सत्यमेव जयते
Government of India

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

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

International Institute for Population Sciences
(Deemed University)

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CONTRIBUTORS

Sarang Pedgaonkar
Chander Shekhar
Shri Kant Singh
Akash N. Wankhede

For additional information about the 2019-20 National Family Health Survey (NFHS-5), please contact:
International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai-400 088
Telephone: 022-4237 2467
E-mail: nfhs52017@gmail.com; director@iips.net
For related information, visit http://www.rchiips.org/nfhs or http://www.iipsindia.ac.in

Key Indicators Content

NOTES

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Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

MAHARASHTRA

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

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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

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	87.2	73.1	79.6	77.4
2. Population below age 15 years (%)	21.9	23.6	22.8	24.5
3. Sex ratio of the total population (females per 1,000 males)	954	977	966	952
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	878	941	913	924
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 (%)	92.9	87.6	89.7	na
7. Population living in households with electricity (%)	99.1	96.7	97.8	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] (%)	75.1	69.4	72.0	52.3
10. Households using clean fuel for cooking[3] (%)	95.6	65.4	79.7	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 (%)	29.9	27.3	28.4	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)	1.5	1.9	1.7	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]	29	63	47	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 (%)	21.7	22.1	21.9	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

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

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

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

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

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

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

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

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

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

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

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

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

Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	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) (%)	82.7	86.2	84.7	82.8
63. Children age 24-35 months who have received a second dose of measles-containing 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)				
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 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 (%)	73.9	71.6	72.3	77.6
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the 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 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	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/m^2)[21] (%)	29.6	18.3	23.4	23.4
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	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.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among adults, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	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 knowledge[24] 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

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Ahmednagar
Maharashtra

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

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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

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	77.4	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Ahmednagar, 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 (%)	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)		
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 health provider (%)	(84.2)	(81.2)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Ahmednagar, 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] (%)	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/m^2)[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 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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Akola

Maharashtra

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

International Institute for Population Sciences
(Deemed University)

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 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 - 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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Akola, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Akola, 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] (%)	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/m^2)[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 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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Amravati

Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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 - 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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Amravati, 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 (%)	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 days of delivery (%)	79.4	na
Delivery Care (for births in the 5 years before the survey)		
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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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 (%)	5.2	2.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	78.5	(83.3)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Amravati, 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] (%)	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)		
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/m^2)[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		
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	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	40.8	na
103. Women age 15 years and above who consume alcohol (%)	0.9	na
104. Men age 15 years and above who consume alcohol (%)	18.4	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Aurangabad
Maharashtra

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

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-20 (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

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	78.4	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Aurangabad, 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 (%)	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 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 (%)	*	*
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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Aurangabad, 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] (%)	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/m^2)[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 control blood pressure (%)	20.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.3	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 (%)	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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Bhandara
Maharashtra

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

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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 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	80.3	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Bhandara, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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 (%)	2.7	0.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.3)	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Bhandara, 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] (%)	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/m^2)[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 control blood pressure (%)	19.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.7	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)		
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Bid

Maharashtra

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

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-20 (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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Bid, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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 (%)	3.0	0.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	62.9	(82.3)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Bid, 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] (%)	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] (%)	36.8	36.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.5	2.7
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] (%)	20.8	22.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	21.9	18.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	30.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	61.0	57.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	51.0	35.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	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)		
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		
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)		
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Buldana
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	78.1	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Buldana, 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 (%)	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 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)		
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)		
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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Buldana, 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] (%)	64.4	30.1
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] (%)	3.5	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	4.1	0.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	45.0	43.9
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	31.7	21.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	14.8	5.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	47.2	41.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.8	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] (%)	21.6	28.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.7	16.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	38.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	79.4	43.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.5	41.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	(38.4)
84. All women age 15-49 years who are anaemic[22] (%)	57.8	41.0
85. All women age 15-19 years who are anaemic[22] (%)	66.8	47.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.2	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] (%)	2.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.0	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) (%)	12.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	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 (%)	12.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	14.3	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
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[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
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NOTES

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Chandrapur
Maharashtra

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

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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

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	78.9	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Chandrapur, 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 (%)	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 (%)	7.3	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 (%)	(72.7)	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Chandrapur, 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] (%)	65.5	67.2
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] (%)	(8.8)	4.0
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] (%)	6.8	3.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	37.3	32.2
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	38.5	31.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	21.8	16.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	46.6	40.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	7.6	3.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	26.5	29.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	9.4	12.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	43.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	76.6	58.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	55.9	49.0
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] (%)	55.5	48.7
85. All women age 15-19 years who are anaemic[22] (%)	61.7	60.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.2	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.3	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) (%)	12.4	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 (%)	20.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.0	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 (%)	20.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.1	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	20.8	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Dhule

Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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 - 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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Dhule, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Dhule, 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] (%)	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/m^2)[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 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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Gadchiroli
Maharashtra

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

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Gadchiroli, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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 (%)	*	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Gadchiroli, 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] (%)	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/m^2)[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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Gondiya

Maharashtra

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

International Institute for Population Sciences
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Introduction

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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.

Gondiya, 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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Gondiya, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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 health provider (%)	(73.6)	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Gondiya, 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] (%)	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/m^2)[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 control blood pressure (%)	18.9	na
Screening for Cancer among Women (age 30-49 years)		
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)		
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Hingoli
Maharashtra

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

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Hingoli, 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 (%)	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 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 health provider (%)	69.5	(82.9)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Hingoli, 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] (%)	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/m^2)[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 control blood pressure (%)	17.4	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) (%)	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)		
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)		
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Jalgaon
Maharashtra

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

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-20 (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

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	77.5	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jalgaon, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Jalgaon, 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] (%)	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/m^2)[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
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97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.4	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 (%)	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

[15]Based on the last child born in the 3 years before the survey.
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2019-20

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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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jalna, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Jalna, 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] (%)	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)		
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/m^2)[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 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) (%)	17.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Kolhapur
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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 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

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 (%)	80.2	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kolhapur, 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 (%)	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 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)	*
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] (%)	(2.4)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(71.8)	(72.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	66.0	75.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(92.5)	(88.3)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.5)	(11.7)
Treatment of Childhood Diseases (children under age 5 years)		
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 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	3.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(79.8)	(77.4)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kolhapur, 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] (%)	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)		
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 ≥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 control blood pressure (%)	31.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.1	na
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 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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Latur

Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Latur, 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 (%)	74.6	63.5
33. Mothers who had at least 4 antenatal care visits (%)	72.6	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 days of delivery (%)	93.3	82.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,483	1,515
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(11.6)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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 (%)	3.3	1.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	64.5	71.2

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Latur, 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] (%)	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/m^2)[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 control blood pressure (%)	18.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.7	na
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97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.6	na
Screening for Cancer among Women (age 30-49 years)		
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)		
101. Women age 15 years and above who use any kind of tobacco (%)	3.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
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[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Mumbai Suburban

Maharashtra

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

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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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mumbai Suburban, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	*	(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 (%)	*	*
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 (%)	*	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

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] (%)	*	*
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)
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] (%)	(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	20.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.2	11.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	24.6	28.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	10.5	2.7
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] (%)	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
102. Men age 15 years and above who use any kind of tobacco (%)	20.0	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	10.0	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Mumbai
Maharashtra

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

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-20 (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. 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

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 (%)	92.5	87.2
2. Population below age 15 years (%)	16.2	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mumbai, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	*	(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 (%)	*	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Mumbai, 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] (%)	51.0	49.8
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] (%)	(12.8)	(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] (%)	(14.1)	(6.4)
73. Children under 5 years who are stunted (height-for-age)[18] (%)	26.6	25.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	25.3	25.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.1	7.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.6	22.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	6.1	4.4
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] (%)	12.0	17.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	25.0	34.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	54.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	72.8	65.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	46.9	49.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(19.9)	*
84. All women age 15-49 years who are anaemic[22] (%)	45.9	49.4
85. All women age 15-19 years who are anaemic[22] (%)	54.7	49.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.2	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] (%)	17.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	11.4	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] (%)	18.2	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) (%)	2.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.0	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) (%)	3.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	20.3	na
103. Women age 15 years and above who consume alcohol (%)	1.1	na
104. Men age 15 years and above who consume alcohol (%)	16.0	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Nagpur
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	86.5	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Nagpur, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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 (%)	3.9	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 (%)	(65.0)	(83.7)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Nagpur, 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] (%)	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] (%)	*	*
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] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	4.6	5.9
73. Children under 5 years who are stunted (height-for-age)[18] (%)	27.6	33.9
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	34.0	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)		
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 ≥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		
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] (%)	54.0	46.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	(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	51.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.9	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		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.0	na
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92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	na
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98. Ever undergone a screening test for cervical cancer (%)	0.8	na
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100. Ever undergone an oral cavity examination for oral cancer (%)	0.7	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	40.2	na
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[15]Based on the last child born in the 3 years before the survey.
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[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
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Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Nanded

Maharashtra

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
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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 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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Nanded, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Nanded, 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] (%)	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/m^2)[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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Nandurbar
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Nandurbar, 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 (%)	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 (%)	99.2	75.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 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)		
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 (%)	4.7	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 (%)	77.2	(73.0)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Nandurbar, 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] (%)	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/m^2)[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)		
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Nashik

Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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 - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	78.2	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Nashik, 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 (%)	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
38. 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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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 health provider (%)	76.3	85.0

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Nashik, 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] (%)	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/m^2)[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 control blood pressure (%)	26.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	15.4	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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Osmanabad
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Osmanabad, 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 (%)	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 days of delivery (%)	95.1	na
Delivery Care (for births in the 5 years before the survey)		
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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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 (%)	4.1	0.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	71.2	(70.9)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Osmanabad, 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] (%)	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/m^2)[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 control blood pressure (%)	26.2	na
Screening for Cancer among Women (age 30-49 years)		
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)		
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Palghar
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Palghar, Maharashtra - 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 (%)	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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Palghar, Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	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] (%)	5.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	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] (%)	10.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	37.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	9.3
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] (%)	27.9
79. Women who are overweight or obese (BMI ≥25.0 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	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	70.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	57.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(48.5)
84. All women age 15-49 years who are anaemic[22] (%)	56.9
85. All women age 15-19 years who are anaemic[22] (%)	52.1
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.9
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	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	
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)	
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)	
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Parbhani
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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 - 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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Parbhani, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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 (%)	1.4	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 (%)	74.5	(91.3)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Parbhani, 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] (%)	47.2	49.1
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] (%)	2.1	2.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	1.9	3.7
73. Children under 5 years who are stunted (height-for-age)[18] (%)	37.6	46.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	22.8	19.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.6	7.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	41.8	42.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.0	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] (%)	20.4	31.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	23.7	14.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	27.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	75.4	52.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.4	45.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(48.0)	57.4
84. All women age 15-49 years who are anaemic[22] (%)	58.8	46.4
85. All women age 15-19 years who are anaemic[22] (%)	60.2	47.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.6	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] (%)	6.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.4	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) (%)	11.2	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 (%)	21.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.6	na
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 (%)	0.9	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 (%)	7.0	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 (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	13.8	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Pune

Maharashtra

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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Pune, 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 (%)	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 days of delivery (%)	95.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.0	93.5
43. Institutional births in public facility (%)	43.4	37.9
44. Home births that were conducted by skilled health personnel[10] (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Pune, 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] (%)	54.8	62.0
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] (%)	3.8	4.0
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] (%)	9.6	8.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	30.7	22.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	31.4	23.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	14.0	9.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.7	25.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.3	2.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	19.6	17.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	31.0	30.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	43.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	58.7	53.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	53.2	50.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	(40.0)
84. All women age 15-49 years who are anaemic[22] (%)	51.9	50.0
85. All women age 15-19 years who are anaemic[22] (%)	58.6	48.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.2	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	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		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.2	na
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
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
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.4	na
Men		
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
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.8	na
99. Ever undergone a breast examination for breast cancer (%)	2.3	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 (%)	11.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	27.9	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	11.6	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Raigarh
Maharashtra

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

International Institute for Population Sciences
(Deemed University)

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 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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Raigarh, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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 (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.6	7.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(82.4)	(70.2)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Raigarh, 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] (%)	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/m^2)[21] (%)	21.8	21.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[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 control blood pressure (%)	26.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.6	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
102. Men age 15 years and above who use any kind of tobacco (%)	31.8	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	18.7	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Ratnagiri
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	80.3	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Ratnagiri, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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)		
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 (%)	2.4	4.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(88.7)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Ratnagiri, 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] (%)	45.7	58.1
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] (%)	(9.8)	(8.4)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(8.6)	(9.1)
73. Children under 5 years who are stunted (height-for-age)[18] (%)	31.7	28.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	23.7	22.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	12.6	6.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.5	28.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.8	3.5
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] (%)	25.8	31.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	17.7	16.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	69.4	50.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	43.4	47.4
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] (%)	43.4	47.3
85. All women age 15-19 years who are anaemic[22] (%)	33.7	39.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.3	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) (%)	18.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	32.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	21.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	33.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	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 (%)	18.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	31.3	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	13.0	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Sangli

Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sangli, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sangli, 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] (%)	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/m^2)[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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
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[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
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National Family Health Survey - 5

2019-20

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

This fact sheet provides information on key indicators and trends for 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

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	78.5	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Satara, 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 (%)	77.5	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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 (%)	5.9	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 (%)	77.7	(84.7)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Satara, 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] (%)	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/m^2)[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 control blood pressure (%)	29.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	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)		
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

SINDHUDURG

MAHARASHTRA

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

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sindhudurg, 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 (%)	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 days of delivery (%)	96.7	83.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,290	5,633
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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sindhudurg, 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] (%)	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] (%)	*	*
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)		
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 ≥25.0 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		
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] (%)	*	*
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Solapur
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Solapur, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Solapur, 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] (%)	51.1	59.6
68. Children under age 6 months exclusively breastfed[16] (%)	(71.2)	(52.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.0	7.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.9	6.7
73. Children under 5 years who are stunted (height-for-age)[18] (%)	36.3	25.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	23.2	24.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	10.0	10.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.9	34.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.3	2.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	21.2	19.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	28.2	23.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	70.9	51.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	55.5	44.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(34.1)	(51.0)
84. All women age 15-49 years who are anaemic[22] (%)	54.5	44.3
85. All women age 15-19 years who are anaemic[22] (%)	60.2	37.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.8	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.1	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] (%)	6.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.2	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) (%)	16.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.9	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 control blood pressure (%)	26.2	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 (%)	0.3	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 (%)	10.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	39.2	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	13.1	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
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[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
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National Family Health Survey - 5

2019-20

District Fact Sheet

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(स्थापना / Established in 1956)
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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 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

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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Thane, Maharashtra - 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 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 (%)	*
41. 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)	
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 (%)	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Thane, Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	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)	
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 ≥25.0 kg/m^2)[21] (%)	30.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.2
Anaemia among Children and Women	
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] (%)	*
84. All women age 15-49 years who are anaemic[22] (%)	58.8
85. All women age 15-19 years who are anaemic[22] (%)	58.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.5
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.8
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.7
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.7
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)	
Women	
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) (%)	6.1
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood 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
103. Women age 15 years and above who consume alcohol (%)	0.4
104. Men age 15 years and above who consume alcohol (%)	15.6

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Wardha
Maharashtra

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

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Wardha, 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 (%)	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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(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 (%)	*	*

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Wardha, 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] (%)	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/m^2)[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 control blood pressure (%)	14.0	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 (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	52.6	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	24.6	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Washim
Maharashtra

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

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-20 (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

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 (%)	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	949
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	991	902
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.8	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	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)		
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		
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	2.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	14.3	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)		
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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

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 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		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	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 (%)	5.1	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 (%)	79.4	(96.9)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Washim, 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] (%)	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/m^2)[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 control blood pressure (%)	21.0	na
Screening for Cancer among Women (age 30-49 years)		
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)		
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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
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NOTES

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Yavatmal
Maharashtra

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

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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

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	77.6	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)		
28. Total unmet need[7] (%)	5.5	8.2
29. Unmet need for spacing[7] (%)	2.9	5.0
Quality of Family Planning Services		
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

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.
[5]Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

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 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 (%)	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	86.7
46. Births delivered by caesarean section (%)	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		
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)

[9]Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.
[10]Doctor/nurse/LHV/ANM/midwife/other health personnel.
[11]Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[12]Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
[13]Not including polio vaccination given at birth.
[14]Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Yavatmal, 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] (%)	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/m^2)[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)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.2	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

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
[19]Below -3 standard deviations, based on the WHO standard.
[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

NOTES

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For additional information, please contact:

Director/Principal Investigator (NFHS-5)
International Institute for Population Sciences
Govandi Station Road, Deonar
Mumbai - 400 088 (India)
Telephone: 022 - 42372467
Email: nfhs52017@gmail.com, director@iips.net
Website: http://www.iipsindia.ac.in
http://www.rchiips.org/nfhs/index.shtml

Director General (Stat.)
Ministry of Health and Family Welfare
Government of India
Indian Red Cross Society Building
Statistics Division
New Delhi 110 001 (India)
Telephone: 011 - 23736979 or 23350003
Email: rajena@nic.in

Chief Director (Stat.)
Ministry of Health and Family Welfare
Government of India
Indian Red Cross Society Building
Statistics Division
New Delhi 110 001 (India)
Telephone: 011 - 23736983
Email: nivedita.g@gov.in
Website: http://www.mohfw.gov.in

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