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	42.9	36.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.8	1.7
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	21.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	24.4	23.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	24.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	64.5	38.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.6	45.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(48.2)	(41.4)
84. All women age 15-49 years who are anaemic ²² (%)	52.4	45.0
85. All women age 15-19 years who are anaemic ²² (%)	47.4	51.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.0	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.1	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) (%)	11.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	20.9	
control blood pressure (%)	20.8	na
Men	14.0	
 95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) 96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 	14.3 4.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	4.0	na
control blood pressure (%)	20.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	33.8	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	13.7	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Bhandara Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Bhandara. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Bhandara, information was gathered from 918 households, 920 women, and 152 men.

Bhandara, Maharashtra - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.3	81.1
2. Population below age 15 years (%)	22.5	23.6
3. Sex ratio of the total population (females per 1,000 males)	1,004	1,020
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	897	1,204
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.5	99.6
6. Deaths in the last 3 years registered with the civil authority (%)	94.4	na
7. Population living in households with electricity (%)	98.8	97.3
8. Population living in households with an improved drinking-water source ¹ (%)	92.0	88.5
9. Population living in households that use an improved sanitation facility ² (%)	81.8	70.2
10. Households using clean fuel for cooking ³ (%)	71.4	47.7
11. Households using iodized salt (%)	95.4	99.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	30.0	16.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	89.1	na
15. Women with 10 or more years of schooling (%)	53.9	57.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	1.5	4.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.2	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.0	2.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	93.1	77.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	77.5	77.4
21. Any modern method ⁶ (%)	75.6	73.1
22. Female sterilization (%)	63.3	58.0
23. Male sterilization (%)	2.5	8.0
24. IUD/PPIUD (%)	1.1	0.4
25. Pill (%)	1.6	0.9
26. Condom (%)	6.7	5.8
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	6.1	5.6
29. Unmet need for spacing ⁷ (%)	2.4	2.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.5	24.7
31. Current users ever told about side effects of current method ⁸ (%)	51.6	46.0

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Bhandara, Maharashtra - Key Indicators

Briandara, Manarasintra - Rey indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	83.7	77.1
33. Mothers who had at least 4 antenatal care visits (%)	79.0	83.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.8	96.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	64.4	40.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	29.0	22.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.4	99.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.5	86.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,584	2,163
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 (%)	90.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100.0	98.7
43. Institutional births in public facility (%)	94.1	79.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	1.3
45. Births attended by skilled health personnel ¹⁰ (%)	98.4	100.0
46. Births delivered by caesarean section (%)	31.3	25.9
47. Births in a private health facility that were delivered by caesarean section (%)	*	(64.5)
48. Births in a public health facility that were delivered by caesarean section (%)	30.0	16.7
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(87.0)	(81.1)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(91.9)	(86.4)
51. Children age 12-23 months who have received BCG (%)	(97.5)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(89.5)	(90.3)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(95.0)	(93.2)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(94.9)	(87.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(54.2)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(13.9)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(92.3)	(93.2)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	83.9	83.4
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)	(6.6)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.9	8.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	2.7	0.9
health provider (%)	(55.3)	*

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Bhandara, Maharashtra - Key Indicators

Dhahuara, Maharashira - Key mulcators	-	
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	60.5	32.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.4	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} (%)	8.4	0.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.3	40.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	28.4	16.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.2	2.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.9	32.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.7	3.2
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 (%)	25.8	33.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	9.8	14.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	37.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.8	43.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	65.4	52.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(64.7)	(47.7)
84. All women age 15-49 years who are anaemic ²² (%)	65.3	52.7
85. All women age 15-19 years who are anaemic ²² (%)	66.1	50.6
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 (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.6	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.1	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) (%)	12.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	21.8	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) (%)	4.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	10.2	
control blood pressure (%)	19.3	na
Screening for Cancer among Women (age 30-49 years)	0.7	
98. Ever undergone a screening test for cervical cancer (%)	0.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	10.7	
101. Women age 15 years and above who use any kind of tobacco (%)	19.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	60.7	na
103. Women age 15 years and above who consume alcohol (%)	1.3	na
104. Men age 15 years and above who consume alcohol (%)	26.0	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Bid Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Bid. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Bid, information was gathered from 877 households, 864 women, and 146 men.

Bid, Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.6	62.6
2. Population below age 15 years (%)	24.0	27.7
3. Sex ratio of the total population (females per 1,000 males)	934	933
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	843	1,046
5. Children under age 5 years whose birth was registered with the civil authority (%)	91.8	90.1
6. Deaths in the last 3 years registered with the civil authority (%)	68.1	na
7. Population living in households with electricity (%)	94.8	91.8
8. Population living in households with an improved drinking-water source ¹ (%)	85.4	88.5
9. Population living in households that use an improved sanitation facility ² (%)	66.4	41.1
10. Households using clean fuel for cooking ³ (%)	54.4	28.0
11. Households using iodized salt (%)	96.3	95.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	9.3	13.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	14.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	76.3	na
15. Women with 10 or more years of schooling (%)	38.6	31.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	43.7	51.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	3.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.2	18.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	70.7	61.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	58.1	67.1
21. Any modern method ⁶ (%)	56.7	65.3
22. Female sterilization (%)	42.9	54.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.0	2.2
25. Pill (%)	2.2	2.1
26. Condom (%)	8.4	6.5
27. Injectables (%)	0.1	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	13.9	8.4
29. Unmet need for spacing ⁷ (%)	4.5	4.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.5	28.1
31. Current users ever told about side effects of current method ⁸ (%)	48.5	43.3

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Bid, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.6	62.0
33. Mothers who had at least 4 antenatal care visits (%)	56.8	72.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	78.3	88.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	28.4	22.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.8	12.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.6	88.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	79.8	78.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,988	1,631
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 (%)	80.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.0	93.7
43. Institutional births in public facility (%)	63.7	61.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.5	5.0
45. Births attended by skilled health personnel ¹⁰ (%)	90.8	94.7
46. Births delivered by caesarean section (%)	17.5	11.1
47. Births in a private health facility that were delivered by caesarean section (%)	21.6	18.3
48. Births in a public health facility that were delivered by caesarean section (%)	17.3	8.4
Child Vaccinations and Vitamin A Supplementation	_	
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	75.9	53.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(79.1)	(86.2)
51. Children age 12-23 months who have received BCG (%)	96.5	88.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	78.0	62.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.8	75.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.8	79.6
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 (%)	11.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.8	55.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	82.4	79.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.8	94.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.2	5.2
Treatment of Childhood Diseases (children under age 5 years)		-
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	14.8	7.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(58.6)	(66.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(17.7)	(12.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(73.2)	(80.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	3.0	0.6
health provider (%)	62.9	(82.3)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Bid. Maharashtra - Kev Indicators

Diu, Manarashtra - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	45.8	56.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(42.8)
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} (%)	2.3	14.1
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} (%)	3.2	16.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.8	37.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	28.4	29.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.9	12.9
 76. Children under 5 years who are underweight (weight-for-age)¹⁸ (%) 77. Children under 5 years who are overweight (weight-for-height)²⁰ (%) 	36.8 3.5	36.9 2.7
Nutritional Status of Women (age 15-49 years)	5.5	2.1
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	20.8	22.9
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	20.8	18.6
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	30.4	na
Anaemia among Children and Women	50.4	Πα
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	61.0	57.4
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%) 82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	61.0	57.4 35.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	51.0 *	55.5 54.7
84. All women age 15-49 years who are anaemic ²² (%)	50.8	36.5
85. All women age 15-19 years who are anaemic ²² (%)	48.0	37.5
Blood Sugar Level among Adults (age 15 years and above)	40.0	57.5
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.2	na
87. Blood sugar level - very high (>160 mg/dl) 23 (%)	3.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.5	na
Men	10.0	na
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.0	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.9	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) (%)	15.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	26.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	24.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	4.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.8	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.7	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	
101. Women age 15 years and above who use any kind of tobacco (%)	6.0	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 (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	9.8	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Buldana Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Buldana. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Buldana, information was gathered from 931 households, 1,055 women, and 189 men.

Buldana, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	78.1	75.2
2. Population below age 15 years (%)	24.0	26.9
3. Sex ratio of the total population (females per 1,000 males)	957	953
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,036	907
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.9	96.9
6. Deaths in the last 3 years registered with the civil authority (%)	91.5	na
7. Population living in households with electricity (%)	97.1	96.7
8. Population living in households with an improved drinking-water source ¹ (%)	89.7	87.8
9. Population living in households that use an improved sanitation facility ² (%)	68.9	47.0
10. Households using clean fuel for cooking ³ (%)	69.2	33.1
11. Households using iodized salt (%)	97.8	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	37.9	18.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	22.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	79.9	na
15. Women with 10 or more years of schooling (%)	41.8	32.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	24.1	37.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.6	1.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.7	8.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.8	64.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	81.1	73.4
21. Any modern method ⁶ (%)	78.1	69.9
22. Female sterilization (%)	56.1	50.4
23. Male sterilization (%)	0.7	1.2
24. IUD/PPIUD (%)	2.9	1.3
25. Pill (%)	2.3	3.5
26. Condom (%)	14.7	13.4
27. Injectables (%)	1.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.4	5.9
29. Unmet need for spacing ⁷ (%)	1.4	1.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	33.5	19.8
31. Current users ever told about side effects of current method ⁸ (%)	67.9	38.8

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Buldana, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	73.6	72.3
33. Mothers who had at least 4 antenatal care visits (%)	72.7	74.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.5	89.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	61.2	21.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	45.1	7.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	98.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	<u> </u>	
days of delivery (%)	86.7	78.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,641	1,739
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(16.2)
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)	01.0	nu
42. Institutional births (%)	93.9	82.6
43. Institutional births in public facility (%)	70.9	51.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.8	5.7
45. Births attended by skilled health personnel ¹⁰ (%)	92.4	87.9
46. Births delivered by caesarean section (%)	17.6	13.9
47. Births in a private health facility that were delivered by caesarean section (%)	28.4	29.9
48. Births in a public health facility that were delivered by caesarean section (%)	15.6	8.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or		
mother's recall ¹¹ (%)	(85.9)	64.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(78.5)	(80.5)
51. Children age 12-23 months who have received BCG (%)	(100.0)	91.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(91.8)	70.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(89.5)	75.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(90.1)	76.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(32.8)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(6.3)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(89.8)	66.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	89.2	65.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.6)	(98.5)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.4)	(1.5)
Treatment of Childhood Diseases (children under age 5 years)	0.0	40.0
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.8	12.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(56.1)	(77.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(32.5)	(16.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(71.8)	(86.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	6.3	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 (%)	(67.4)	(88.2)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Buldana, Maharashtra - Key Indicators

Indicators(2019-20)(2015-10)Child Feeding Practices and Nutritional Status of ChildrenTotalTotal67. Children under age 3 years breasted within one hour of birth* (%)64.430.168. Children onder age 3 years breasted within one hour of birth* (%)64.430.169. Children age 6-3months receiving an adequate diet***7 (%)71. Non-breasteding children age 6-23 months receiving an adequate diet***7 (%)4.10.073. Children under 5 years who are subside (wäght-for-heght)** (%)4.54.374. Children under 5 years who are sweatel (wäght-for-heght)** (%)4.72.175. Children under 5 years who are our everlight (wight-for-heght)** (%)4.85.076. Children under 5 years who are our everlight (weight-for-heght)** (%)4.82.0Nutritional Status of Women (fage 15-49 years)7.71.62.878. Women whose Body Mass index (KMI) is below normal (KMI <18.5 kgm?)** (%)5.716.879. Women who are our everlight (weight-for-heght)** (%)5.64.32.0Nutritional Status of Women (fage 15-49 years who are anaemic (<11.0 gid)** (%)5.64.32.0Nutritional Status of Women (fage 15-49 years who are anaemic (<12.0 gid)** (%)5.716.88.881. Children under 10 women ymater anaemic (<11.0 gid)** (%)5.84.13.76.6.84.7.582. Non-pregnant women age 15-49 years who are anaemic (<12.0 gid)** (%)5.65.41.183. Biodo sugar level - hight if 4.1-60 mgd(j)** (%)5.2na3.8.0na<	Buluana, Manarashira - Key indicators		
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			na
		14.3	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

CHANDRAPUR MAHARASHTRA



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Chandrapur. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Chandrapur, information was gathered from 922 households, 965 women, and 175 men.

Chandrapur, Maharashtra - Key Indicators

Chandrapur, Manarashtra - Key Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	78.9	72.9
2. Population below age 15 years (%)	19.6	23.3
3. Sex ratio of the total population (females per 1,000 males)	974	961
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,025	996
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.1	98.6
6. Deaths in the last 3 years registered with the civil authority (%)	92.4	na
7. Population living in households with electricity (%)	98.9	92.2
8. Population living in households with an improved drinking-water source ¹ (%)	96.5	86.0
9. Population living in households that use an improved sanitation facility ² (%)	77.3	53.8
10. Households using clean fuel for cooking ³ (%)	85.1	47.2
11. Households using iodized salt (%)	97.4	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	28.9	11.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(17.4)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	87.8	na
15. Women with 10 or more years of schooling (%)	57.5	43.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	9.0	19.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	1.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.1	5.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.1	54.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	80.1	73.2
21. Any modern method ⁶ (%)	78.1	70.6
22. Female sterilization (%)	60.1	62.3
23. Male sterilization (%)	1.6	1.9
24. IUD/PPIUD (%)	3.1	0.6
25. Pill (%)	1.0	0.5
26. Condom (%)	11.9	5.3
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.5	7.7
29. Unmet need for spacing ⁷ (%)	2.7	4.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	39.1	26.6
31. Current users ever told about side effects of current method ⁸ (%)	57.4	22.8

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant. ²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Chandrapur, Maharashtra - Key Indicators

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Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	76.6	67.3
33. Mothers who had at least 4 antenatal care visits (%)	68.5	79.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.0	93.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	69.2	47.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	53.3	24.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	97.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.3	80.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,109	1,803
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 (%)	97.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.6	91.7
43. Institutional births in public facility (%)	85.2	66.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.4	2.2
45. Births attended by skilled health personnel ¹⁰ (%)	96.5	93.1
46. Births delivered by caesarean section (%)	20.8	14.5
47. Births in a private health facility that were delivered by caesarean section (%)	(41.7)	36.1
48. Births in a public health facility that were delivered by caesarean section (%)	17.3	8.1
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 (%)	(95.0)	(60.5)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(87.6)	(82.8)
51. Children age 12-23 months who have received BCG (%)	(100.0)	(96.8)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(97.5)	(72.6)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(100.0)	(88.6)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(97.5)	(93.0)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(46.6)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(5.2)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(93.3)	(74.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	86.8	73.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(87.2)	(87.7)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(9.7)	(12.4)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.7	3.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	7.3	1.2
health provider (%)	(72.7)	*

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Chandrapur, Maharashtra - Key Indicators

Indicators (2019-20) (2019-20) (2019-20) Child Feeding Practices and Nutritional Status of Children Fotal Total Total C7. Children under age Same breaster within one hour of brith? (%) 65 67.2 63. Children under age Same breastering solid cost and breastmik? (%) * * 70. Breastfeeding children age 6-23 months receiving an adequate diet ^{1,17} (%) 6.8 3.6 73. Children under 5 years who are statud (height-for-height)? (%) 6.8 3.6 73. Children under 5 years who are swetsel (weight-for-height)? (%) 36.5 3.1 7. Children under 5 years who are severely wasted (weight-for-height)? (%) 46.6 40.3 7. Children under 5 years who are overweight (weight-for-height)? (%) 46.6 40.3 7. Children under 5 years who are overweight (weight-for-height)? (%) 46.6 40.3 7. Children under 5 years who are anoemic (CHI 10 (2019)? (%) 9.4 12.2 8. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kgm?) ²¹ (%) 9.4 12.2 9. Women who are anoemic (CHI 10 gid)? (%) 5.5 48.7 9. Women who are anoemic (CHI 10 gid)? (%) 5.5 48.7	Chandrapul, Manarashtra - Key indicators		
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	104. Men age 15 years and above who consume alcohol (%)	20.8	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

²³Random blood sugar measurement.

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Dhule Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Dhule. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Dhule, information was gathered from 838 households, 883 women, and 137 men.

Dhule. Maharashtra - Kev Indicators

Diffic, Manarashtra Rey maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	73.5	68.1
2. Population below age 15 years (%)	27.3	28.0
3. Sex ratio of the total population (females per 1,000 males)	999	920
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	919	853
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.6	96.1
6. Deaths in the last 3 years registered with the civil authority (%)	87.1	na
7. Population living in households with electricity (%)	96.0	86.7
8. Population living in households with an improved drinking-water source ¹ (%)	89.9	92.8
9. Population living in households that use an improved sanitation facility ² (%)	58.9	29.8
10. Households using clean fuel for cooking ³ (%)	65.1	41.0
11. Households using iodized salt (%)	98.0	96.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	19.8	22.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	36.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	68.8	na
15. Women with 10 or more years of schooling (%)	40.8	29.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	40.5	34.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.5	1.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.0	12.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	60.7	56.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	51.9	63.8
21. Any modern method ⁶ (%)	50.3	62.1
22. Female sterilization (%)	41.2	53.9
23. Male sterilization (%)	0.3	0.7
24. IUD/PPIUD (%)	1.0	1.4
25. Pill (%)	1.1	1.7
26. Condom (%)	6.7	4.2
27. Injectables (%)	0.0	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	13.1	8.5
29. Unmet need for spacing ⁷ (%)	5.0	4.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.1	29.1
31. Current users ever told about side effects of current method ⁸ (%)	48.4	42.5

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Dhule, Maharashtra - Key Indicators

Diffue, Manarasitra - Rey indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.2	55.8
33. Mothers who had at least 4 antenatal care visits (%)	63.2	62.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	80.5	85.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	30.7	15.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.5	6.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.7	92.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.2	70.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,269	2,491
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(9.0)	5.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	()	-
days of delivery (%)	74.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	77.2	72.6
43. Institutional births in public facility (%)	48.8	42.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	8.1	12.1
45. Births attended by skilled health personnel ¹⁰ (%)	84.2	82.5
46. Births delivered by caesarean section (%)	17.0	13.9
47. Births in a private health facility that were delivered by caesarean section (%)	40.8	28.9
48. Births in a public health facility that were delivered by caesarean section (%)	11.1	12.2
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	56.6	40.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(69.1)	(71.0)
51. Children age 12-23 months who have received BCG (%)	87.1	95.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	62.3	54.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	67.4	69.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	67.7	85.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	5.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	51.9	44.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	55.7	79.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	90.4	96.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	9.6	3.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	15.7	11.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(55.6)	(63.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(23.2)	(15.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(75.2)	(80.0)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.1	2.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	75.2	(94.7)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Dhule, Maharashtra - Key Indicators

Dhule, Manarashtra - Key Indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.3	55.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(63.4)	*
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} (%)	12.6	19.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.4	17.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.6	39.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	38.9	30.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	18.1	11.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	46.0	47.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	0.2	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 (%)	26.5	30.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	23.9	14.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	30.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.2	67.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	60.8	53.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(70.6)	(65.0)
84. All women age 15-49 years who are anaemic ²² (%)	61.2	53.5
85. All women age 15-19 years who are anaemic ²² (%)	59.8	56.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	21.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	05.4	
control blood pressure (%)	25.1	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 (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)		
102. Men age 15 years and above who use any kind of tobacco (%)	15.6	na
103. Women age 15 years and above who consume alcohol (%)	38.2	na
104. Men age 15 years and above who consume alcohol (%)	0.5	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

GADCHIROLI MAHARASHTRA



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Gadchiroli. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Gadchiroli, information was gathered from 921 households, 915 women, and 164 men.

Gadchiroli, Maharashtra - Key Indicators

Oddernion, Manarashtra - Rey maleators		
Indiastara	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.1	65.5
2. Population below age 15 years (%)	22.7	22.0
3. Sex ratio of the total population (females per 1,000 males)	1,048	968
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,098	1,162
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.6	99.2
6. Deaths in the last 3 years registered with the civil authority (%)	92.2	na
7. Population living in households with electricity (%)	95.8	93.7
8. Population living in households with an improved drinking-water source ¹ (%)	83.0	85.4
9. Population living in households that use an improved sanitation facility ² (%)	62.4	32.3
10. Households using clean fuel for cooking ³ (%)	60.5	22.4
11. Households using iodized salt (%)	97.7	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	33.3	19.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	79.4	na
15. Women with 10 or more years of schooling (%)	42.3	35.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.1	8.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	0.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.1	1.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	80.9	65.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	76.5	75.1
21. Any modern method ⁶ (%)	76.0	73.8
22. Female sterilization (%)	50.6	62.8
23. Male sterilization (%)	13.0	5.6
24. IUD/PPIUD (%)	0.6	0.8
25. Pill (%)	1.2	0.7
26. Condom (%)	10.1	3.9
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	5.6	5.5
29. Unmet need for spacing ⁷ (%)	3.2	3.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	32.7	28.3
31. Current users ever told about side effects of current method ⁸ (%)	58.3	59.5

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Gadchiroli, Maharashtra - Key Indicators

Gadefinon, Manarasitra - Rey Indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	84.6	82.0
33. Mothers who had at least 4 antenatal care visits (%)	86.8	76.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.4	98.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	70.8	48.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	34.8	36.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.0	94.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.5	71.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,847	910
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 (%)	93.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.3	87.7
43. Institutional births in public facility (%)	90.5	70.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.8	6.5
45. Births attended by skilled health personnel ¹⁰ (%)	98.2	94.2
46. Births delivered by caesarean section (%)	17.3	11.0
47. Births in a private health facility that were delivered by caesarean section (%)	*	(33.7)
48. Births in a public health facility that were delivered by caesarean section (%)	12.5	7.2
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(97.9)	(82.0)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(95.6)	(97.7)
51. Children age 12-23 months who have received BCG (%)	(100.0)	(96.9)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(100.0)	(87.0)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(97.9)	(93.7)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(100.0)	(87.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(45.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(7.9)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(97.9)	(83.8)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.1	80.4
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 (%)	4.7	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 (%)	3.2	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 (%)	*	*

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Gadchiroli, Maharashtra - Key Indicators

Gauchiroli, Manarashtra - Key Indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	66.0	62.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.4	8.8
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} (%)	4.5	8.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.7	32.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	30.0	45.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.5	22.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.4	42.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	9.5	0.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	24.3	27.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	5.6	6.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	45.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	76.6	58.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	67.1	52.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(39.3)	(44.5)
84. All women age 15-49 years who are anaemic ²² (%)	66.2	51.7
85. All women age 15-19 years who are anaemic ²² (%)	67.3	64.4
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 (%)	2.3	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 (%)	5.4	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 (%)	10.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.4	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 (%)	17.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	17.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.1	na
99. Ever undergone a breast examination for breast cancer (%)	0.9	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.9	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	26.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	61.4	na
103. Women age 15 years and above who consume alcohol (%)	3.1	na
104. Men age 15 years and above who consume alcohol (%)	34.7	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



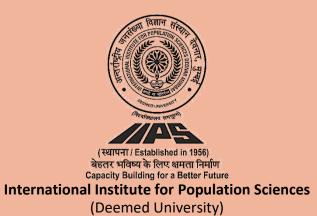
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Gondiya Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Gondiya. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Gondiya, information was gathered from 915 households, 938 women, and 167 men.

Gondiva, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.4	77.3
2. Population below age 15 years (%)	21.6	23.3
3. Sex ratio of the total population (females per 1,000 males)	994	1037
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,050	1,009
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.6	99.4
6. Deaths in the last 3 years registered with the civil authority (%)	90.7	na
7. Population living in households with electricity (%)	98.2	97.0
8. Population living in households with an improved drinking-water source ¹ (%)	91.6	78.9
9. Population living in households that use an improved sanitation facility ² (%)	74.3	57.7
10. Households using clean fuel for cooking ³ (%)	68.0	23.8
11. Households using iodized salt (%)	98.0	98.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	30.6	16.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	87.5	na
15. Women with 10 or more years of schooling (%)	54.1	43.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	6.5	5.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.6	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.0	4.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	88.6	60.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	78.3	67.7
21. Any modern method ⁶ (%)	77.8	65.6
22. Female sterilization (%)	62.3	55.0
23. Male sterilization (%)	5.8	6.8
24. IUD/PPIUD (%)	0.9	0.0
25. Pill (%)	1.1	0.3
26. Condom (%)	6.6	3.5
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	7.8	8.8
29. Unmet need for spacing ⁷ (%)	2.4	4.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	36.4	21.3
31. Current users ever told about side effects of current method ⁸ (%)	61.7	36.1

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Gondiva, Maharashtra - Kev Indicators

Gondrya, Manarashtra - Key mulcators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	69.0	68.9
33. Mothers who had at least 4 antenatal care visits (%)	66.2	76.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	98.3	95.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	46.0	70.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.0	48.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7	96.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.0	68.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,684	1,447
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 (%)	89.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.1	93.3
43. Institutional births in public facility (%)	88.6	79.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.9	3.6
45. Births attended by skilled health personnel ¹⁰ (%)	98.3	93.0
46. Births delivered by caesarean section (%)	27.0	16.3
47. Births in a private health facility that were delivered by caesarean section (%)	*	(60.1)
48. Births in a public health facility that were delivered by caesarean section (%)	22.1	9.8
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(88.2)	74.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(90.4)	(79.9)
51. Children age 12-23 months who have received BCG (%)	(95.8)	91.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(91.1)	82.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(91.1)	87.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(93.0)	85.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(31.4)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(2.6)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(89.5)	76.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.4	76.9
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 (%)	4.5	4.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.6	1.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	(72.6)	*
health provider (%)	(73.6)	

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Gondiva, Maharashtra - Kev Indicators

Gondiya, Manarashtra - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	58.9	69.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.3	3.5
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} (%)	7.2	6.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.9	34.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.7	29.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.1	13.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.6	40.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	8.3	0.7
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 (%)	23.4	35.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	9.4	6.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	43.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	78.0	57.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	60.9	54.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(43.6)	(58.7)
84. All women age 15-49 years who are anaemic ²² (%)	60.4	55.1
85. All women age 15-19 years who are anaemic ²² (%)	65.2	52.8
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 (%)	3.3	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 (%)	6.0	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.9	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) (%)	11.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	21.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	10.0	
control blood pressure (%)	18.9	na
Screening for Cancer among Women (age 30-49 years)	0.0	
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.6	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)	47.0	F -
101. Women age 15 years and above who use any kind of tobacco (%)	17.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.1	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	22.6	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Hingoli Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Hingoli. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Hingoli, information was gathered from 907 households, 1,121 women, and 173 men.

Hingoli, Maharashtra - Key Indicators

Thingon, Manarashtra - Rey Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.4	67.0
2. Population below age 15 years (%)	24.8	28.2
3. Sex ratio of the total population (females per 1,000 males)	962	1,002
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	838	992
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.0	95.4
6. Deaths in the last 3 years registered with the civil authority (%)	79.3	na
7. Population living in households with electricity (%)	98.1	85.8
8. Population living in households with an improved drinking-water source ¹ (%)	92.4	87.3
9. Population living in households that use an improved sanitation facility ² (%)	69.0	42.8
10. Households using clean fuel for cooking ³ (%)	53.1	25.6
11. Households using iodized salt (%)	99.0	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.7	14.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	18.4	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 (%)	33.2	25.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	37.1	41.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.4	3.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	14.4	15.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.2	32.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	73.1	66.9
21. Any modern method ⁶ (%)	72.9	66.0
22. Female sterilization (%)	58.7	57.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.3	0.9
25. Pill (%)	3.5	1.3
26. Condom (%)	8.8	6.5
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.4	7.7
29. Unmet need for spacing ⁷ (%)	5.6	3.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	11.3	13.8
31. Current users ever told about side effects of current method ⁸ (%)	41.5	17.0

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant. ²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Hingoli, Maharashtra - Key Indicators

Thigon, Manarashtra - Key Indicators		
Indiastara	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)	00 5	04.0
32. Mothers who had an antenatal check-up in the first trimester (%)	82.5	64.6
33. Mothers who had at least 4 antenatal care visits (%)	66.6	63.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	88.5	94.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	23.2	42.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	10.9	27.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.8	93.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.4	64.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,114	16,010
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.3)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		(3.3)
days of delivery (%)	85.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.0	84.6
43. Institutional births in public facility (%)	68.6	45.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.6	6.8
45. Births attended by skilled health personnel ¹⁰ (%)	95.3	83.5
46. Births delivered by caesarean section (%)	16.4	11.5
47. Births in a private health facility that were delivered by caesarean section (%)	29.3	18.5
48. Births in a public health facility that were delivered by caesarean section (%)	13.0	9.4
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 (%)	76.9	65.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(79.4)	(71.4)
51. Children age 12-23 months who have received BCG (%)	98.3	96.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	78.6	80.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.7	75.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.0	87.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	41.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	7.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.5	72.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.1	71.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.8	90.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.2	9.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.1	9.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(37.5)	(46.2)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(22.1)	(6.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(71.1)	(74.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.2	2.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	00 F	(00.0)
health provider (%)	69.5	(82.9)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Hingoli, Maharashtra - Key Indicators

Thingon, Manarashira - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	55.4	58.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(55.8)	(81.8)
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} (%)	11.8	7.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.5	8.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.4	39.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.8	24.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.5	10.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	38.9	36.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.0	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 (%)	24.9	29.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	16.6	13.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	24.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.5	51.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	51.2	41.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(53.3)	(55.5)
84. All women age 15-49 years who are anaemic ²² (%)	51.3	42.0
85. All women age 15-19 years who are anaemic ²² (%)	60.5	39.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.5	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 (%)	4.6	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	47.4	
control blood pressure (%)	17.4	na
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) (%)	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 (%)	17.4	na
Screening for Cancer among Women (age 30-49 years)		1104
98. Ever undergone a screening test for cervical cancer (%)	0.7	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)	5.0	
101. Women age 15 years and above who use any kind of tobacco (%)	7.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	32.7	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	11.8	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Jalgaon Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Jalgaon. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Jalgaon, information was gathered from 842 households, 881 women, and 155 men.

Jalgaon, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.5	75.4
2. Population below age 15 years (%)	25.1	25.1
3. Sex ratio of the total population (females per 1,000 males)	983	914
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	857	922
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.7	92.1
6. Deaths in the last 3 years registered with the civil authority (%)	94.0	na
7. Population living in households with electricity (%)	96.8	91.9
8. Population living in households with an improved drinking-water source ¹ (%)	94.3	95.9
9. Population living in households that use an improved sanitation facility ² (%)	59.7	43.6
10. Households using clean fuel for cooking ³ (%)	79.5	52.9
11. Households using iodized salt (%)	96.8	98.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	11.9	11.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	30.0	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 (%)	40.8	32.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.0	34.2
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 (%)	10.7	13.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	70.1	53.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	44.0	65.3
21. Any modern method ⁶ (%)	43.6	64.2
22. Female sterilization (%)	35.4	52.7
23. Male sterilization (%)	0.0	0.5
24. IUD/PPIUD (%)	1.8	2.2
25. Pill (%)	0.6	1.8
26. Condom (%)	5.6	6.9
27. Injectables (%)	0.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	14.9	11.0
29. Unmet need for spacing ⁷ (%)	4.9	5.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	9.4	15.2
31. Current users ever told about side effects of current method ⁸ (%)	47.0	42.7

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Jalgaon, Maharashtra - Key Indicators

Jaigaon, Manarashira - Key Indicators		NFHS-4
Indicators	NFHS-5 (2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	60.3	61.5
33. Mothers who had at least 4 antenatal care visits (%)	58.4	64.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	82.2	90.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	28.9	39.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	20.4	31.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	91.0	87.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.5	78.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,366	2,655
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 (%)	78.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	86.5	84.2
43. Institutional births in public facility (%)	40.2	37.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.8	4.9
45. Births attended by skilled health personnel ¹⁰ (%)	81.9	84.0
46. Births delivered by caesarean section (%)	27.5	20.2
47. Births in a private health facility that were delivered by caesarean section (%)	40.1	35.4
48. Births in a public health facility that were delivered by caesarean section (%)	22.2	10.1
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(61.3)	(43.2)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(79.9)	*
51. Children age 12-23 months who have received BCG (%)	(96.2)	(85.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(75.8)	(50.7)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(76.8)	(58.4)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(74.6)	(83.1)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(32.7)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(19.3)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(59.4)	(44.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	57.9	60.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(92.3)	(87.4)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.7)	(12.6)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.7	12.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(60.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(10.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(83.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.1	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 (%)	61.8	(94.9)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Jalgaon, Maharashtra - Key Indicators

Jaiyaon, Manarashira - Key mulcalors		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.2	61.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(59.8)	(41.8)
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} (%)	18.3	(1.9)
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} (%)	15.6	2.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.3	36.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	30.5	32.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.0	7.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	36.9	36.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.5	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 (%)	22.2	18.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	26.2	23.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	39.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	85.2	60.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	65.3	51.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(63.8)	*
84. All women age 15-49 years who are anaemic ²² (%)	65.2	51.7
85. All women age 15-19 years who are anaemic ²² (%)	69.4	54.6
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 (%)	5.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.9	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 (%)	20.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	24.4	na
Screening for Cancer among Women (age 30-49 years)	<u> </u>	
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	10.0	
101. Women age 15 years and above who use any kind of tobacco (%)	12.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	37.7	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	12.3	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

²³Random blood sugar measurement.

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Jalna Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Jalna. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Jalna, information was gathered from 863 households, 937 women, and 145 men.

Jalna, Maharashtra - Key Indicators

		NFHS-4
Indicators	NFHS-5 (2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.6	65.2
2. Population below age 15 years (%)	26.9	29.0
3. Sex ratio of the total population (females per 1,000 males)	948	950
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	867	880
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.8	95.4
6. Deaths in the last 3 years registered with the civil authority (%)	75.0	na
7. Population living in households with electricity (%)	95.7	87.3
8. Population living in households with an improved drinking-water source ¹ (%)	82.8	76.9
9. Population living in households that use an improved sanitation facility ² (%)	63.6	37.2
10. Households using clean fuel for cooking ³ (%)	56.4	20.7
11. Households using iodized salt (%)	97.6	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	9.7	11.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	33.8	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 (%)	34.3	24.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	35.0	49.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	2.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.1	21.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	71.8	37.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	49.7	65.0
21. Any modern method ⁶ (%)	48.9	64.0
22. Female sterilization (%)	34.7	50.7
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	1.6	1.3
25. Pill (%)	2.6	2.3
26. Condom (%)	9.6	9.6
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	13.1	8.6
29. Unmet need for spacing ⁷ (%)	3.9	3.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	15.7	17.1
31. Current users ever told about side effects of current method ⁸ (%)	43.3	20.1

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Jalna, Maharashtra - Kev Indicators

Jailla, Maria asitti a - Key indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	56.0	63.9
33. Mothers who had at least 4 antenatal care visits (%)	58.4	64.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	78.3	90.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	27.2	45.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	20.8	29.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.1	95.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.0	66.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,178	24,453
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 (%)	78.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.8	92.0
43. Institutional births in public facility (%)	57.3	61.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.4	4.0
45. Births attended by skilled health personnel ¹⁰ (%)	86.5	91.4
46. Births delivered by caesarean section (%)	15.2	10.6
47. Births in a private health facility that were delivered by caesarean section (%)	30.4	20.0
48. Births in a public health facility that were delivered by caesarean section (%)	7.7	7.4
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	54.3	70.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(68.9)	(72.6)
51. Children age 12-23 months who have received BCG (%)	92.6	95.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	66.4	80.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	64.3	81.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	75.9	89.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	15.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	50.8	74.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	70.1	67.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.1	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.6	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	19.0	8.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	48.1	(55.1)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	14.8	(7.8)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	76.4	(61.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.0	3.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.7	(65.2)
	00.1	(00.2)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Jalna, Maharashtra - Kev Indicators

Jama, Manarashtra - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	66.1	61.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(69.8)
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} (%)	4.7	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} (%)	5.2	5.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.0	44.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	22.2	22.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.2	9.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.0	43.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.3	2.0
Nutritional Status of Women (age 15-49 years)	00.0	00.4
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	23.3	29.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	20.6	15.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	21.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	68.3	49.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.7	44.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(47.3)	(37.7)
84. All women age 15-49 years who are anaemic ²² (%)	58.2	43.9
85. All women age 15-19 years who are anaemic ²² (%)	54.6	45.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.0	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) (%)	12.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	21.0	20
Control blood pressure (%)	21.8	na
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.9	20
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	5.5	na
control blood pressure (%)	24.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.4	na
99. Ever undergone a breast examination for breast cancer (%)	1.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.9	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 (%)	32.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	11.3	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

²³Random blood sugar measurement.

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Kolhapur Maharashtra



Introduction

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

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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 Kolhapur. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Kolhapur, information was gathered from 887 households, 986 women, and 150 men.

Kolhapur, Maharashtra - Key Indicators

Romapur, Manarashtra Rey Maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.2	77.3
2. Population below age 15 years (%)	20.7	22.0
3. Sex ratio of the total population (females per 1,000 males)	1,025	978
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	937	651
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.6	96.3
6. Deaths in the last 3 years registered with the civil authority (%)	98.2	na
7. Population living in households with electricity (%)	98.8	97.1
8. Population living in households with an improved drinking-water source ¹ (%)	97.3	95.8
9. Population living in households that use an improved sanitation facility ² (%)	82.0	68.3
10. Households using clean fuel for cooking ³ (%)	84.7	64.0
11. Households using iodized salt (%)	97.7	94.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.5	10.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(20.9)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	90.7	na
15. Women with 10 or more years of schooling (%)	53.8	44.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.0	30.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.8	9.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	91.9	66.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	71.4	53.7
21. Any modern method ⁶ (%)	69.2	53.2
22. Female sterilization (%)	60.2	47.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.4	1.7
25. Pill (%)	1.7	0.5
26. Condom (%)	6.6	3.4
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	8.1	11.2
29. Unmet need for spacing ⁷ (%)	3.5	3.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.9	13.1
31. Current users ever told about side effects of current method ⁸ (%)	52.4	35.7

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Kolhapur, Maharashtra - Key Indicators

Komapur, Manarashtra Key maleators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	71.5	60.6
33. Mothers who had at least 4 antenatal care visits (%)	81.8	69.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	88.3	89.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.8	46.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	39.4	39.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.3	86.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	95.2	78.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,958	2,452
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 (%)	91.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.2	95.4
43. Institutional births in public facility (%)	45.6	42.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.4
45. Births attended by skilled health personnel ¹⁰ (%)	93.6	83.8
46. Births delivered by caesarean section (%)	38.1	30.7
47. Births in a private health facility that were delivered by caesarean section (%)	55.8	48.0
48. Births in a public health facility that were delivered by caesarean section (%)	18.1	12.9
Child Vaccinations and Vitamin A Supplementation	_	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or	(07.0)	(40.0)
mother's recall ¹¹ (%)	(67.2)	(46.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(78.0)	(04.0)
51. Children age 12-23 months who have received BCG (%)	(88.6)	(84.9)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(74.5)	(69.2)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(78.8)	(70.2)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(76.4)	(77.2)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(24.2)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%) 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(2.4)	na (72.4)
	(71.8) 66.0	(72.1) 75.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(92.5)	
60. Children age 12-23 months who received most of their vaccinations in a public realit facility (%)		(88.3) (11.7)
Treatment of Childhood Diseases (children under age 5 years)	(7.5)	(11.7)
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.9	12.0
62. Children with diarrhoea in the 2 weeks preceding the survey (%)	3.9 *	12.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.2	3.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	0.2	0.9
health provider (%)	(79.8)	(77.4)
	. ,	、 <i>/</i>

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Kolhapur, Maharashtra - Key Indicators

Kolhapur, Manarashtra - Key Indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	45.2	53.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	13.8 *	(2.0)
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} (%)	15.1	1.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	33.6	26.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.9	25.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.9	5.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	34.7	31.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.3	1.1
Nutritional Status of Women (age 15-49 years)	40.0	00.4
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	19.2	23.4
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	23.7	27.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	46.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	66.4	45.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	50.1	47.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(48.9)	*
84. All women age 15-49 years who are anaemic ²² (%)	50.1	46.8
85. All women age 15-19 years who are anaemic ²² (%)	42.8	41.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.5	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) (%)	17.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	31.0	20
control blood pressure (%) Men	31.0	na
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.1	20
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	7.1	na
control blood pressure (%)	33.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	9.4	na
99. Ever undergone a breast examination for breast cancer (%)	8.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	8.3	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 (%)	9.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	25.8	na
103. Women age 15 years and above who consume alcohol (%)	0.0	na
104. Men age 15 years and above who consume alcohol (%)	10.0	na
- · ·		

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

LATUR MAHARASHTRA



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Latur. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Latur, information was gathered from 906 households, 1,006 women, and 160 men.

Latur, Maharashtra - Key Indicators

Eatar, Manardontra Roy Malodtoro		NFHS-4
Indicators	NFHS-5 (2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	70.6	67.8
2. Population below age 15 years (%)	23.7	27.2
3. Sex ratio of the total population (females per 1,000 males)	979	966
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,265	920
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.2	94.9
6. Deaths in the last 3 years registered with the civil authority (%)	81.7	na
7. Population living in households with electricity (%)	97.2	94.7
8. Population living in households with an improved drinking-water source ¹ (%)	94.6	96.7
9. Population living in households that use an improved sanitation facility ² (%)	72.5	44.2
10. Households using clean fuel for cooking ³ (%)	78.5	32.4
11. Households using iodized salt (%)	97.8	97.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	33.6	19.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	33.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	83.3	na
15. Women with 10 or more years of schooling (%)	40.7	34.1
Marriage and Fertility	_	
16. Women age 20-24 years married before age 18 years (%)	31.0	37.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.6	1.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	14.2	13.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	81.0	58.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	78.2	67.4
21. Any modern method ⁶ (%)	77.2	65.5
22. Female sterilization (%)	64.0	58.1
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.9	1.8
25. Pill (%)	2.7	1.6
26. Condom (%)	9.5	3.6
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	8.9
29. Unmet need for spacing ⁷ (%)	3.3	6.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.6	19.0
31. Current users ever told about side effects of current method ⁸ (%)	72.5	34.5

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Latur, Maharashtra - Key Indicators

Latur, Manarashtra - Rey Indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)	Total	Total
32. Mothers who had an antenatal check-up in the first trimester (%)	74.6	63.5
33. Mothers who had at least 4 antenatal care visits (%)	74.0	74.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	86.4	88.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.6	40.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	38.0	31.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	94.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		82.3
days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	93.3 2,483	02.3 1,515
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2,403	(11.6)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		(11.0)
days of delivery (%)	92.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.7	89.9
43. Institutional births in public facility (%)	66.8	49.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.4	3.9
45. Births attended by skilled health personnel ¹⁰ (%)	93.4	88.4
46. Births delivered by caesarean section (%)	19.0	15.9
47. Births in a private health facility that were delivered by caesarean section (%)	36.5	27.8
48. Births in a public health facility that were delivered by caesarean section (%)	13.2	9.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	79.2	59.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	77.9	77.4
51. Children age 12-23 months who have received BCG (%)	96.2	92.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	83.0	72.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.7	79.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.9	87.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	8.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.2	67.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.7	65.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.0	87.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	9.0	12.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.8	16.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(65.4)	50.3
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(32.3)	3.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(59.6)	65.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	3.3	1.9
health provider (%)	64.5	71.2

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Latur, Maharashtra - Key Indicators

Latur, Manarashtra - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	45.3	49.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(47.3)
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} (%)	9.3	4.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(20.9)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.0	7.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	43.2	34.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.0	22.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.0	7.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.9	34.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.3	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 (%)	24.2	25.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	17.6	19.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	59.5	53.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	50.7	36.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(51.0)	(50.9)
84. All women age 15-49 years who are anaemic ²² (%)	50.7	37.5
85. All women age 15-19 years who are anaemic ²² (%)	56.5	35.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.4	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 (%)	11.1	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) (%)	11.1	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	10.0	
control blood pressure (%)	18.6	na
	40.7	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.6	na
Screening for Cancer among Women (age 30-49 years)	10.0	na
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	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)	v . 	i i d
101. Women age 15 years and above who use any kind of tobacco (%)	3.7	na
101. Women age 15 years and above who use any kind of tobacco (%)	37.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	14.2	na
	17.4	па

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET MUMBAI SUBURBAN MAHARASHTRA



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Mumbai Suburban. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Mumbai Suburban, information was gathered from 635 households, 552 women, and 64 men.

Mumbai Suburban, Maharashtra - Key Indicators

Multibal Suburbari, Manarashtra - Key mulcat	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	88.5	82.9
2. Population below age 15 years (%)	20.2	22.4
3. Sex ratio of the total population (females per 1,000 males)	921	869
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	703	932
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.6	93.8
6. Deaths in the last 3 years registered with the civil authority (%)	(92.7)	na
7. Population living in households with electricity (%)	99.2	93.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	99.7
9. Population living in households that use an improved sanitation facility ² (%)	62.6	25.9
10. Households using clean fuel for cooking ³ (%)	98.7	87.1
11. Households using iodized salt (%)	99.5	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.2	12.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(30.8)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	91.6	na
15. Women with 10 or more years of schooling (%)	65.7	43.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.0	17.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	4.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.5	9.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	96.2	80.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	64.6	64.9
21. Any modern method ⁶ (%)	58.7	59.6
22. Female sterilization (%)	37.5	43.5
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.2	1.6
25. Pill (%)	0.9	5.3
26. Condom (%)	18.0	8.9
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.4	12.3
29. Unmet need for spacing ⁷ (%)	3.4	5.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.4	24.9
31. Current users ever told about side effects of current method ⁸ (%)	(48.2)	58.8

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant. ²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Mumbai Suburban, Maharashtra - Key Indicators

Mumbal Suburban, Manalashtra - Key mulcati	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	58.1	57.5
33. Mothers who had at least 4 antenatal care visits (%)	72.2	82.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.1	87.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.8	36.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	30.2	20.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	92.6	89.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.5	81.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(3,943)	3,079
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 (%)	97.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.1	93.9
43. Institutional births in public facility (%)	56.0	51.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.5	4.4
45. Births attended by skilled health personnel ¹⁰ (%)	98.5	97.9
46. Births delivered by caesarean section (%)	31.7	18.9
47. Births in a private health facility that were delivered by caesarean section (%)	(41.9)	30.3
48. Births in a public health facility that were delivered by caesarean section (%)	25.1	11.9
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	*	(50.1)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	*	*
51. Children age 12-23 months who have received BCG (%)	*	(75.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	*	(56.3)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	(65.7)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	(69.2)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	*	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	*	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	*	(44.2)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	(73.6)	85.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	(85.4)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	(14.6)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.7	5.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	4 7	<u>,</u>
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.7	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 (%)	*	*

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Mumbai Suburban, Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	56.8	58.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	0.00	56.U *
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(17.8)	(14.2)
70. Dreastfeeding children age 6-23 months receiving an adequate diet ⁴⁶ (%)	(17.0)	(14.2)
72. Total children age 6-23 months receiving an adequate diet $^{16, 17}$ (%)	(17.8)	(14.2)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.2	21.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.6	
74. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.2	20.3 11.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	24.6	28.9
	10.5	20.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	10.5	2.1
Nutritional Status of Women (age 15-49 years)	10.0	45.4
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	12.2	15.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	40.4	36.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	65.6	70.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	49.7	50.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	*
84. All women age 15-49 years who are anaemic ²² (%)	50.0	50.4
85. All women age 15-19 years who are anaemic ²² (%)	(67.2)	63.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	21.0	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) (%)	15.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	26.6	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) (%)	4.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	28.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.2	na
99. Ever undergone a breast examination for breast cancer (%)	2.1	na
100. Ever undergone an oral cavity examination for oral cancer (%)	2.1	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
	20.0	na
102. Men age 15 years and above who use any kind of tobacco (%)		
102. Men age 15 years and above who use any kind of tobacco (%) 103. Women age 15 years and above who consume alcohol (%)	0.3	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Mumbai Maharashtra



Introduction

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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 Mumbai. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Mumbai, information was gathered from 826 households, 779 women, and 127 men.

Mumbai, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
	Total	Total
Population and Household Profile	92.5	87.2
1. Female population age 6 years and above who ever attended school (%)	92.5 16.2	
2. Population below age 15 years (%)		19.6
3. Sex ratio of the total population (females per 1,000 males)	939	906
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,019	1,033
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.6	95.0
6. Deaths in the last 3 years registered with the civil authority (%)	100.0	na
7. Population living in households with electricity (%)	99.6	99.3
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	99.9
9. Population living in households that use an improved sanitation facility ² (%)	58.6	40.2
10. Households using clean fuel for cooking ³ (%)	98.3	89.2
11. Households using iodized salt (%)	98.3	98.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	30.7	14.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(38.3)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	94.3	na
15. Women with 10 or more years of schooling (%)	71.1	52.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	4.5	10.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.0	0.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	99.1	83.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	74.3	59.6
21. Any modern method ⁶ (%)	71.7	53.1
22. Female sterilization (%)	47.0	36.1
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	4.1	2.0
25. Pill (%)	1.9	3.1
26. Condom (%)	18.1	11.7
27. Injectables (%)	0.2	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	4.9	13.7
29. Unmet need for spacing ⁷ (%)	1.9	3.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.2	27.7
31. Current users ever told about side effects of current method ⁸ (%)	(77.8)	(52.0)

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Mumbai, Maharashtra - Key Indicators

Wullibal, Maria asilita - Key Indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	86.2	60.6
33. Mothers who had at least 4 antenatal care visits (%)	87.1	80.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.4	91.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	72.4	52.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	49.5	34.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.1	91.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.6	84.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,233	8,300
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 (%)	99.5	97.4
43. Institutional births in public facility (%)	55.5	56.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	98.3	93.4
46. Births delivered by caesarean section (%)	30.4	28.5
47. Births in a private health facility that were delivered by caesarean section (%)	39.1	37.6
48. Births in a public health facility that were delivered by caesarean section (%)	23.8	23.2
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	*	(45.6)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	*	*
51. Children age 12-23 months who have received BCG (%)	*	(87.6)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	*	(55.6)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	(50.6)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	(73.9)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	*	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	*	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	*	(45.9)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.8	85.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	*
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	*
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.5	6.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.7	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 (%)	*	*

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Mumbai, Maharashtra - Key Indicators

Indicators (2019-20) (2015-20) (2015-20) Child Feeding Practices and Nutritional Status of Children Total Total Total C7. Children under age 3 years breastfed within one hour of birth® (%) 5 4 8 68. Children age 6-32 months receiving and adequate diet ^{% 17} (%) (12.8) (3.5) 71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{% 17} (%) (14.1) (6.4) 73. Children under 5 years who are subtind (height-for-legith) ¹⁶ (%) 226.6 25.5 74. Children under 5 years who are subtind (height-for-legith) ¹⁶ (%) 26.6 22.7 70. Children under 5 years who are severely wasted (weight-for-height) ¹⁶ (%) 23.6 22.6 75. Children under 5 years who are overweight (weight-for-height) ¹⁶ (%) 24.1 4.4 Nutritional Status of Worne (logg 15-49 years) 21.0 17.8 78. Wornen who are overweight (weight-for-height) ¹⁶ (%) 54.4 na 79. Wornen who are overweight (weight-for-legith) ¹⁷ (%) 25.0 34.0 79. Wornen who are overweight (weight-for-legith) ¹⁷ (%) 25.0 34.0 70. Wornen who are anaemic (<11.0 g/d1) ²⁷ (%) 54.4 na	Wullibal, Wallalashira - Key mulcators		
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	104. Men age 15 years and above who consume alcohol (%)	16.0	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Nagpur Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Nagpur. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Nagpur, information was gathered from 917 households, 1,063 women, and 169 men.

Nagpur, Maharashtra - Key Indicators

Ragpar, manarashtra Rey maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	86.5	86.0
2. Population below age 15 years (%)	20.9	20.9
3. Sex ratio of the total population (females per 1,000 males)	971	1,004
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	926	957
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.7	98.4
6. Deaths in the last 3 years registered with the civil authority (%)	92.4	na
7. Population living in households with electricity (%)	99.5	97.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.5	97.4
9. Population living in households that use an improved sanitation facility ² (%)	88.9	72.2
10. Households using clean fuel for cooking ³ (%)	96.0	75.7
11. Households using iodized salt (%)	97.6	94.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	25.6	18.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(33.1)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	94.6	na
15. Women with 10 or more years of schooling (%)	67.6	53.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	7.1	7.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.9	1.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	88.5	72.6
Current Use of Family Planning Methods (currently married women age 15–49 years)	_	
20. Any method ⁶ (%)	84.1	69.1
21. Any modern method ⁶ (%)	81.2	67.9
22. Female sterilization (%)	61.0	52.4
23. Male sterilization (%)	0.6	0.1
24. IUD/PPIUD (%)	3.5	0.9
25. Pill (%)	1.7	1.4
26. Condom (%)	14.0	13.0
27. Injectables (%)	0.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.2	8.7
29. Unmet need for spacing ⁷ (%)	2.6	4.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	39.5	15.4
31. Current users ever told about side effects of current method ⁸ (%)	62.4	25.2

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Nagpur, Maharashtra - Key Indicators

Nagpul, Manarashtra - Key mulcators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	78.1	88.0
33. Mothers who had at least 4 antenatal care visits (%)	71.4	81.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.8	97.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	57.1	52.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	42.0	36.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.6	96.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.4	84.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,249	1,911
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 (%)	90.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100.0	97.2
43. Institutional births in public facility (%)	61.9	70.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.9
45. Births attended by skilled health personnel ¹⁰ (%)	96.6	98.1
46. Births delivered by caesarean section (%)	33.7	39.3
47. Births in a private health facility that were delivered by caesarean section (%)	41.4	59.4
48. Births in a public health facility that were delivered by caesarean section (%)	28.9	33.2
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	89.4	(76.5)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	87.4	(87.3)
51. Children age 12-23 months who have received BCG (%)	100.0	(96.1)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	94.7	(84.3)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	95.1	(89.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.5	(92.1)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	39.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	9.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.3	(88.4)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	95.6	79.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	79.3	(84.3)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	20.7	(15.8)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.0	5.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	3.9	1.2
health provider (%)	(65.0)	(83.7)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Nagpur, Maharashtra - Key Indicators

Nagpur, Manarashtra - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	68.4 *	59.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(88.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	4.0	1.0
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.6 *	1.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)		E 0
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.6 27.6	5.9
 73. Children under 5 years who are stunted (height-for-age)¹⁸ (%) 74. Children under 5 years who are wasted (weight-for-height)¹⁸ (%) 	34.0	33.9 25.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	20.0	12.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.9	33.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	10.1	1.0
Nutritional Status of Women (age 15-49 years)	10.1	1.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	17.1	23.0
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	13.4	23.3
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	46.1	na
Anaemia among Children and Women	40.1	na
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	70.5	44.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	70.5 54.0	46.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	.0	(44.4)
84. All women age 15-49 years who are anaemic ²² (%)	53.6	46.6
85. All women age 15-19 years who are anaemic ²² (%)	57.9	40.0 51.2
Blood Sugar Level among Adults (age 15 years and above)	51.5	01.2
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.0	na
87. Blood sugar level - very high (>160 mg/dl) 23 (%)	3.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.7	na
Men	10.1	nu
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.0	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 (%)	12.8	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) (%)	13.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	21.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	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	18.3	20
control blood pressure (%) Screening for Cancer among Women (age 30-49 years)	10.5	na
98. Ever undergone a screening test for cervical cancer (%)	0.8	22
99. Ever undergone a breast examination for breast cancer (%)	0.8	na 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)	0.1	na
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 (%)	40.2	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	17.8	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Nanded Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Nanded. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Nanded, information was gathered from 908 households, 1,026 women, and 164 men.

Nanded, Maharashtra - Key Indicators

Nanaca, Manarashtra Rey Malcators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.1	68.5
2. Population below age 15 years (%)	24.8	29.6
3. Sex ratio of the total population (females per 1,000 males)	970	1,000
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	888	961
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.8	94.1
6. Deaths in the last 3 years registered with the civil authority (%)	75.6	na
7. Population living in households with electricity (%)	96.4	90.6
8. Population living in households with an improved drinking-water source ¹ (%)	94.8	91.3
9. Population living in households that use an improved sanitation facility ² (%)	68.0	45.5
10. Households using clean fuel for cooking ³ (%)	64.5	32.4
11. Households using iodized salt (%)	96.9	95.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.7	18.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	24.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	71.9	na
15. Women with 10 or more years of schooling (%)	31.6	27.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.2	43.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	3.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.7	11.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.8	40.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	68.1	60.9
21. Any modern method ⁶ (%)	67.3	59.5
22. Female sterilization (%)	58.5	54.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.5	1.0
25. Pill (%)	1.6	0.9
26. Condom (%)	5.3	3.5
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	9.2	10.4
29. Unmet need for spacing ⁷ (%)	4.3	5.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	15.3	21.7
31. Current users ever told about side effects of current method ⁸ (%)	49.9	22.3

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Nanded, Maharashtra - Key Indicators

Nanded, Manarashtra - Key Indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	62.5	71.3
33. Mothers who had at least 4 antenatal care visits (%)	53.5	70.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.8	93.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	21.7	39.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.8	26.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.7	91.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.1	65.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,964	1,982
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(4.9)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		(),
days of delivery (%)	79.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.8	84.3
43. Institutional births in public facility (%)	66.7	50.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.9	5.3
45. Births attended by skilled health personnel ¹⁰ (%)	92.6	89.2
46. Births delivered by caesarean section (%)	14.0	13.6
47. Births in a private health facility that were delivered by caesarean section (%)	28.8	24.8
48. Births in a public health facility that were delivered by caesarean section (%)	8.9	10.3
Child Vaccinations and Vitamin A Supplementation	_	
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	75.7	51.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	84.9	67.9
51. Children age 12-23 months who have received BCG (%)	93.8	88.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	82.3	66.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.9	71.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.2	82.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	2.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.9	60.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	70.5	68.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.0	94.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	7.0	5.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	14.4	11.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(60.4)	(49.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(19.9)	(8.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(79.1)	(82.1)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.0	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 (%)	81.6	86.2
	01.0	00.2

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Nanded, Maharashtra - Key Indicators

Nanded, Manarashtra - Key Indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	52.7	64.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(74.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.7	0.7
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} (%)	3.8	3.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.0	40.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.0	20.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.7	6.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.2	34.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.5	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 (%)	22.9	29.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	19.2	13.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	37.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	76.1	53.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	57.5	46.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(52.9)	64.9
84. All women age 15-49 years who are anaemic ²² (%)	57.3	47.5
85. All women age 15-19 years who are anaemic ²² (%)	63.1	47.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9	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 (%)	9.1	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 (%)	5.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.1	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) (%)	8.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	16.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	17.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.6	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 (%)	5.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	36.7	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	14.1	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



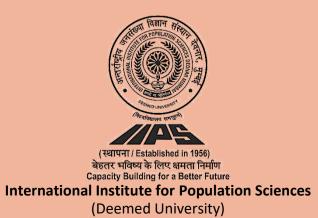
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

NANDURBAR Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Nandurbar. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Nandurbar, information was gathered from 897 households, 1,040 women, and 171 men.

Nandurbar, Maharashtra - Key Indicators

Nandu bal, Manalasitta - Rey Indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.5	54.8
2. Population below age 15 years (%)	26.6	30.7
3. Sex ratio of the total population (females per 1,000 males)	961	1,019
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	885	1,023
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.6	84.1
6. Deaths in the last 3 years registered with the civil authority (%)	84.2	na
7. Population living in households with electricity (%)	96.2	74.2
8. Population living in households with an improved drinking-water source ¹ (%)	94.6	81.9
9. Population living in households that use an improved sanitation facility ² (%)	54.1	24.8
10. Households using clean fuel for cooking ³ (%)	40.3	19.1
11. Households using iodized salt (%)	97.6	98.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.3	12.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	20.0	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 (%)	29.9	24.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	24.0	22.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.4	2.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.6	10.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	47.5	29.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	62.6	55.3
21. Any modern method ⁶ (%)	61.2	53.3
22. Female sterilization (%)	50.7	47.8
23. Male sterilization (%)	2.0	1.2
24. IUD/PPIUD (%)	1.2	0.3
25. Pill (%)	3.4	1.0
26. Condom (%)	3.6	2.9
27. Injectables (%)	0.1	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	9.7	11.7
29. Unmet need for spacing ⁷ (%)	3.7	4.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	11.8	21.0
31. Current users ever told about side effects of current method ⁸ (%)	50.3	29.6

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

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

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

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

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

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

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

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet

need for spacing plus unmet need for limiting.

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

Nandurbar, Maharashtra - Key Indicators

Nandurbar, Manarashtra - Key mulcators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	51.0	53.7
33. Mothers who had at least 4 antenatal care visits (%)	58.2	52.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.0	81.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	38.3	39.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	25.3	25.4
 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 	99.2	75.1
days of delivery (%)	74.4	53.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,313	15,103
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	3.3	5.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.2	na
Delivery Care (for births in the 5 years before the survey)	7	ind ind
42. Institutional births (%)	76.3	55.5
43. Institutional births in public facility (%)	60.7	40.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	7.0	9.8
45. Births attended by skilled health personnel ¹⁰ (%)	77.9	62.4
46. Births delivered by caesarean section (%)	7.9	4.5
47. Births in a private health facility that were delivered by caesarean section (%)	29.0	23.3
48. Births in a public health facility that were delivered by caesarean section (%)	5.6	2.7
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 (%)	72.4	32.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	77.9	(68.2)
51. Children age 12-23 months who have received BCG (%)	95.9	73.7
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.0	38.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.5	48.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.5	70.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	11.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	69.1	43.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.2	73.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.6	(93.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.4	(6.2)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.8	6.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(64.7)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(29.1)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(88.4)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	4.7	2.4
health provider (%)	77.2	(73.0)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Nandurbar, Maharashtra - Key Indicators

Nandurbar, Manarashtra - Key Indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	51.9	64.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(86.6)	(68.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.0	3.2
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} (%)	9.6	2.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	45.8	47.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	30.7	39.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.5	15.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	57.2	55.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.7	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 (%)	36.1	42.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	12.9	9.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	47.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	79.3	60.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	64.1	59.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(68.2)	(65.9)
84. All women age 15-49 years who are anaemic ²² (%)	64.2	60.2
85. All women age 15-19 years who are anaemic ²² (%)	69.2	64.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.4	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 (%)	4.6	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) (%)	13.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	23.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	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 (%)	24.6	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 (%)	1.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	cc =	
101. Women age 15 years and above who use any kind of tobacco (%)	26.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.6	na
103. Women age 15 years and above who consume alcohol (%)	2.8	na
104. Men age 15 years and above who consume alcohol (%)	13.1	na

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

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

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

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

¹³Below -3 standard deviations, based on the WHO standard.
 ²⁰Above +2 standard deviations, based on the WHO standard.
 ²¹Excludes pregnant women and women with a birth in the preceding 2 months.
 ²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
 ²³Random blood sugar measurement.

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Nashik Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Nashik. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Nashik, information was gathered from 860 households, 1,023 women, and 155 men.

Nashik. Maharashtra - Kev Indicators

Nashik, Manarashira Rey maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	78.2	80.4
2. Population below age 15 years (%)	25.5	28.0
3. Sex ratio of the total population (females per 1,000 males)	913	1,000
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	816	867
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.6	94.8
6. Deaths in the last 3 years registered with the civil authority (%)	94.2	na
7. Population living in households with electricity (%)	95.3	93.0
8. Population living in households with an improved drinking-water source ¹ (%)	86.3	91.5
9. Population living in households that use an improved sanitation facility ² (%)	68.3	53.0
10. Households using clean fuel for cooking ³ (%)	72.5	65.7
11. Households using iodized salt (%)	91.6	97.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.7	12.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	80.0	na
15. Women with 10 or more years of schooling (%)	42.6	39.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.6	32.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.4	2.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	14.0	8.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.3	67.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	55.0	67.5
21. Any modern method ⁶ (%)	54.0	66.0
22. Female sterilization (%)	41.3	51.6
23. Male sterilization (%)	0.3	0.0
24. IUD/PPIUD (%)	1.5	2.6
25. Pill (%)	1.8	3.7
26. Condom (%)	8.8	7.3
27. Injectables (%)	0.2	0.8
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.0	10.2
29. Unmet need for spacing ⁷ (%)	4.6	3.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	10.7	13.4
31. Current users ever told about side effects of current method ⁸ (%)	55.7	18.7

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Nashik. Maharashtra - Kev Indicators

Nashik, Manarashira - Key mulcators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	66.9	76.0
33. Mothers who had at least 4 antenatal care visits (%)	66.4	58.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	81.3	90.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.4	41.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.0	32.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.0	93.6
 Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	76.5	75.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,698	1,180
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.4)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	83.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.5	85.3
43. Institutional births in public facility (%)	52.0	50.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.3	3.5
45. Births attended by skilled health personnel ¹⁰ (%)	89.9	88.1
46. Births delivered by caesarean section (%)	21.2	16.5
47. Births in a private health facility that were delivered by caesarean section (%)	38.6	27.9
48. Births in a public health facility that were delivered by caesarean section (%)	12.3	13.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	70.4	62.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(82.8)	(88.6)
51. Children age 12-23 months who have received BCG (%)	88.6	91.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	74.3	67.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.3	82.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.2	86.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	2.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	67.4	61.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.7	68.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(92.2)	85.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.8)	13.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	19.2	8.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	62.2	(63.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	13.4	(8.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	75.3	(74.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.7	3.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	76.2	95.0
health provider (%)	76.3	85.0

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Nashik. Maharashtra - Kev Indicators

Nashik, Manarashira - Key mulcalors		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.5	64.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(68.0)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	12.1	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} (%)	13.5	1.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	42.2	43.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	27.2	32.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.4	13.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	44.8	42.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.2	0.4
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 (%)	25.6	25.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	21.7	22.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	37.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.3	52.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	55.4	54.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(73.4)	(57.3)
84. All women age 15-49 years who are anaemic ²² (%)	56.2	54.7
85. All women age 15-19 years who are anaemic ²² (%)	56.2	49.8
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 (%)	4.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.0	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) (%)	13.3	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 (%)	22.5	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) (%)	7.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	<u> </u>	
control blood pressure (%)	26.1	na
Screening for Cancer among Women (age 30-49 years)	<u> </u>	
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 (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	1 E - 1	
101. Women age 15 years and above who use any kind of tobacco (%)	15.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.0	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	12.2	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Osmanabad Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Osmanabad. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Osmanabad, information was gathered from 919 households, 916 women, and 147 men.

Osmanabad, Maharashtra - Key Indicators

Indiastara	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.3	68.1
2. Population below age 15 years (%)	24.7	25.4
3. Sex ratio of the total population (females per 1,000 males)	992	961
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,050	821
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.7	92.6
6. Deaths in the last 3 years registered with the civil authority (%)	88.7	na
7. Population living in households with electricity (%)	96.8	91.0
8. Population living in households with an improved drinking-water source ¹ (%)	96.4	92.0
9. Population living in households that use an improved sanitation facility ² (%)	71.2	28.0
10. Households using clean fuel for cooking ³ (%)	69.7	31.8
11. Households using iodized salt (%)	97.5	98.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.8	6.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	32.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	83.7	na
15. Women with 10 or more years of schooling (%)	41.5	37.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	36.6	31.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.1	2.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	16.1	11.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	86.5	52.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	78.9	70.3
21. Any modern method ⁶ (%)	77.1	69.0
22. Female sterilization (%)	62.1	59.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.7	2.7
25. Pill (%)	3.0	1.0
26. Condom (%)	9.7	5.5
27. Injectables (%)	0.6	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	6.4	7.6
29. Unmet need for spacing ⁷ (%)	3.3	4.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.5	21.2
31. Current users ever told about side effects of current method ⁸ (%)	58.1	34.8

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Osmanabad, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	83.9	55.3
33. Mothers who had at least 4 antenatal care visits (%)	89.2	74.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.7	89.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	66.1	37.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	44.4	30.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.8	96.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	94.4	77.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,654	2,172
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	05.4	
days of delivery (%)	95.1	na
Delivery Care (for births in the 5 years before the survey)	08.4	00.0
42. Institutional births (%)	98.1	88.2
43. Institutional births in public facility (%)	68.4	52.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.6	3.8
45. Births attended by skilled health personnel ¹⁰ (%)	99.0	87.0
46. Births delivered by caesarean section (%)	18.5	15.2
47. Births in a private health facility that were delivered by caesarean section (%)	31.9	27.1
48. Births in a public health facility that were delivered by caesarean section (%)	13.1	10.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	89.3	(62.7)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	85.3	(80.5)
51. Children age 12-23 months who have received BCG (%)	100.0	(88.4)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	94.5	(74.7)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.2	(77.3)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.7	(84.9)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	7.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.6	(65.9)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.9	76.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.0	(97.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	8.0	(2.2)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.2	10.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(43.9)	(67.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(15.1)	(10.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(71.1)	(66.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	4.1	0.8
health provider (%)	71.2	(70.9)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Osmanabad. Maharashtra - Kev Indicators

Osmanabau, Manarashtra - Key mulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	61.3	62.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	13.8	3.8
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} (%)	12.8	8.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.2	43.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	16.1	21.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.5	9.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.5	44.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.8	2.2
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 (%)	19.1	21.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	25.1	19.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	44.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.4	36.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	49.3	37.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(44.4)	(21.8)
84. All women age 15-49 years who are anaemic ²² (%)	49.1	36.4
85. All women age 15-19 years who are anaemic ²² (%)	50.9	29.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.8	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 (%)	5.8	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 (%)	11.2	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) (%)	14.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	23.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	00.0	
control blood pressure (%)	26.2	na
Screening for Cancer among Women (age 30-49 years)	4.0	
98. Ever undergone a screening test for cervical cancer (%)	4.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	
101. Women age 15 years and above who use any kind of tobacco (%)	8.0	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 (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	12.4	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



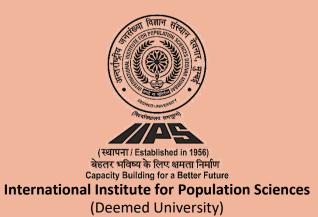
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Palghar Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators for Palghar. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Palghar, information was gathered from 890 households, 941 women, and 131 men.

Palghar, Maharashtra - Key Indicators

Taighai, Manarashtra - Key marcators	
Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	77.5
2. Population below age 15 years (%)	22.6
3. Sex ratio of the total population (females per 1,000 males)	963
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	747
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.8
6. Deaths in the last 3 years registered with the civil authority (%)	91.7
7. Population living in households with electricity (%)	97.7
8. Population living in households with an improved drinking-water source ¹ (%)	91.1
9. Population living in households that use an improved sanitation facility ² (%)	75.1
10. Households using clean fuel for cooking ³ (%)	75.0
11. Households using iodized salt (%)	86.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	18.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	33.8
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	77.6
15. Women with 10 or more years of schooling (%)	48.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	14.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	83.8
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	71.8
21. Any modern method ⁶ (%)	66.0
22. Female sterilization (%)	49.6
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	1.2
25. Pill (%)	1.9
26. Condom (%)	12.4
27. Injectables (%)	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	8.2
29. Unmet need for spacing ⁷ (%)	4.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	21.6
31. Current users ever told about side effects of current method ⁸ (%)	53.0

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant. ²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are: At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

Pregnant.
 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

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

Palghar, Maharashtra - Key Indicators

Faighar, Manarashira - Key mulcators	
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	84.7
33. Mothers who had at least 4 antenatal care visits (%)	86.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	65.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	44.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	92.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	97.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,948
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 (%)	96.5
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	94.2
43. Institutional births in public facility (%)	65.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.9
45. Births attended by skilled health personnel ¹⁰ (%)	95.7
46. Births delivered by caesarean section (%)	22.6
47. Births in a private health facility that were delivered by caesarean section (%)	54.4
48. Births in a public health facility that were delivered by caesarean section (%)	10.9
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 (%)	(94.0)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(90.8)
51. Children age 12-23 months who have received BCG (%)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(94.0)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(100.0)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(100.0)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(31.3)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(0.0)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(96.8)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(70.9)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth. ¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

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

¹⁷Vaccinated with BCG, measies-containing vacane (MCV)/MR/MMR/Measies,
 ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measies-containing vaccine (MCV)/MR/MMR/Measies, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
 ¹³Not including polio vaccination given at birth.
 ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Palghar, Maharashtra - Key Indicators

Paignar, Manarashtra - Key Indicators	
Indiantara	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	60.1 *
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(2.3)
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} (%) 73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	5.2 33.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	23.9 10.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	10.5 37.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	9.3
Nutritional Status of Women (age 15-49 years)	9.5
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	27.9
79. Women who are overweight or obese (BMI $\ge 25.0 \text{ kg/m}^2)^{21}$ (%)	17.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	61.9
Anaemia among Children and Women	01.9
	70.2
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%) 82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	70.3
	57.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%) 84. All women age 15-49 years who are anaemic ²² (%)	(48.5)
85. All women age 15-19 years who are anaemic ²² (%)	56.9 52.1
Blood Sugar Level among Adults (age 15 years and above)	52.1
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.9 6.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.2
Men	12.2
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.5
90. Blood sugar level - very high (>160 mg/dl) 23 (%)	5.6
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.9
Hypertension among Adults (age 15 years and above)	12.0
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.0
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.6
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	23.4
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.0
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	22.4
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	1.8
99. Ever undergone a breast examination for breast cancer (%)	0.4
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0
101. Women age 15 years and above who use any kind of tobacco (%)	8.3
102. Men age 15 years and above who use any kind of tobacco (%)	26.2
103. Women age 15 years and above who consume alcohol (%)	1.4
104. Men age 15 years and above who consume alcohol (%)	22.4

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

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

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

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

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

²²Excludes pregnant women and women with a birth in the preceding 2 months.
 ²²Excludes pregnant women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
 ²³Random blood sugar measurement.

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Parbhani Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Parbhani. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Parbhani, information was gathered from 860 households, 888 women, and 158 men.

Parbhani, Maharashtra - Kev Indicators

raisham, manarashtra 'Key maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.1	65.2
2. Population below age 15 years (%)	29.5	29.7
3. Sex ratio of the total population (females per 1,000 males)	966	1,006
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	983	1,114
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.5	96.2
6. Deaths in the last 3 years registered with the civil authority (%)	74.4	na
7. Population living in households with electricity (%)	96.8	92.7
8. Population living in households with an improved drinking-water source ¹ (%)	89.0	93.3
9. Population living in households that use an improved sanitation facility ² (%)	60.1	35.4
10. Households using clean fuel for cooking ³ (%)	54.8	26.6
11. Households using iodized salt (%)	95.1	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	10.5	10.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	22.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	73.4	na
15. Women with 10 or more years of schooling (%)	28.8	23.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	48.0	44.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.4	3.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	13.7	11.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	75.3	64.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	42.0	69.6
21. Any modern method ⁶ (%)	41.5	68.3
22. Female sterilization (%)	33.5	56.1
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	1.3	1.9
25. Pill (%)	1.0	2.7
26. Condom (%)	5.4	6.6
27. Injectables (%)	0.2	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	18.5	7.5
29. Unmet need for spacing ⁷ (%)	6.1	3.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.4	22.7
31. Current users ever told about side effects of current method ⁸ (%)	48.3	29.8

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Parbhani, Maharashtra - Key Indicators

Tarbhani, Manarashtra - Key mulcators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	58.6	72.4
33. Mothers who had at least 4 antenatal care visits (%)	47.4	79.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	82.0	92.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	17.9	31.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.2	18.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	89.0	95.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	64.4	83.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,779	3,104
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(11.9)	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	. ,	. ,
days of delivery (%)	66.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.6	85.8
43. Institutional births in public facility (%)	53.6	42.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	7.3	8.1
45. Births attended by skilled health personnel ¹⁰ (%)	90.8	89.3
46. Births delivered by caesarean section (%)	12.5	13.7
47. Births in a private health facility that were delivered by caesarean section (%)	17.4	19.9
48. Births in a public health facility that were delivered by caesarean section (%)	12.9	12.1
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	52.0	51.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(75.4)	(74.3)
51. Children age 12-23 months who have received BCG (%)	89.6	97.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	55.9	60.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.2	80.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	77.2	87.7
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 (%)	5.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	66.6	61.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	52.9	70.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.1	92.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.5	7.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	18.6	12.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	49.8	(61.1)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	18.1	(19.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	76.7	(69.2)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	1.4	1.7
health provider (%)	74.5	(91.3)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Parbhani, Maharashtra - Key Indicators

Indicators (2019-20) (2015-16) Child Feeding Practices and Nutritional Status of Children Total Total 67. Children under age 5 years breasted within one hour of birth ¹⁶ (%) 47.2 49.1 68. Children under age 6 months exclusively breasted (%) (88.0) * 60. Children age 6-23 months receiving an adequate diel ^{16, 17} (%) * * 71. Non-breasteding children age 6-23 months receiving an adequate diel ^{16, 17} (%) 37.6 64.4 72. Total of 5 years who are wasted (weight-for-height) ¹⁶ (%) 76.6 76.4 73. Children under 5 years who are severely wasted (weight-for-height) ¹⁶ (%) 76.7 73.3 73. Children under 5 years who are underweight (weight-for-height) ¹⁶ (%) 76.7 73.3 74. Children under 5 years who are underweight (weight-for-height) ¹⁶ (%) 76.7 73.3 70. Women who are one coverweight (weight-for-height) ¹⁶ (%) 76.7 73.3 79. Women who are one coverweight (weight-for-height) ¹⁶ (%) 75.4 52.1 79. Women who are anaemic (<11.0 gdd) ¹⁷ (%) 75.4 52.1 70. Women who are anaemic (<12.0 gdd) ¹⁷² (%) 54.4 57.4 81. Children age 6-59 months who ar	Parbhani, Manarashtra - Key mulcators		
Child Fractices and Nutritional Status of ChildrenTotal07. Children under age 3 years breastled within one hour of brith ¹⁵ (%)47.249.167. Children under age 6 months exclusively breastled "(%)(80.0)*68. Children under age 6 anoths receiving an adequate diet ^{15, 17} (%)2.12.571. Non-breastleding children age 6-23 months receiving an adequate diet ^{15, 17} (%)1.93.772. Total children age 6-23 months receiving an adequate diet ^{15, 17} (%)1.93.773. Children under 5 years who are statuted (height-for-height) ¹⁸ (%)2.81.874. Children under 5 years who are swated (weight-for-height) ¹⁸ (%)3.01.075. Children under 5 years who are severely wasted (weight-for-height) ¹⁸ (%)3.01.076. Children under 5 years who are swated (weight-for-height) ¹⁸ (%)2.03.177. Children under 5 years who are overweight (weight-for-height) ¹⁸ (%)2.03.178. Women whose Body Mass Index (DMI) is below normal (DMI <18.5 kg/m ²) ¹⁴ (%)2.03.179. Women who are overweight no obes (BMI 2250 kg/m ²) ¹⁷ (%)2.03.178. Women who have high risk waiet-to-hip ratio (20.85) (%)27.1na78. Norme whose Body Mass Index (DMI) is below normal (21.0 g/dl) ²² (%)5.452.180. Root sugar Level among Adults (age 15 years and above)3.01.0Women who have high risk waiet-to-hip ratio (20.85) (%)6.07.480. Blood sugar level - high (141-160 mg/dl) ²² (%)6.07.781. Blood sugar level - high (141-160 mg/dl) ²² (%)6.0<		NFHS-5	NFHS-4
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Nutritional Status of Women (age 15-49 years)78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²1 (%)			
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404 Max = 262 M + 26	103. Women age 15 years and above who consume alcohol (%)	0.1	na
13.8 na	104. Men age 15 years and above who consume alcohol (%)	13.8	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Pune Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Pune. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Pune, information was gathered from 786 households, 832 women, and 140 men.

Pune, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	84.8	82.3
2. Population below age 15 years (%)	22.8	21.5
3. Sex ratio of the total population (females per 1,000 males)	918	924
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	873	927
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.5	95.9
6. Deaths in the last 3 years registered with the civil authority (%)	93.0	na
7. Population living in households with electricity (%)	99.4	95.9
8. Population living in households with an improved drinking-water source ¹ (%)	96.9	97.2
9. Population living in households that use an improved sanitation facility ² (%)	79.6	63.4
10. Households using clean fuel for cooking ³ (%)	89.5	81.4
11. Households using iodized salt (%)	97.0	95.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.4	21.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	45.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	89.0	na
15. Women with 10 or more years of schooling (%)	61.2	52.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	24.0	24.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7	1.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.3	5.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	94.6	77.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	57.8	70.6
21. Any modern method ⁶ (%)	55.9	69.8
22. Female sterilization (%)	43.3	55.5
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.3	1.7
25. Pill (%)	2.3	2.9
26. Condom (%)	7.6	8.4
27. Injectables (%)	0.0	0.9
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	13.7	8.5
29. Unmet need for spacing ⁷ (%)	5.2	5.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.5	14.9
31. Current users ever told about side effects of current method ⁸ (%)	35.7	39.8

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet

need for spacing plus unmet need for limiting. ⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Pune, Maharashtra - Key Indicators

Tune, Manarasitira Rey indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	79.6	88.2
33. Mothers who had at least 4 antenatal care visits (%)	68.6	84.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.7	91.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	50.2	55.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	40.0	46.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.1	92.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	84.2	86.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,677	2,231
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	05.0	
days of delivery (%)	95.2	na
Delivery Care (for births in the 5 years before the survey)	08.0	02.5
42. Institutional births (%)	98.0	93.5
 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel¹⁰ (%) 	43.4	37.9
	1.5	2.0
45. Births attended by skilled health personnel ¹⁰ (%)	98.5	95.5
46. Births delivered by caesarean section (%)	34.6	31.9
47. Births in a private health facility that were delivered by caesarean section (%)	40.9	47.1
48. Births in a public health facility that were delivered by caesarean section (%)	28.3	15.1
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(58.1)	(81.0)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(79.2)	(95.4)
51. Children age 12-23 months who have received BCG (%)	(81.7)	(98.1)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(66.2)	(86.3)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(68.0)	(92.8)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(67.7)	(98.1)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(7.5)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(17.4)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(61.3)	(79.0)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.9	61.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(81.6)	(71.9)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(16.7)	(28.1)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.7	7.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.3	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 (%)	94.3	(93.3)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Pune, Maharashtra - Key Indicators

NFHS-5NFHS (2019-20)NFHS-5<	116) al) * * 2 4 4 4)) 5 3 2 4 4 4 4)))) 1 4
Child Feeding Practices and Nutritional Status of ChildrenTotalTotal67. Children under age 3 years breastifed within one hour of birth 15 (%)54.862.068. Children age 6-8 months exclusively breastfed 16 (%)**69. Children age 6-8 months receiving solid or semi-solid food and breastmilk 16 (%)**70. Breastfeeding children age 6-23 months receiving an adequate diet $^{16, 17}$ (%)3.84.071. Non-breastfeeding children age 6-23 months receiving an adequate diet $^{16, 17}$ (%)**72. Total children age 6-23 months receiving an adequate diet $^{16, 17}$ (%)9.68.173. Children under 5 years who are stunted (height-for-height) 19 (%)31.423.474. Children under 5 years who are severely wasted (weight-for-height) 19 (%)32.725.677. Children under 5 years who are overweight (weight-for-height) 19 (%)1.32.578. Women who are overweight (weight-for-height) 20 (%)1.32.579. Women who are overweight or obese (BMI 25.0 kg/m²) 21 (%)31.030.780. Women who have high risk waist-to-hip ratio (≥0.85) (%)43.7na81. Children age 6-59 months who are anaemic (<11.0 g/dl) 22 (%)58.753.482. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) 22 (%)58.753.483. Pregnant women age 15-49 years who are anaemic (<12.0 g/dl) 22 (%)58.753.484. All women age 15-49 years who are anaemic (<12.0 g/dl) 22 (%)58.648.485. Blood sugar level - high (141.160 mg/dl) 23 (%) <th>al al al al al al blue al al al al al al al al al al</th>	al al al al al al blue al al al al al al al al al al
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86. Blood sugar level - high $(141-160 \text{ mg/dl})^{23}$ (%)4.2na87. Blood sugar level - very high (>160 mg/dl)^{23} (%)5.4na88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)12.3naMen	
87. Blood sugar level - very high (>160 mg/dl) ²³ (%) 5.4 na 88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) 12.3 na Men	
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) 12.3 na Men	9
Men	a
	9
89. Blood sugar level - high (141-160 mg/dl) ²³ (%) 7.2 na	
	a
90. Blood sugar level - very high (>160 mg/dl) ²³ (%) 6.5 na	
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) 15.1 na	9
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) 14.3 na	a
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 3.7 na	a
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%) 22.4 na	
control blood pressure (%) 22.4 na 22.4 na	1
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) 16.1 na 96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 6.4 na	
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 6.4 na 97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	1
control blood pressure (%) 25.8 na	a
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%) 3.8 na	
99. Ever undergone a breast examination for breast cancer (%) 2.3	a
100. Ever undergone an oral cavity examination for oral cancer (%) 0.9 na	
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	a
101. Women age 15 years and above who use any kind of tobacco (%) 11.7 na	a
102. Men age 15 years and above who use any kind of tobacco (%) 27.9 na	a a
	a a a
102. Men age 15 years and above who use any find of tobacco (%) 27.9 103. Women age 15 years and above who consume alcohol (%) 0.2	a a a a

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Raigarh Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Raigarh. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Raigarh, information was gathered from 905 households, 918 women, and 172 men.

Raigarh, Maharashtra - Key Indicators

		NFHS-4
Indicators	NFHS-5 (2019-20)	(2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	73.7	82.0
2. Population below age 15 years (%)	21.3	24.4
3. Sex ratio of the total population (females per 1,000 males)	1,003	924
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	871	794
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.7	98.0
6. Deaths in the last 3 years registered with the civil authority (%)	95.3	na
7. Population living in households with electricity (%)	97.9	94.5
8. Population living in households with an improved drinking-water source ¹ (%)	87.8	96.1
9. Population living in households that use an improved sanitation facility ² (%)	74.8	73.6
10. Households using clean fuel for cooking ³ (%)	83.3	75.6
11. Households using iodized salt (%)	80.3	93.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	26.3	18.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	79.2	na
15. Women with 10 or more years of schooling (%)	45.0	49.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.0	19.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.5	5.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	89.6	71.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	73.6	63.6
21. Any modern method ⁶ (%)	70.9	60.0
22. Female sterilization (%)	55.1	46.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.5	3.0
25. Pill (%)	2.2	2.8
26. Condom (%)	11.6	6.7
27. Injectables (%)	0.2	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	6.1	8.7
29. Unmet need for spacing ⁷ (%)	3.4	3.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	22.4	14.8
31. Current users ever told about side effects of current method ⁸ (%)	64.7	32.8

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Raigarh, Maharashtra - Key Indicators

Raigari, Mariarasinira - Key indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	83.8	61.2
33. Mothers who had at least 4 antenatal care visits (%)	83.1	68.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.6	92.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	61.6	47.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	42.6	27.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.4	87.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.0	64.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,676	3,310
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 (%)	92.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.6	96.0
43. Institutional births in public facility (%)	54.8	46.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.1	0.7
45. Births attended by skilled health personnel ¹⁰ (%)	97.6	93.7
46. Births delivered by caesarean section (%)	26.1	23.3
47. Births in a private health facility that were delivered by caesarean section (%)	38.9	22.7
48. Births in a public health facility that were delivered by caesarean section (%)	18.0	26.0
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(92.3)	(47.6)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(88.3)	(72.0)
51. Children age 12-23 months who have received BCG (%)	(97.8)	(94.9)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(92.3)	(50.9)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(94.6)	(84.4)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(97.8)	(92.9)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(37.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(12.8)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(91.9)	(52.0)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.8	77.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(92.6)	(79.1)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.4)	(20.9)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.8	6.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	^ +	^ +
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	0.0	
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	2.6	7.7
be. Children with rever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(82.4)	(70.2)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Raigarh, Maharashtra - Key Indicators

Raigarn, Manarashtra - Key Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	52.4	63.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(3.6)	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} (%)	5.9	8.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.8	29.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.1	28.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.3	8.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	34.1	38.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.1	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²1 (%)	21.8	21.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	23.1	27.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.0	53.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	53.8	53.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(65.7)	(50.8)
84. All women age 15-49 years who are anaemic ²² (%)	54.2	53.1
85. All women age 15-19 years who are anaemic ²² (%)	61.1	42.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.5	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) (%)	14.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	24.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	26.4	na
control blood pressure (%)		
Screening for Cancer among Women (age 30-49 years)	1.0	20
98. Ever undergone a screening test for cervical cancer (%)99. Ever undergone a breast examination for breast cancer (%)	1.0 0.6	na
	0.6	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 (%)	16.2	na
	31.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	31.0	na
102. Men age 15 years and above who use any kind of tobacco (%) 103. Women age 15 years and above who consume alcohol (%)	0.4	na

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

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

 ¹³Based on the last child born in the 3 years before the survey.
 ¹⁶Based on the youngest child living with the mother.
 ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

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

 ¹⁹Below -3 standard deviations, based on the WHO standard.
 ²⁰Above +2 standard deviations, based on the WHO standard.
 ²¹Excludes pregnant women and women with a birth in the preceding 2 months.
 ²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
 ²³Random blood sugar measurement.

NOTES



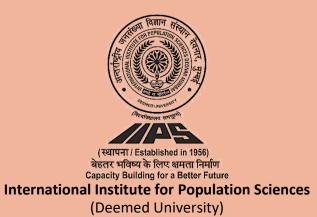
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Ratnagiri Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Ratnagiri. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Ratnagiri, information was gathered from 869 households, 807 women, and 127 men.

Ratnagiri, Maharashtra - Key Indicators

Rathagin, Manarashtra Rey Maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.3	77.3
2. Population below age 15 years (%)	16.3	23.0
3. Sex ratio of the total population (females per 1,000 males)	1,069	1,134
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	948	984
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.8	98.8
6. Deaths in the last 3 years registered with the civil authority (%)	95.5	na
7. Population living in households with electricity (%)	99.2	96.9
8. Population living in households with an improved drinking-water source ¹ (%)	90.9	86.4
9. Population living in households that use an improved sanitation facility ² (%)	85.6	67.0
10. Households using clean fuel for cooking ³ (%)	58.1	34.2
11. Households using iodized salt (%)	91.1	85.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.6	9.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(26.6)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	87.2	na
15. Women with 10 or more years of schooling (%)	41.2	33.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	4.4	8.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7	0.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.2	2.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.6	54.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	62.3	38.3
21. Any modern method ⁶ (%)	60.5	38.3
22. Female sterilization (%)	50.1	34.0
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	1.6	0.5
25. Pill (%)	1.0	0.7
26. Condom (%)	7.6	2.8
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.4	15.8
29. Unmet need for spacing ⁷ (%)	3.8	6.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	22.0	14.7
31. Current users ever told about side effects of current method ⁸ (%)	(57.5)	(37.0)

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Ratnagiri, Maharashtra - Key Indicators

Rathagiri, Manarashtra - Key indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	64.6	66.7
33. Mothers who had at least 4 antenatal care visits (%)	78.6	72.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.2	85.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.6	52.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	29.3	43.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.0	97.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.7	79.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,096	4,895
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 (%)	92.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.8	97.8
43. Institutional births in public facility (%)	53.5	41.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.7	1.3
45. Births attended by skilled health personnel ¹⁰ (%)	95.6	81.3
46. Births delivered by caesarean section (%)	30.8	22.3
47. Births in a private health facility that were delivered by caesarean section (%)	35.7	27.8
48. Births in a public health facility that were delivered by caesarean section (%)	28.0	15.8
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(77.2)	(73.1)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(95.2)	*
51. Children age 12-23 months who have received BCG (%)	(89.9)	(92.4)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(85.6)	(85.2)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(85.3)	(78.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(86.2)	(92.4)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(36.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(5.8)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(79.0)	(75.6)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.3	78.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.6)	(88.2)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	(5.0)
Treatment of Childhood Diseases (children under age 5 years)	0.7	7.0
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.7	7.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)		
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	2.4	4.2
health provider (%)	*	(88.7)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Ratnagiri, Maharashtra - Key Indicators

98. Ever undergone a screening test for cervical cancer (%)1.4na99. Ever undergone a breast examination for breast cancer (%)0.4na100. Ever undergone an oral cavity examination for oral cancer (%)0.2na Tobacco Use and Alcohol Consumption among Adults (age 15 years and above) 0.2na101. Women age 15 years and above who use any kind of tobacco (%)18.4na102. Men age 15 years and above who use any kind of tobacco (%)31.3na103. Women age 15 years and above who consume alcohol (%)0.5na	Ratilagin, Manarashtra - Rey mulcators		
Child Feeding Practices and Nutritional Status of Children Total 67. Children nurder age 3 yaas breashed within one hour of burth? (%) 45.7 56.1 68. Children under age 63 months exclusively breastfed " (%) (%) (%) (%) (%) 69. Children under age 62 months receiving an adequate det ^{(%, 17} , (%) (%) <t< th=""><th></th><th></th><th></th></t<>			
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104 Map ago 15 years and shave who concurre alcohol $\langle 0 \rangle$	103. Women age 15 years and above who consume alcohol (%)	0.5	na
13.0 ha	104. Men age 15 years and above who consume alcohol (%)	13.0	na

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

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

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

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

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

²²Above +2 standard deviations, based on the WHO standard.
²²Excludes pregnant women and women with a birth in the preceding 2 months.
²²Excludes pregnant women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
²³Random blood sugar measurement.

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Sangli Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Sangli. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Sangli, information was gathered from 898 households, 966 women, and 152 men.

Sangli, Maharashtra - Key Indicators

oungil, manarashtra ricy maloators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.4	79.8
2. Population below age 15 years (%)	21.4	23.5
3. Sex ratio of the total population (females per 1,000 males)	1,027	1,005
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,012	913
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.8	97.4
6. Deaths in the last 3 years registered with the civil authority (%)	94.6	na
7. Population living in households with electricity (%)	98.2	92.5
8. Population living in households with an improved drinking-water source ¹ (%)	96.8	96.1
9. Population living in households that use an improved sanitation facility ² (%)	84.7	72.1
10. Households using clean fuel for cooking ³ (%)	87.3	63.2
11. Households using iodized salt (%)	98.8	96.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.3	10.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	39.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	90.3	na
15. Women with 10 or more years of schooling (%)	54.6	47.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	27.0	27.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.8	2.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.4	13.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	87.4	56.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	67.1	52.0
21. Any modern method ⁶ (%)	64.7	51.8
22. Female sterilization (%)	56.5	45.4
23. Male sterilization (%)	0.3	0.0
24. IUD/PPIUD (%)	1.1	1.6
25. Pill (%)	0.9	0.6
26. Condom (%)	5.7	3.7
27. Injectables (%)	0.2	0.5
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.4	10.7
29. Unmet need for spacing ⁷ (%)	4.7	3.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.6	15.3
31. Current users ever told about side effects of current method ⁸ (%)	56.2	37.6

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Sangli, Maharashtra - Key Indicators

Sangii, Manarashtra - Key mulcators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	66.0	67.5
33. Mothers who had at least 4 antenatal care visits (%)	80.1	65.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.4	92.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.2	39.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	32.1	30.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.1	84.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	95.6	76.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,548	3,574
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 (%)	95.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.0	95.9
43. Institutional births in public facility (%)	38.5	36.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.7	2.6
45. Births attended by skilled health personnel ¹⁰ (%)	97.6	95.2
46. Births delivered by caesarean section (%)	34.3	31.3
47. Births in a private health facility that were delivered by caesarean section (%)	43.2	41.9
48. Births in a public health facility that were delivered by caesarean section (%)	22.2	17.5
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	75.0	(43.4)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(83.3)	*
51. Children age 12-23 months who have received BCG (%)	96.3	(88.5)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	81.4	(61.5)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.8	(68.3)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.2	(85.0)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	11.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	2.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.1	(49.6)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.4	64.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(88.6)	(82.1)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(8.3)	(17.9)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.8	9.6
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 (%)	0.3	4.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(89.9)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Sangli, Maharashtra - Key Indicators

Sangii, Manarashtra - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.5	52.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.6	8.8
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} (%)	5.3	6.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.0	23.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.6	17.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.8	6.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.2	24.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.7	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 (%)	15.0	21.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	27.8	28.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	62.7	49.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	47.6	51.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(42.3)	*
84. All women age 15-49 years who are anaemic ²² (%)	47.5	51.2
85. All women age 15-19 years who are anaemic ²² (%)	42.5	56.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	30.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	21.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	32.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.9	na
99. Ever undergone a breast examination for breast cancer (%)	4.1	na
100. Ever undergone an oral cavity examination for oral cancer (%)	4.1	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 (%)	11.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	31.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	7.7	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
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 ²¹Excludes pregnant women and women with a birth in the preceding 2 months.
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NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Satara Maharashtra



Introduction

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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 Satara. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Satara, information was gathered from 896 households, 978 women, and 149 men.

Satara, Maharashtra - Key Indicators

Satara, Manarashtra - Ney Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	78.5	76.7
2. Population below age 15 years (%)	20.6	22.7
3. Sex ratio of the total population (females per 1,000 males)	1,049	1,034
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	958	1,019
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.9	97.5
6. Deaths in the last 3 years registered with the civil authority (%)	87.1	na
7. Population living in households with electricity (%)	97.9	95.1
8. Population living in households with an improved drinking-water source ¹ (%)	95.6	93.1
9. Population living in households that use an improved sanitation facility ² (%)	78.7	64.3
10. Households using clean fuel for cooking ³ (%)	82.1	57.0
11. Households using iodized salt (%)	93.9	93.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	11.4	8.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(27.2)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	87.2	na
15. Women with 10 or more years of schooling (%)	48.3	38.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.1	22.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.7	5.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	87.2	66.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	74.7	62.5
21. Any modern method ⁶ (%)	72.8	62.3
22. Female sterilization (%)	61.8	56.9
23. Male sterilization (%)	0.1	0.4
24. IUD/PPIUD (%)	2.4	1.3
25. Pill (%)	1.0	1.0
26. Condom (%)	7.4	2.7
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	6.2	12.0
29. Unmet need for spacing ⁷ (%)	3.0	7.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	26.8	11.7
31. Current users ever told about side effects of current method ⁸ (%)	68.1	26.8

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Satara, Maharashtra - Key Indicators

Salara, Mariarasilira - Key indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	77.5	70.1
33. Mothers who had at least 4 antenatal care visits (%)	81.7	68.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.8	91.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	59.5	33.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	39.7	28.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.7	83.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	94.5	75.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,607	1,867
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 (%)	95.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.1	96.3
43. Institutional births in public facility (%)	43.8	31.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.0	1.6
45. Births attended by skilled health personnel ¹⁰ (%)	97.9	90.0
46. Births delivered by caesarean section (%)	36.2	29.0
47. Births in a private health facility that were delivered by caesarean section (%)	53.0	40.2
48. Births in a public health facility that were delivered by caesarean section (%)	18.1	9.4
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(82.8)	59.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(76.3)	(66.1)
51. Children age 12-23 months who have received BCG (%)	(96.2)	89.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(87.5)	89.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(93.8)	70.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(91.7)	83.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(38.8)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(6.7)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(84.9)	71.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.3	67.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.3)	(90.3)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.7)	(9.7)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.4	15.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(72.4)	(49.8)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(24.5)	(11.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(72.3)	(71.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	5.9	2.1
health provider (%)	77.7	(84.7)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Satara, Maharashtra - Key Indicators

Salara, Manarashira - Key mulcalors		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.4	66.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(66.3)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	13.2	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} (%)	15.9	1.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	20.2	23.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.5	23.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.2	6.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	28.0	27.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.3	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 (%)	22.9	30.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	26.6	19.3
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 (%)	68.9	55.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	50.2	48.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(28.8)	*
84. All women age 15-49 years who are anaemic ²² (%)	49.6	49.4
85. All women age 15-19 years who are anaemic ²² (%)	48.7	48.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1	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 (%)	12.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.0	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.9	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) (%)	16.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	27.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	29.8	na
control blood pressure (%) Screening for Cancer among Women (age 30-49 years)	29.0	na
98. Ever undergone a screening test for cervical cancer (%)	1.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	i di
101. Women age 15 years and above who use any kind of tobacco (%)	29.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	40.6	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	11.7	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Sindhudurg Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Sindhudurg. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Sindhudurg, information was gathered from 861 households, 722 women, and 115 men.

Sindhudurg, Maharashtra - Key Indicators

oniditadary, manarasitra - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	83.1	81.7
2. Population below age 15 years (%)	16.2	19.1
3. Sex ratio of the total population (females per 1,000 males)	1,035	1,001
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	874	824
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.2	100.0
6. Deaths in the last 3 years registered with the civil authority (%)	95.5	na
7. Population living in households with electricity (%)	99.4	98.6
8. Population living in households with an improved drinking-water source ¹ (%)	73.2	73.7
9. Population living in households that use an improved sanitation facility ² (%)	87.9	78.4
10. Households using clean fuel for cooking ³ (%)	66.0	38.7
11. Households using iodized salt (%)	94.9	88.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.2	10.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(16.7)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	92.1	na
15. Women with 10 or more years of schooling (%)	49.4	46.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	5.0	8.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.1	1.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	89.4	66.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	58.7	50.0
21. Any modern method ⁶ (%)	56.8	48.4
22. Female sterilization (%)	45.9	42.6
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	1.2	1.2
25. Pill (%)	1.2	0.6
26. Condom (%)	8.5	3.9
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.1	12.0
29. Unmet need for spacing ⁷ (%)	4.6	6.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	26.8	24.1
31. Current users ever told about side effects of current method ⁸ (%)	(63.8)	(63.5)

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Sindhudurg, Maharashtra - Key Indicators

Sindiddurg, Manarasinna - Key Indicators		NFHS-4
Indicators	NFHS-5 (2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	70.3	72.0
33. Mothers who had at least 4 antenatal care visits (%)	73.4	78.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.8	82.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	59.6	28.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	38.2	16.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	97.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	96.7	02.0
days of delivery (%)	3,290	83.8 5,633
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	3,290	5,035
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	98.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100.0	99.3
43. Institutional births in public facility (%)	65.5	64.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.7
45. Births attended by skilled health personnel ¹⁰ (%)	98.6	97.3
46. Births delivered by caesarean section (%)	31.8	22.8
47. Births in a private health facility that were delivered by caesarean section (%)	(44.3)	29.1
48. Births in a public health facility that were delivered by caesarean section (%)	25.2	19.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(76.3)	(80.3)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(76.3)	*
51. Children age 12-23 months who have received BCG (%)	(100.0)	(92.1)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(89.7)	(88.6)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(79.4)	(84.9)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(89.0)	(91.6)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(11.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(5.8)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(79.8)	(80.3)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.9	90.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	*
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	*
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	0.6	5.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.4	3.6
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)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Sindhudurg, Maharashtra - Key Indicators

Sinunuury, Manarashira - Key inuicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	65.3	56.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(2.9)	(22.3)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(=)	(==:0)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(2.6)	(20.2)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	30.8	25.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	27.7	19.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	14.9	3.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.0	25.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.9	1.4
Nutritional Status of Women (age 15-49 years)	0.0	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	21.5	29.6
79. Women who are overweight or obese (BMI $\geq 25.0 \text{ kg/m}^2)^{21}$ (%)	20.8	20.8
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	61.4	na
Anaemia among Children and Women	01.4	na
	55.0	00.0
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	55.6	39.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	41.3	44.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	44.0	^
84. All women age 15-49 years who are anaemic ²² (%)	41.2	44.4
85. All women age 15-19 years who are anaemic ²² (%)	36.0	33.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	12.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	23.4	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) (%)	21.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	36.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	24.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	37.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.6	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	26.8	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	8.5	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

²³Random blood sugar measurement.

NOTES



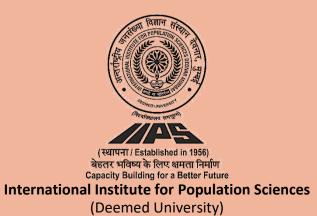
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Solapur Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Solapur. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Solapur, information was gathered from 912 households, 1,003 women, and 153 men.

Solapur, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	72.0	71.9
2. Population below age 15 years (%)	25.7	25.3
3. Sex ratio of the total population (females per 1,000 males)	962	963
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	960	816
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.0	96.2
6. Deaths in the last 3 years registered with the civil authority (%)	90.8	na
7. Population living in households with electricity (%)	97.1	91.5
8. Population living in households with an improved drinking-water source ¹ (%)	90.4	87.5
9. Population living in households that use an improved sanitation facility ² (%)	67.8	53.1
10. Households using clean fuel for cooking ³ (%)	73.1	50.7
11. Households using iodized salt (%)	96.5	96.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.5	21.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	26.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	76.4	na
15. Women with 10 or more years of schooling (%)	36.0	35.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	40.3	35.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.4	3.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	18.6	16.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.5	59.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	75.7	64.4
21. Any modern method ⁶ (%)	74.2	63.4
22. Female sterilization (%)	66.4	58.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.7	1.0
25. Pill (%)	2.3	1.2
26. Condom (%)	3.7	2.2
27. Injectables (%)	0.0	0.5
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	5.6	8.2
29. Unmet need for spacing ⁷ (%)	1.7	4.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	35.1	17.4
31. Current users ever told about side effects of current method ⁸ (%)	54.4	23.7

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Solapur, Maharashtra - Key Indicators

Solapur, Manarasitira - Key indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	81.3	66.3
33. Mothers who had at least 4 antenatal care visits (%)	81.9	73.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.5	90.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	60.3	50.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	36.0	44.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.0	86.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.6	75.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,910	1,453
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 (%)	89.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.2	86.4
43. Institutional births in public facility (%)	51.5	28.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.9	6.5
45. Births attended by skilled health personnel ¹⁰ (%)	96.3	92.3
46. Births delivered by caesarean section (%)	21.2	16.5
47. Births in a private health facility that were delivered by caesarean section (%)	34.9	24.9
48. Births in a public health facility that were delivered by caesarean section (%)	10.8	7.3
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	83.6	64.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	86.3	(69.9)
51. Children age 12-23 months who have received BCG (%)	93.5	96.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	85.1	70.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.2	83.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.3	86.6
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 (%)	4.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.6	64.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.9	64.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.7	82.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	7.7	17.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.4	8.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(51.3)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(34.7)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(73.3)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4	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 (%)	80.7	(84.0)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Solapur, Maharashtra - Key Indicators

Indicators (Z019-20) <	Solapul, Manarashtra - Key mulcators			
Child reacting Practices and Nutritional Status of ChildrenTotalTotal67. Children under age 6 months exclusively breastfed" (%)51.59.668. Children under age 6 months exclusively breastfed" (%)(71.2)(52.5)70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)7.07.971. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)7.07.972. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)7.96.773. Children under 5 years who are susted (weight-for-height) ¹⁹ (%)36.325.474. Children under 5 years who are susted (weight-for-height) ¹⁹ (%)32.224.175. Children under 5 years who are underweight (weight-for-height) ¹⁹ (%)32.934.677. Children under 5 years who are underweight (weight-for-height) ¹⁹ (%)21.210.079. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) ²¹ (%)21.210.079. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) ²¹ (%)21.210.070. Women who are versely dynast who are anaemic (<11.0 g/dl) ²² (%)55.544.080. Programt women age 15-49 years who are anaemic (<12.0 g/dl) ²⁷ (%)64.543.381. Children and Syster who are anaemic (<11.0 g/dl) ²² (%)54.544.383. Blood sugar level - high rest who are anaemic (<10.0 g/dl) ²² (%)64.511.184. Blood sugar level - high rest who are anaemic (<11.0 g/dl) ²² (%)54.511.185. Blood sugar level - high rest who are anaemic (<11.0 g/dl) ²² (%)64.5<		NFHS-5	NFHS-4	
67. Children under age 6 amoths receiving an adequate diet ^{16,17} (%) 51.1 59.6 68. Children under age 6 amoths receiving and adequate diet ^{16,17} (%) 7.0 7.9 7.0. Breastleeding children age 6-23 months receiving an adequate diet ^{16,17} (%) 7.9 7.9 7.1. Non-breastleeding children age 6-23 months receiving an adequate diet ^{16,17} (%) 7.9 7.9 7.1. Children under 5 years who are sutted (weight-for-age) ¹⁸ (%) 7.9 7.9 7.1. Children under 5 years who are uset (weight-for-age) ¹⁸ (%) 3.2 2.2 7.1. Children under 5 years who are used (weight-for-age) ¹⁸ (%) 3.2 2.4 7.1. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%) 3.2 2.6 Nutritional Status of Women (age 15-49 years) 2.1 2 2.0 7.8. Women whose Body Mass Index (BMI 19 below normal (BMI <18.5 kg/m²) ²¹ (%) 2.8 2.3.0 8.0. Women who are overweight ar obese (BMI 225.0 kg/m²) ²¹ (%) 5.5 5.4 4.0 8.1. All women age 15-49 years who are anaemic (<1.0 g/dl) ²² (%) 5.5 5.4 4.0 8.1. All women age 15-49 years who are anaemic (<1.0 g/dl) ²² (%) 5.4 5.4 4.3 8.2. Non-pregnant women age 15-49 years who are anaemic (<1.0 g/dl) ²² (%) 5.1				
68. Children under äge ömonths exclusively breastfer ⁴⁷ (%) (71.2) (62.5) 69. Children age 6-39 months receiving an adequate diet ^{16, 17} (%) 7.0 7.9 71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 7.0 7.9 72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%) 7.9 6.7 73. Children under 5 years who are sutted (height-for-height) ¹⁶ (%) 2.2 2.4.1 75. Children under 5 years who are sutted (height-for-height) ¹⁶ (%) 2.2 2.4.1 76. Children under 5 years who are underweight (weight-for-height) ¹⁶ (%) 2.2 2.4 76. Children under 5 years who are underweight (weight-for-height) ¹⁶ (%) 2.1 1.0 78. Women whose Body Mass index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%) 2.1 1.0 78. Women whose Body Mass index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%) 2.1 1.0 70. Women who have high risk waist-o-hap ratio (2.0.5) (%) 2.2 1.0 78. Women whose Body Mass index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%) 5.5 4.0 80. Women who nave high risk waist-o-hap ratio (2.0.5) (%) 2.1 1.0 79. Borbord waist or an anemic (<11.0 g/dl) ¹² (%)	-			
69. Children age 6-8 months receiving an adequate delt ^{6, 17} (%) 7 7 0. Breastfeeding children age 6-23 months receiving an adequate delt ^{6, 17} (%) 7 7 7.1. Non-breastfeeding children age 6-23 months receiving an adequate delt ^{6, 17} (%) 7 7 7.2. Total children age 6-23 months receiving an adequate delt ^{6, 17} (%) 7 7 7.2. Total children age 6-23 months receiving an adequate delt ^{6, 17} (%) 7 7 7.2. Total children age 6-23 months receiving an adequate delt ^{6, 17} (%) 7 7 7.2. Total 7 8 7 6 7.2. Total 7 7 8 7 7 9 7.2. Total 7 7 8 7 7 9 7.2. Total 7 7 9 7 7 7 9 7.2. Total 7 7 7 7 9 3 2 2 2 2 3 4 3 2 5 7 4 3 2 5 5 4 0 3 5 <				
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71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16,17} (%) * 73. Children under 5 years who are stunted (height-for-age) ¹⁶ (%) 36.3 25.4 73. Children under 5 years who are stunted (height-for-age) ¹⁶ (%) 36.3 25.4 74. Children under 5 years who are severely wasted (weight-for-height) ¹⁰ (%) 10.0 10.3 75. Children under 5 years who are overweight (weight-for-height) ¹⁰ (%) 32.9 34.6 70. Children under 5 years who are overweight (weight-for-height) ¹⁰ (%) 3.3 2.6 Nutritional Status of Women (age 15-49 years) 21.2 10.0 79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%) 21.2 10.0 70. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%) 22.1 na 70. Women who are ore serveight or obese (BMI ≥25.0 kg/m ²) ²¹ (%) 28.1 na 70. Women who are ore serveight or obese (BMI ≥25.0 kg/m ²) ²¹ (%) 28.1 na 70. Women who are ore serveight or obese (BMI ≥25.0 kg/m ²) ²¹ (%) 28.1 na 70. Women who are ore serveight or obese (BMI ≥25.0 kg/m ²) ²¹ (%) 28.1 na 70. Biodo sugar level - high (H1-160 mg/dl) ²² (%) 5.5 44.0 70. Biodo sugar level - high (MI = 54.9 years who are anaemic			*	
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¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Thane Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators for Thane. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by Indian Institute of Health Management Research (IIHMR). In Thane, information was gathered from 755 households, 756 women, and 91 men.

Thane, Maharashtra - Key Indicators

Thane, Manarashtra - Key mulcators			
Indicators	NFHS-5 (2019-20)		
Population and Household Profile	Total		
1. Female population age 6 years and above who ever attended school (%)	86.1		
2. Population below age 15 years (%)	22.5		
3. Sex ratio of the total population (females per 1,000 males)	982		
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,029		
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.7		
6. Deaths in the last 3 years registered with the civil authority (%)	(91.1)		
7. Population living in households with electricity (%)	99.3		
8. Population living in households with an improved drinking-water source ¹ (%)	96.7		
9. Population living in households that use an improved sanitation facility ² (%)	74.7		
10. Households using clean fuel for cooking ³ (%)	90.4		
11. Households using iodized salt (%)	97.5		
12. Households with any usual member covered under a health insurance/financing scheme (%)	22.7		
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(15.6)		
Characteristics of Women (age 15-49 years)			
14. Women who are literate ⁴ (%)	90.5		
15. Women with 10 or more years of schooling (%)	55.9		
Marriage and Fertility			
16. Women age 20-24 years married before age 18 years (%)	18.4		
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.9		
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.0		
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	91.5		
Current Use of Family Planning Methods (currently married women age 15–49 years)			
20. Any method ⁶ (%)	61.6		
21. Any modern method ⁶ (%)	57.1		
22. Female sterilization (%)	37.6		
23. Male sterilization (%)	0.0		
24. IUD/PPIUD (%)	1.7		
25. Pill (%)	1.7		
26. Condom (%)	16.1		
27. Injectables (%)	0.0		
Unmet Need for Family Planning (currently married women age 15–49 years)			
28. Total unmet need ⁷ (%)	10.3		
29. Unmet need for spacing ⁷ (%)	5.3		
Quality of Family Planning Services			
30. Health worker ever talked to female non-users about family planning (%)	24.7		
31. Current users ever told about side effects of current method ⁸ (%)	(56.9)		

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Thane, Maharashtra - Key Indicators

Thane, Manarashtra - Key Indicators	
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	58.9
33. Mothers who had at least 4 antenatal care visits (%)	70.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	32.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	07.0
delivery (%)	87.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,275
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	
 Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	93.3
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	93.6
43. Institutional births in public facility (%)	50.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.6
45. Births attended by skilled health personnel ¹⁰ (%)	93.9
46. Births delivered by caesarean section (%)	26.6
47. Births in a private health facility that were delivered by caesarean section (%)	41.3
48. Births in a public health facility that were delivered by caesarean section (%)	17.4
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 (%)	(74.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(86.8)
51. Children age 12-23 months who have received BCG (%)	(90.1)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(79.0)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(77.1)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(83.1)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(21.6)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(3.5)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(73.4)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(87.3)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(12.8)
Treatment of Childhood Diseases (children under age 5 years)	(12.0)
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
 ¹³Not including polio vaccination given at birth.
 ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Thane, Maharashtra - Key Indicators

Thane, Manarashtra Rey Indicators	
	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	54.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(6.2)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.0
Nutritional Status of Women (age 15-49 years)	10.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	18.9
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	30.7 62.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	02.2
Anaemia among Children and Women	07.0
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	50.0
84. All women age 15-49 years who are anaemic ²² (%) 85. All women age 15-19 years who are anaemic ²² (%)	58.8
	58.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	0.5
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.5
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.8 15.7
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.7
Men	5.0
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.9 6.7
90. Blood sugar level - very high (>160 mg/dl) ²³ (%) 91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.9
Hypertension among Adults (age 15 years and above)	15.9
Women	
	12.0
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	6.1
pressure (%)	24.5
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.2
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.1
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	29.7
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	4.3
99. Ever undergone a breast examination for breast cancer (%)	3.0
100. Ever undergone an oral cavity examination for oral cancer (%)	4.8
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
102. Men age 15 years and above who use any kind of tobacco (%)	24.2
	0.4
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	15.6

¹⁵Based on the last child born in the 3 years before the survey.
 ¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group). ¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard. ²⁰Above +2 standard deviations, based on the WHO standard.

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

²³Random blood sugar measurement.

NOTES



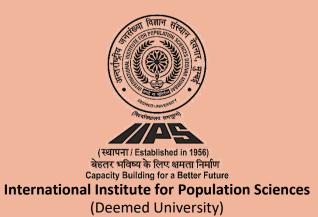
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Wardha Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Wardha. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Wardha, information was gathered from 909 households, 925 women, and 158 men.

Wardha, Maharashtra - Key Indicators

Wardina, Manarashtra - Rey Indicators		
Indiantara	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	85.1	82.4
2. Population below age 15 years (%)	20.4	21.1
3. Sex ratio of the total population (females per 1,000 males)	979	947
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,173	1,298
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.4	98.5
6. Deaths in the last 3 years registered with the civil authority (%)	92.0	na
7. Population living in households with electricity (%)	98.8	96.0
8. Population living in households with an improved drinking-water source ¹ (%)	98.5	94.6
9. Population living in households that use an improved sanitation facility ² (%)	80.2	58.9
11. Households using clean fuel for cooking ³ (%)	83.9	54.9
12. Households using iodized salt (%)	97.9	98.7
13. Households with any usual member covered by a health scheme or health insurance (%)	27.1	14.8
14. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	33.9	na
Characteristics of Women (age 15-49 years)		
15. Women who are literate ⁴ (%)	93.0	na
16. Women with 10 or more years of schooling (%)	56.5	42.6
Marriage and Fertility		
17. Women age 20-24 years married before age 18 years (%)	9.0	7.7
18. Births in the 5 years preceding the survey that are third or higher order (%)	0.5	2.3
19. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.2	2.6
20. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	94.0	76.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
21. Any method ⁶ (%)	79.2	78.2
22. Any modern method ⁶ (%)	78.1	75.5
23. Female sterilization (%)	64.3	65.0
24. Male sterilization (%)	0.4	2.1
25. IUD/PPIUD (%)	1.5	1.3
26. Pill (%)	2.4	0.9
27. Condom (%)	8.6	6.1
28. Injectables (%)	0.8	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
29. Total unmet need ⁷ (%)	6.6	4.6
30. Unmet need for spacing ⁷ (%)	3.7	2.7
Quality of Family Planning Services		
31. Health worker ever talked to female non-users about family planning (%)	36.5	30.1
32. Current users ever told about side effects of current method ⁸ (%)	52.8	30.0

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Wardha, Maharashtra - Key Indicators

Waruna, Manarasintra - Key indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	87.9	63.4
33. Mothers who had at least 4 antenatal care visits (%)	70.4	77.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.4	90.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	50.6	45.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	29.0	35.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	93.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.9	85.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,482	2,823
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 (%)	90.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.8	97.9
43. Institutional births in public facility (%)	72.4	71.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	1.3
45. Births attended by skilled health personnel ¹⁰ (%)	99.0	95.5
46. Births delivered by caesarean section (%)	24.1	25.9
47. Births in a private health facility that were delivered by caesarean section (%)	39.3	47.5
48. Births in a public health facility that were delivered by caesarean section (%)	19.0	18.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(92.4)	(76.5)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(87.4)	(80.1)
51. Children age 12-23 months who have received BCG (%)	(100.0)	(95.5)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(95.0)	(93.5)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(97.4)	(81.4)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(97.4)	(80.4)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(36.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(2.6)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(89.6)	(93.5)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	87.1	81.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.6)	(93.2)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.4)	(6.9)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.0	9.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	1.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Wardha, Maharashtra - Key Indicators

wardna, wanarashtra - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	51.6	56.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.8	(1.1)
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} (%)	7.3	4.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	27.7	30.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	28.1	26.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.5	10.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	31.3	36.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.0	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 (%)	17.1	29.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	19.6	17.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	39.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	71.4	48.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	60.7	42.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(36.5)	(43.4)
84. All women age 15-49 years who are anaemic ²² (%)	60.0	42.5
85. All women age 15-19 years who are anaemic ²² (%)	63.5	43.7
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 (%)	3.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.4	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 (%)	10.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	17.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	11.0	20
control blood pressure (%)	14.0	na
Screening for Cancer among Women (age 30-49 years)	0.4	20
98. Ever undergone a screening test for cervical cancer (%)	0.4 0.0	na
99. Ever undergone a breast examination for breast cancer (%)		na
100. Ever undergone an oral cavity examination for oral cancer (%) Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.2	na
	0.5	P 2
101. Women age 15 years and above who use any kind of tobacco (%)	9.5 52.6	na
102. Men age 15 years and above who use any kind of tobacco (%) 103. Women age 15 years and above who consume alcohol (%)	0.6	na
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	24.6	na na
	27.0	па

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

¹⁶Based on the last child born in the 3 years before the survey. ¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or with the second ¹⁸Below -2 standard deviations, based on the WHO standard.

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

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

²⁷Above +2 standard deviations, based on the who standard.
 ²¹Excludes pregnant women and women with a birth in the preceding 2 months.
 ²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
 ²³Random blood sugar measurement.

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Washim Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Washim. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Washim, information was gathered from 903 households, 986 women, and 196 men.

Washim, Maharashtra - Key Indicators

		NFHS-4
Indicators	NFHS-5 (2019-20)	NFH5-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	76.0	75.7
2. Population below age 15 years (%)	22.0	26.3
3. Sex ratio of the total population (females per 1,000 males)	948	20.3 949
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	940 991	949 902
5. Children under age 5 years whose birth was registered with the civil authority (%)	991	902 93.7
6. Deaths in the last 3 years registered with the civil authority (%)	85.3	na
7. Population living in households with electricity (%)	97.2	95.6
8. Population living in households with an improved drinking-water source ¹ (%)	73.7	93.0 87.7
9. Population living in households that use an improved sanitation facility ² (%)	61.5	44.2
10. Households using clean fuel for cooking ³ (%)	61.4	33.9
11. Households using iodized salt (%)	96.5	97.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	24.1	17.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	23.2	na
Characteristics of Women (age 15-49 years)	20.2	na
14. Women who are literate ⁴ (%)	78.0	na
15. Women with 10 or more years of schooling (%)	42.0	38.4
Marriage and Fertility	42.0	50.4
16. Women age 20-24 years married before age 18 years (%)	27.7	26.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.0	20.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	14.3	2.2 7.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	72.5	65.9
Current Use of Family Planning Methods (currently married women age 15–49 years)	12.5	03.9
20. Any method ⁶ (%)	71.3	75.5
21. Any modern method ⁶ (%)	68.3	74.6
22. Female sterilization (%)	54.8	62.0
23. Male sterilization (%)	0.3	0.3
24. IUD/PPIUD (%)	1.3	1.1
25. Pill (%)	0.9	0.3
26. Condom (%)	10.7	10.5
27. Injectables (%)	0.1	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	8.0	6.5
29. Unmet need for spacing ⁷ (%)	4.0	3.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.2	20.3
31. Current users ever told about side effects of current method ⁸ (%)	37.9	51.0

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

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

Pregnant with an unwanted pregnancy.

Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception. Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

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

Washim, Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	63.4	72.4
33. Mothers who had at least 4 antenatal care visits (%)	60.0	67.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	79.5	95.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	44.5	37.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	34.4	19.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.2	92.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.4	75.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,071	2,147
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(5.6)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		(0.0)
days of delivery (%)	83.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.9	84.0
43. Institutional births in public facility (%)	65.1	51.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.8	4.2
45. Births attended by skilled health personnel ¹⁰ (%)	83.1	82.2
46. Births delivered by caesarean section (%)	18.0	11.0
47. Births in a private health facility that were delivered by caesarean section (%)	31.3	23.6
48. Births in a public health facility that were delivered by caesarean section (%)	14.3	6.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	71.6	(67.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(75.5)	(80.1)
51. Children age 12-23 months who have received BCG (%)	96.4	(93.1)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	79.0	(85.9)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.6	(89.4)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.0	(79.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	5.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	65.6	(85.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.9	67.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	(93.1)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	(6.9)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	19.2	7.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	57.9	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	18.6	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	79.5	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	5.1	1.4
health provider (%)	79.4	(96.9)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Washim, Maharashtra - Key Indicators

washim, Manarashtra - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	68.8	60.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(85.9)	(60.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.8	11.7
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} (%)	3.3	10.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.3	41.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	31.7	32.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	15.2	14.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.3	42.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.9	3.7
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 (%)	20.1	26.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	14.2	11.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	18.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	70.4	60.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	57.0	35.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(33.8)	(39.7)
84. All women age 15-49 years who are anaemic ²² (%)	56.4	35.5
85. All women age 15-19 years who are anaemic ²² (%)	53.9	37.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9	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 (%)	9.1	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) (%)	14.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	21.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	04.0	
control blood pressure (%)	21.0	na
Screening for Cancer among Women (age 30-49 years)	1.0	
98. Ever undergone a screening test for cervical cancer (%)	1.8	na
99. Ever undergone a breast examination for breast cancer (%)	0.6	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.9	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	44.0	
101. Women age 15 years and above who use any kind of tobacco (%)	14.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	39.1	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	11.3	na

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

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

¹⁹Below -2 standard deviations, based on the WHO standard.
¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES



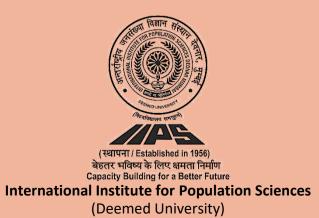
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Yavatmal Maharashtra



Introduction

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

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

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

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

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

This fact sheet provides information on key indicators and trends for Yavatmal. NFHS-5 fieldwork for Maharashtra was conducted from 19 June, 2019 to 30 December, 2019 by TRIOs Development Support (P) Ltd. In Yavatmal, information was gathered from 913 households, 1,001 women, and 177 men.

Yavatmal, Maharashtra - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.6	76.1
2. Population below age 15 years (%)	22.1	24.7
3. Sex ratio of the total population (females per 1,000 males)	986	969
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,012	863
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.2	95.8
6. Deaths in the last 3 years registered with the civil authority (%)	79.6	na
7. Population living in households with electricity (%)	97.2	91.2
8. Population living in households with an improved drinking-water source ¹ (%)	89.5	80.0
9. Population living in households that use an improved sanitation facility ² (%)	66.4	44.7
10. Households using clean fuel for cooking ³ (%)	71.8	37.2
11. Households using iodized salt (%)	94.6	98.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	29.0	14.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(25.6)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	80.8	na
15. Women with 10 or more years of schooling (%)	38.9	36.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.7	20.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.6	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.4	7.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	89.3	71.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	78.3	71.6
21. Any modern method ⁶ (%)	75.7	69.9
22. Female sterilization (%)	64.6	60.5
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.7	0.8
25. Pill (%)	1.0	1.3
26. Condom (%)	7.5	7.0
27. Injectables (%)	0.6	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		0.0
28. Total unmet need ⁷ (%)	5.5	8.2
29. Unmet need for spacing ⁷ (%)	2.9	5.0
Quality of Family Planning Services	00.4	00.4
30. Health worker ever talked to female non-users about family planning (%)	22.4	26.1
31. Current users ever told about side effects of current method ⁸ (%)	62.2	44.5

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

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

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

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

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

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

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Yavatmal, Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	77.1	66.3
33. Mothers who had at least 4 antenatal care visits (%)	66.9	71.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.6	94.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	41.7	34.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.0	23.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.8	88.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	85.6	75.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,734	1,954
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(8.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	01 7	20
days of delivery (%)	91.7	na
Delivery Care (for births in the 5 years before the survey) 42. Institutional births (%)	96.3	85.3
43. Institutional births in public facility (%)	90.3 67.4	51.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.8	4.8
45. Births attended by skilled health personnel ¹⁰ (%)	96.8	4.0 86.7
46. Births delivered by caesarean section (%)	90.0 16.0	9.6
47. Births in a private health facility that were delivered by caesarean section (%)	32.1	23.7
48. Births in a public health facility that were delivered by caesarean section (%)	9.9	3.2
Child Vaccinations and Vitamin A Supplementation	5.5	0.2
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or		
mother's recall ¹¹ (%)	74.7	61.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	77.6	(84.3)
51. Children age 12-23 months who have received BCG (%)	98.0	96.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	84.2	69.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.6	88.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.0	88.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.5	71.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	71.0	82.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.9	91.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.2	9.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.4	9.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(72.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(8.8)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(87.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.0	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 (%)	(97.3)	(77.1)

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

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Yavatmal, Maharashtra - Kev Indicators

ravalinai, Manarashira - Key mulcalors		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	58.0	60.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	1.6	8.8
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} (%)	2.6	9.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.6	47.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	27.5	28.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	15.1	14.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.4	49.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.7	3.7
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 (%)	23.2	29.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	10.5	13.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	31.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	75.2	68.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.5	46.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(53.7)	(68.4)
84. All women age 15-49 years who are anaemic ²² (%)	58.4	46.9
85. All women age 15-19 years who are anaemic ²² (%)	64.1	56.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.8	na
87. Blood sugar level - very high (>160 mg/dl) 23 (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.4	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)	10.1	na
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.5	22
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	5.5	na
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) (%)	12.3	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 (%)	18.2	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 (%)	0.0	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 (%)	12.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.6	na
103. Women age 15 years and above who consume alcohol (%)	0.7	na
104. Men age 15 years and above who consume alcohol (%)	20.1	na

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

¹⁶Based on the youngest child living with the mother. ¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or ¹⁸Below -2 standard deviations, based on the WHO standard.
 ¹⁹Below -3 standard deviations, based on the WHO standard.

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

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

NOTES

NOTES

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