

Ministry of Health and Family Welfare

Compendium of Fact Sheets

KEY INDICATORS

STATE AND DISTRICTS OF KERALA

National Family Health Survey (NFHS-5)

2019-20



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NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

KERALA



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 Kerala. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). Information was gathered from 12,330 households, 10,969 women, and 1,473 men. Fact sheets for each district in Kerala are also available separately.

Kerala - Key Indicators

		NFHS-5		NFHS-4
Indicators		(2019-20))	(2015-16)
Population and Household Profile	Urban	Rural	Total	Total
1. Female population age 6 years and above who ever attended school (%)	97.0	94.1	95.5	95.4
2. Population below age 15 years (%)	20.7	20.5	20.6	20.2
3. Sex ratio of the total population (females per 1,000 males)	1,138	1,105	1,121	1,049
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	983	922	951	1,047
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.5	98.5	99.0	97.7
6. Deaths in the last 3 years registered with the civil authority (%)	98.0	96.9	97.4	na
7. Population living in households with electricity (%)	99.9	99.3	99.6	99.2
8. Population living in households with an improved drinking-water source ¹ (%)	96.4	93.6	94.9	94.8
9. Population living in households that use an improved sanitation facility ² (%)	99.0	98.5	98.7	98.2
10. Households using clean fuel for cooking ³ (%)	78.5	66.3	72.1	57.4
11. Households using iodized salt (%)	99.6	99.2	99.3	98.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	47.2	55.4	51.5	47.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	33.1	25.6	29.0	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate ⁴ (%)	99.1	97.5	98.3	na
15. Men who are literate ⁴ (%)	99.2	97.4	98.2	na
16. Women with 10 or more years of schooling (%)	78.8	75.3	77.0	72.2
17. Men with 10 or more years of schooling (%)	76.8	70.2	73.3	70.5
18. Women who have ever used the internet (%)	64.9	57.5	61.1	na
19. Men who have ever used the internet (%)	78.3	74.2	76.1	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	4.1	8.2	6.3	7.6
21. Men age 25-29 years married before age 21 years (%)	0.0	2.5	1.4	2.8
22. Total fertility rate (children per woman)	1.8	1.8	1.8	1.6
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.8	3.0	2.4	3.0
24. Adolescent fertility rate for women age 15-19 years ⁵	15	21	18	21
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	2.6	4.2	3.4	4.4
26. Infant mortality rate (IMR)	3.5	5.2	4.4	5.6
27. Under-five mortality rate (U5MR)	3.9	6.4	5.2	7.1
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method ⁶ (%)	61.4	60.1	60.7	53.1
29. Any modern method ⁶ (%)	50.6	54.8	52.8	50.3
30. Female sterilization (%)	43.6	49.4	46.6	45.8
31. Male sterilization (%)	0.0	0.1	0.1	0.1
32. IUD/PPIUD (%)	1.6	1.5	1.5	1.6
33. Pill (%)	0.5	0.3	0.4	0.2
34. Condom (%)	4.0	2.9	3.4	2.6
35. Injectables (%)	0.0	0.0	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need ⁷ (%)	13.0	12.0	12.5	13.7
37. Unmet need for spacing ⁷ (%)	7.2	6.8	7.0	8.3
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	13.7	16.1	15.0	17.0
39. Current users ever told about side effects of current method8 (%)	62.2	62.1	62.2	55.6

Note: Major indicators are highlighted in grey. The decrease in 4 or more antenatal care visits (Indicator 41) in some districts in Kerala should be interpreted with caution.

The decline may be due to flooding, in-migration, or other reasons in recent years. LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available

() Based on 25-49 unweighted cases

- 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.

Percentage not shown; based on fewer than 25 unweighted cases

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

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

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

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.

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

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

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

Kerala - Kev Indicators

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Indicators	,	NFHS-5		NFHS-4
Indicators		(2019-20	<u> </u>	(2015-16)
Maternal and Child Health	Urban	Rural	Total	Total
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	93.9	93.3	93.6	95.1
41. Mothers who had at least 4 antenatal care visits (%)	79.3	78.0	78.6	90.1
42. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.7 80.5	95.7	95.2 80.0	96.4 67.1
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	66.2	79.5 67.7	67.0	47.4
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP)	00.2	07.7	67.0	47.4
card (%)	89.9	92.5	91.3	84.2
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.1	93.4	93.3	88.7
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,602	6,789	6,710	6,901
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	*
 Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	90.4	92.0	91.2	na
	90.4	92.0	91.2	IIa
Delivery Care (for births in the 5 years before the survey)	00.7	00.0	00.0	00.0
50. Institutional births (%) 51. Institutional births in public facility (%)	99.7	99.8	99.8	99.8
51. Institutional births in public facility (%) 52. Home births that were conducted by skilled health personnel ¹⁰ (%)	30.2 0.1	37.7 0.2	34.1 0.2	38.3 0.1
53. Births attended by skilled health personnel (%)	99.9	100.0	100.0	99.9
54. Births delivered by caesarean section (%)	39.1	38.7	38.9	35.8
55. Births in a private health facility that were delivered by caesarean section (%)	39.4	40.4	39.9	38.6
56. Births in a public health facility that were delivered by caesarean section (%)	38.8	36.1	37.2	31.4
Child Vaccinations and Vitamin A Supplementation	00.0	00.1	01.2	01.1
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	77.6	78.0	77.8	82.1
58. Children age 12-23 months fully vaccinated based on information from vaccination card		. 0.0		0
only ¹² (%)	83.3	87.1	85.2	88.3
59. Children age 12-23 months who have received BCG (%)	98.2	97.0	97.6	98.1
60. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	85.8	82.5	84.1	88.5
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.1	84.3	85.2	90.4
 Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 	86.4	90.1	88.3	89.4
63. Children age 24-35 months who have received a second dose of measles-containing				
vaccine (MCV) (%)	16.9	14.2	15.5	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	10.0	9.1	9.5	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.3	80.9	83.0	82.4
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 67. Children age 12-23 months who received most of their vaccinations in a public health	85.3	83.0	84.1	78.4
facility (%) 68. Children age 12-23 months who received most of their vaccinations in a private health	83.9	90.4	87.3	77.6
facility (%)	16.1	8.7	12.3	22.4
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.2	4.3	4.3	3.4
 Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 	(65.9)	56.8	61.1	49.4
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(35.4)	10.6	22.4	14.1
 Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%) 	(90.0)	84.1	86.9	76.3
 Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 	1.9	2.8	2.4	0.8
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	85.7	86.7	86.2	90.1
Plactures methors with two injections during the programmy for their last high or two or more injections (the last within 2 v				

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Kerala - Key Indicators

Kerala - Key Indicators		NFHS-5		NFHS-4
Indicators		NFNS-5 (2019-20)		(2015-16)
Child Feeding Practices and Nutritional Status of Children	Urban	Rural	Total	Total
75. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	66.8	66.6	66.7	64.3
76. Children under age 6 months exclusively breastfed ¹⁶ (%)	50.3	59.5	55.5	53.3
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	73.1	69.5	71.3	63.1
78. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	22.2	25.0	23.6	21.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	(14.3)	(30.0)	22.2	22.3
80. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	21.5	25.4	23.5	21.4
81. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	20.1	26.4	23.4	19.7
82. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	16.0	15.5	15.8	15.7
83. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.0	4.6	5.8	6.5
84. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	19.4	19.9	19.7	16.1
85. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.8	4.2	4.0	3.4
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	9.7	10.4	10.1	9.7
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) (%)	6.9	12.7	10.0	8.5
88. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	40.4	36.0	38.1	32.4
89. Men who are overweight or obese (BMI ≥25.0 kg/m²) (%)	40.1	33.2	36.4	28.5
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	71.1	70.2	70.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	57.2	56.5	56.8	na
Anaemia among Children and Adults	01.2	00.0	00.0	na
92. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	38.9	39.8	39.4	35.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	37.0	36.1	36.5	34.7
94. Pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (/%)	35.4	27.1	31.4	22.6
95. All women age 15-49 years who are anaemic ²² (%)	37.0	35.8	36.3	34.3
96. All women age 15-49 years who are anaemic ²² (%)	33.6	31.6	32.5	34.3 37.8
97. Men age 15-49 years who are anaemic (<13.0 g/dl) ^{22 (} %)	19.5	16.4	32.3 17.8	11.8
98. Men age 15-19 years who are anaemic (<13.0 g/dl) ²² (%)	24.0	30.7	27.4	14.3
Blood Sugar Level among Adults (age 15 years and above)	24.0	30.7	21.4	14.5
Women				
99. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.2	8.4	8.3	na
100. Blood sugar level - riight (141-100 riighdi) (78)	13.0	13.1	13.1	na
101. Blood sugar level - very high (>100 mg/dl) or taking medicine to control blood	13.0	10.1	13.1	Πά
sugar level ²³ (%)	24.8	24.8	24.8	na
Men				
102. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.1	9.6	9.8	na
103. Blood sugar level - very high (>160 mg/dl) ²³ (%)	14.1	13.6	13.8	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood				
sugar level ²³ (%)	27.4	26.7	27.0	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) (%)	15.4	15.5	15.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or				
Diastolic ≥100 mm of Hg) (%)	6.2	7.0	6.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	30.7	31.0	30.9	no
Men	30.7	31.0	30.9	na
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or				
Diastolic 90-99 mm of Hg) (%)	19.1	19.3	19.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or				
Diastolic ≥100 mm of Hg) (%)	6.0	7.3	6.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking	05.5	00.5	00.5	
medicine to control blood pressure (%)	32.6	32.9	32.8	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

Kerala - Key Indicators

		NFHS-5		NFHS-4
Indicators		(2019-20)		(2015-16)
Screening for Cancer among Adults (age 30-49 years)	Urban	Rural	Total	Total
Women				
111. Ever undergone a screening test for cervical cancer (%)	3.8	3.2	3.5	na
112. Ever undergone a breast examination for breast cancer (%)	2.8	2.0	2.4	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.8	0.6	0.7	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.0	0.9	0.5	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	35.5	34.2	34.8	43.1
116. Men who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	44.2	46.4	45.4	50.8
117. Women who know that consistent condom use can reduce the chance of getting				
HIV/AIDS (%)	73.5	74.7	74.1	74.2
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	82.2	86.5	84.5	84.8
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions ²⁵ (%)	93.6	94.6	94.1	92.1
120. Women who worked in the last 12 months and were paid in cash (%)	25.8	25.8	25.8	20.4
121. Women owning a house and/or land (alone or jointly with others) (%)	25.3	29.2	27.3	34.9
122. Women having a bank or savings account that they themselves use (%)	78.9	78.2	78.5	70.6
123. Women having a mobile phone that they themselves use (%)	86.2	86.9	86.6	81.2
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period ²⁶ (%)	94.9	91.4	93.0	90.0
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence ²⁷ (%) 126. Ever-married women age 18-49 years who have experienced physical violence during any	9.9	9.9	9.9	14.3
pregnancy (%)	0.5	0.5	0.5	1.2
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.0	0.0	0.0	0.0
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 (%)	1.3	3.0	2.2	na
129. Men age 15 years and above who use any kind of tobacco (%)	14.0	19.6	16.9	na
130. Women age 15 years and above who consume alcohol (%)	0.2	0.3	0.2	na
131. Men age 15 years and above who consume alcohol (%)	18.7	21.0	19.9	na

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



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

ALAPPUZHA KERALA



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 Alappuzha. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Alappuzha, information was gathered from 886 households, 685 women, and 111 men.

Alappuzha, Kerala - 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 (%)	97.8	97.2
2. Population below age 15 years (%)	16.6	17.5
3. Sex ratio of the total population (females per 1,000 males)	1,108	1,101
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,485	1,112
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.3	94.5
6. Deaths in the last 3 years registered with the civil authority (%)	100.0	na
7. Population living in households with electricity (%)	99.9	99.6
8. Population living in households with an improved drinking-water source ¹ (%)	98.4	93.9
9. Population living in households that use an improved sanitation facility ² (%)	99.2	97.2
10. Households using clean fuel for cooking ³ (%)	79.2	64.2
11. Households using iodized salt (%)	99.9	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.4	56.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(46.8)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	99.7	na
15. Women with 10 or more years of schooling (%)	78.8	73.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	3.8	1.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.9	2.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	93.1	84.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	61.5	45.1
21. Any modern method ⁶ (%)	56.9	42.7
22. Female sterilization (%)	49.6	36.5
23. Male sterilization (%)	0.6	0.2
24. IUD/PPIUD (%)	1.3	3.1
25. Pill (%)	0.2	0.3
26. Condom (%)	4.3	2.6
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.3	17.7
29. Unmet need for spacing ⁷ (%)	6.0	7.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	11.0	19.2
31. Current users ever told about side effects of current method ⁸ (%)	40.9	50.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

small tank, bottled water, community RO plant.

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

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

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

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

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

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

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

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

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

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

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

Alappuzha, Kerala - Key Indicators

Indicates	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)	a	
32. Mothers who had an antenatal check-up in the first trimester (%)	85.1	92.4
33. Mothers who had at least 4 antenatal care visits (%)	65.7	79.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	87.5	90.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	61.0	54.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	52.0	43.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	96.4	87.5
days of delivery (%)	89.2	78.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(10,557)	(9,472)
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)		
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.4	99.0
43. Institutional births in public facility (%)	49.0	44.1
44. Home births that were conducted by skilled health personnel (%)	0.6	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	99.0
46. Births delivered by caesarean section (%)	47.8	43.2
47. Births in a private health facility that were delivered by caesarean section (%)	53.8	49.9
48. Births in a public health facility that were delivered by caesarean section (%)	42.2	35.9
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 (%)	(61.9)	*
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 (%)	(96.9)	*
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(79.3)	*
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(76.8)	*
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(83.3)	*
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(22.2)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(8.7)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(76.8)	*
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	93.6	89.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	*
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	*
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.5	3.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	2.8	1.4
provider (%)	79.9	(88.4)

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

last birth.

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

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

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

13 Not including polio vaccination given at birth.

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

Alappuzha, Kerala - Kev Indicators

Alappuzlia, Kerala - Key iliulcators		
Indicators	NFHS-5	NFHS-4
Indicators Child Feeding Practices and Nutritional Status of Children	(2019-20) Total	(2015-16) Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	62.1	60.2
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} (%)	(17.2)	(5.4)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(47.0)	(5.0)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(17.9)	(5.0)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	20.1	14.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.4	16.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.1	3.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	20.4	17.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.5	4.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	14.3	12.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	41.9	37.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	30.3	24.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	32.0	26.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	(35.3)
84. All women age 15-49 years who are anaemic ²² (%)	31.9	27.0
85. All women age 15-19 years who are anaemic ²² (%)	22.9	28.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.4	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	12.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	25.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	14.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	25.4	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) (%)	15.2	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 (%)	32.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	36.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	4.7	na
99. Ever undergone a breast examination for breast cancer (%)	2.6	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 (%)	1.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	18.3	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	29.0	na

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

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

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

ERNAKULAM KERALA



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 Ernakulam. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Ernakulam, information was gathered from 857 households, 747 women, and 115 men.

Ernakulam, Kerala - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	97.2	97.7
2. Population below age 15 years (%)	18.8	18.8
3. Sex ratio of the total population (females per 1,000 males)	1,046	1,076
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,034	1,246
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.0	98.6
6. Deaths in the last 3 years registered with the civil authority (%)	98.7	na
7. Population living in households with electricity (%)	100.0	100.0
8. Population living in households with an improved drinking-water source ¹ (%)	98.2	97.3
9. Population living in households that use an improved sanitation facility ² (%)	99.3	99.3
10. Households using clean fuel for cooking ³ (%)	88.4	79.7
11. Households using iodized salt (%)	99.3	97.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	46.2	47.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(37.7)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	99.3	na
15. Women with 10 or more years of schooling (%)	83.8	83.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	2.9	0.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.0	2.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	94.5	95.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	69.7	57.8
21. Any modern method ⁶ (%)	61.5	55.0
22. Female sterilization (%)	51.9	49.9
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	1.5	1.7
25. Pill (%)	0.3	0.0
26. Condom (%)	6.1	3.2
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.7	11.6
29. Unmet need for spacing ⁷ (%)	6.8	6.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	12.9	14.7
31. Current users ever told about side effects of current method ⁸ (%)	79.9	48.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

small tank, bottled water, community RO plant.

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

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

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

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

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

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

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

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

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

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

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

Ernakulam, Kerala - 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 (%)	92.6	93.5
33. Mothers who had at least 4 antenatal care visits (%)	82.2	94.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.5	97.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	82.8	71.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	70.6	59.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	90.9	83.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	96.1	94.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(4,940)	*
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	04.0	
days of delivery (%)	94.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.1	100.0
43. Institutional births in public facility (%)	23.2	19.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.5	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	100.0
46. Births delivered by caesarean section (%)	51.1	40.0
47. Births in a private health facility that were delivered by caesarean section (%)	50.0	39.2
48. Births in a public health facility that were delivered by caesarean section (%)	(56.6)	(43.3)
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 (%)	(82.6)	(75.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(96.9)	*
51. Children age 12-23 months who have received BCG (%)	(97.9)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(82.6)	(84.6)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(91.4)	(90.4)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(92.7)	(81.6)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(15.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(8.9)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(91.4)	(87.5)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.2	75.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(93.4)	(50.9)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(6.7)	(49.1)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.8	3.1
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 (%)	2.4	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(89.6)	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Ernakulam, Kerala - Kev Indicators

Liliakulalli, Kerala - Key iliulcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	71.0	66.3
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} (%)	11.9	(25.2)
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} (%)	11.3	(23.9)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	22.0	12.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.1	15.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.4	7.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	19.4	12.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.4	1.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) ²¹ (%)	8.0	7.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	39.6	34.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	74.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	36.4	23.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	32.1	38.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	(26.4)
84. All women age 15-49 years who are anaemic ²² (%)	31.7	37.6
85. All women age 15-19 years who are anaemic ²² (%)	30.1	38.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	25.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	25.5	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) (%)	15.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control	00.0	
blood pressure (%)	29.6	na
Men	40.4	
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) (%)	5.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	30.2	na
Screening for Cancer among Women (age 30-49 years)	33.2	TIQ.
98. Ever undergone a screening test for cervical cancer (%)	2.9	na
99. Ever undergone a breast examination for breast cancer (%)	2.0	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)	J	
101. Women age 15 years and above who use any kind of tobacco (%)	1.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	15.3	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	25.0	na
		114

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

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

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

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

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

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

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

IDUKKI KERALA



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 Idukki. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Idukki, information was gathered from 857 households, 710 women, and 121 men.

Idukki, Kerala - Key Indicators

Iddititi, Horaid Hoy marediere	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	93.0	92.5
2. Population below age 15 years (%)	19.0	17.8
3. Sex ratio of the total population (females per 1,000 males)	1,029	965
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	859	1,139
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.8	98.4
6. Deaths in the last 3 years registered with the civil authority (%)	97.6	na
7. Population living in households with electricity (%)	99.0	99.4
8. Population living in households with an improved drinking-water source ¹ (%)	82.3	93.3
9. Population living in households that use an improved sanitation facility ² (%)	97.5	94.8
10. Households using clean fuel for cooking ³ (%)	54.3	47.2
11. Households using iodized salt (%)	99.6	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.1	54.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(18.3)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	94.4	na
15. Women with 10 or more years of schooling (%)	73.2	73.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	7.1	3.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.7	0.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	92.6	89.9
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	72.3	63.0
21. Any modern method ⁶ (%)	67.8	61.2
22. Female sterilization (%)	60.5	57.8
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.1	1.0
25. Pill (%)	0.0	0.2
26. Condom (%)	5.2	1.5
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	9.4	8.0
29. Unmet need for spacing ⁷ (%)	5.3	5.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	22.3	11.1
31. Current users ever told about side effects of current method ⁸ (%)	64.3	(38.3)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

small tank, bottled water, community RO plant.

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

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

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

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

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

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

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

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

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

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

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

Idukki, Kerala - 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 (%)	93.3	98.3
33. Mothers who had at least 4 antenatal care visits (%)	74.3	89.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	98.0	92.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	75.6	59.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	63.6	44.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.0	87.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	30.0	07.0
days of delivery (%)	94.0	86.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,942	(6,411)
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 (%)	95.3	na
Delivery Care (for births in the 5 years before the survey)		
40 1-44.4	400.0	400.0
42. Institutional births (%)	100.0	100.0
43. Institutional births in public facility (%)	47.6	43.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	100.0
46. Births delivered by caesarean section (%)	40.3	47.1
47. Births in a private health facility that were delivered by caesarean section (%)	47.0	45.8
48. Births in a public health facility that were delivered by caesarean section (%)	32.9	48.7
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(89.6)	*
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(89.6)	*
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 (%)	(96.6)	*
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(89.6)	*
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(93.0)	*
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(13.4)	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 (%)	(89.6)	*
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.3	95.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(93.3)	*
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(6.7)	*
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.3	2.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.3	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 (%)	(69.6)	*

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Idukki. Kerala - Kev Indicators

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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 (%)	78.8	57.7
68. Children under age 6 months exclusively breastfed (%)	/ O.O *	37.7 *
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 (%)	(34.0)	(18.8)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	(54.0)	(10.0)
72. Total children age 6-23 months receiving an adequate diet (%)	(36.5)	(22.0)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	24.3	15.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.5	24.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.8	14.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	23.6	14.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.3	4.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	9.0	10.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	36.3	28.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	72.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	32.0	32.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	32.4	30.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	(10.7)
84. All women age 15-49 years who are anaemic ²² (%)	32.0	29.2
85. All women age 15-19 years who are anaemic ²² (%)	33.8	38.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	22.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	23.9	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) (%)	17.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	10.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	34.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	31.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.5	na
99. Ever undergone a breast examination for breast cancer (%)	2.6	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 (%)	3.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	24.8	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	24.1	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Kannur Kerala



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 Kannur. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Kannur, information was gathered from 919 households, 950 women, and 101 men.

Kannur, Kerala - Kev Indicators

Railital, Relaid Rey illaidators		
In Product	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	96.7	96.3
2. Population below age 15 years (%)	23.9	21.0
3. Sex ratio of the total population (females per 1,000 males)	1,203	1,092
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	880	1,066
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.6	95.3
6. Deaths in the last 3 years registered with the civil authority (%)	98.5	na
7. Population living in households with electricity (%)	99.7	98.7
8. Population living in households with an improved drinking-water source ¹ (%)	93.9	92.8
9. Population living in households that use an improved sanitation facility ² (%)	99.5	99.0
10. Households using clean fuel for cooking ³ (%)	70.4	55.5
11. Households using iodized salt (%)	99.2	98.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	47.9	38.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	32.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	99.1	na
15. Women with 10 or more years of schooling (%)	74.1	70.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	5.4	10.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.4	3.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	96.8	89.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	61.9	49.2
21. Any modern method ⁶ (%)	54.2	47.8
22. Female sterilization (%)	47.7	44.1
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.3	1.4
25. Pill (%)	0.7	0.0
26. Condom (%)	4.3	2.3
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.7	13.9
29. Unmet need for spacing ⁷ (%)	9.2	8.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.8	22.6
31. Current users ever told about side effects of current method ⁸ (%)	77.0	70.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

small tank, bottled water, community RO plant.

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

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

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

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

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

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

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

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

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

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

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

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

Kannur, Kerala - Key Indicators

Indicators	NFHS-5	NFHS-4
Indicators Maternal and Child Health	(2019-20) Total	(2015-16) Total
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Maternity Care (for last birth in the 5 years before the survey)	04.0	06.7
32. Mothers who had an antenatal check-up in the first trimester (%)	94.8 78.3	96.7 93.2
33. Mothers who had at least 4 antenatal care visits (%)	97.7	93.2 99.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%) 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	78.0	99.5 75.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	58.8	50.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.3	90.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	93.4	96.8
days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,125	(7,044)
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0,125	(7,0 44) *
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	90.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100.0	100.0
43. Institutional births in public facility (%)	33.6	40.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	100.0
46. Births delivered by caesarean section (%)	39.7	33.6
47. Births in a private health facility that were delivered by caesarean section (%)	40.0	32.1
48. Births in a public health facility that were delivered by caesarean section (%)	39.1	35.8
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 (%)	77.7	(87.1)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(88.4)	(94.8)
51. Children age 12-23 months who have received BCG (%)	98.0	(98.5)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	79.5	(88.7)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.5	(94.3)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.7	(97.0)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	9.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	3.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.5	(80.6)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.2	72.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.6	(82.3)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	8.4	(17.7)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	0.7	3.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.3	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 (%)	(81.2)	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Kannur, Kerala - Kev Indicators

Railliui, Relaia - Rey iliuicators		
Indicators	NFHS-5	NFHS-4
Child Feeding Practices and Nutritional Status of Children	(2019-20) Total	(2015-16) Total
-		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	63.8	74.9
68. Children under age 6 months exclusively breastfed (%)	*	*
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} (%)	39.9 *	20.4
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 (%)	38.4	20.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	19.4	25.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.0	10.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.9	3.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	17.9	10.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.0	6.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	8.7	9.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	32.4	30.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	72.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	37.2	44.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	39.7	38.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(39.7)	(20.3)
84. All women age 15-49 years who are anaemic ²² (%)	39.7	37.3
85. All women age 15-19 years who are anaemic ²² (%)	30.4	39.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	23.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	25.0	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) (%)	17.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		Πα
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) (%)	23.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	34.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.9	na
99. Ever undergone a breast examination for breast cancer (%)	2.1	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	1.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	12.9	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na

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

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

 ¹⁹Below -3 standard deviations, based on the WHO standard.
 ²⁰Above +2 standard deviations, based on the WHO standard.

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

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

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

KASARAGOD KERALA



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 Kasaragod. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Kasaragod, information was gathered from 922 households, 945 women, and 116 men.

Kasaragod, Kerala - Kev Indicators

Masaragoa, Meraia Mey indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	90.8	88.8
2. Population below age 15 years (%)	24.1	22.5
3. Sex ratio of the total population (females per 1,000 males)	1,134	1,041
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	984	981
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.1	98.4
6. Deaths in the last 3 years registered with the civil authority (%)	95.5	na
7. Population living in households with electricity (%)	99.5	99.1
8. Population living in households with an improved drinking-water source ¹ (%)	93.2	92.7
9. Population living in households that use an improved sanitation facility ² (%)	98.9	98.0
10. Households using clean fuel for cooking ³ (%)	73.5	52.9
11. Households using iodized salt (%)	99.6	94.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	44.0	37.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	95.9	na
15. Women with 10 or more years of schooling (%)	68.3	61.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	4.7	4.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.4	0.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.7	3.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	93.9	92.8
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	56.4	42.6
21. Any modern method ⁶ (%)	46.6	37.5
22. Female sterilization (%)	39.0	34.2
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	2.4	1.4
25. Pill (%)	0.0	0.2
26. Condom (%)	3.5	1.6
27. Injectables (%)	0.0	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.5	15.2
29. Unmet need for spacing ⁷ (%)	6.4	10.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.9	25.2
31. Current users ever told about side effects of current method8 (%)	69.1	(59.4)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

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

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

Kasaragod, Kerala - 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 (%)	97.4	95.9
33. Mothers who had at least 4 antenatal care visits (%)	91.2	90.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	99.2	97.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	89.4	72.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	83.7	54.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	92.8	87.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	95.0	88.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,778	(6,659)
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	05.0	
days of delivery (%)	95.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100.0	100.0
43. Institutional births in public facility (%)	29.9	28.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	100.0
46. Births delivered by caesarean section (%)	28.8	26.3
47. Births in a private health facility that were delivered by caesarean section (%)	28.9	28.4
48. Births in a public health facility that were delivered by caesarean section (%)	28.4	21.1
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 (%)	92.5	(91.8)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	98.0	(93.4)
51. Children age 12-23 months who have received BCG (%)	98.6	(98.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	94.4	(93.8)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	96.6	(93.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	97.3	(93.5)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	9.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	24.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	95.3	(90.0)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	83.4	68.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.3	(80.7)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	11.7	(19.3)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.9	6.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.3	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 (%)	(97.0)	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Kasaragod, Kerala - Key Indicators

Kasaragod, Kerala - Key Indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	86.1	59.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(68.2)	*
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} (%)	9.4	25.2
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} (%)	12.2	28.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	25.3	18.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	12.6	9.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.7	3.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	21.4	13.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.6	0.4
Nutritional Status of Women (age 15-49 years)		_
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	9.4	13.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	28.4	27.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	76.8	na
Anaemia among Children and Women	7 0.0	110
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	24.2	27.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	34.3 35.6	37.7 35.0
83. Pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)		
	(27.3)	(35.6)
84. All women age 15-49 years who are anaemic ²² (%)	35.4	35.0
85. All women age 15-19 years who are anaemic ²² (%)	39.6	28.6
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 (%)	10.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.0	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	22.3	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) (%)	13.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	26.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to contro		
blood pressure (%)	26.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.5	na
99. Ever undergone a breast examination for breast cancer (%)	1.7	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)		
404 W	3.5	na
101. Women age 15 years and above who use any kind of tobacco (%)		
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 (%)	14.2	na
	14.2 0.1	na na

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

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

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

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

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

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

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

KOLLAM KERALA



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 Kollam. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Kollam, information was gathered from 859 households, 753 women, and 78 men.

Kollam, Kerala - Key Indicators

Tronding Itolaid Itoy maiodioio	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	96.6	96.8
2. Population below age 15 years (%)	18.9	20.0
3. Sex ratio of the total population (females per 1,000 males)	1,171	1,043
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,135	851
5. Children under age 5 years whose birth was registered with the civil authority (%)	100.0	99.6
6. Deaths in the last 3 years registered with the civil authority (%)	96.2	na
7. Population living in households with electricity (%)	99.8	98.2
8. Population living in households with an improved drinking-water source ¹ (%)	95.7	95.4
9. Population living in households that use an improved sanitation facility ² (%)	97.5	98.1
10. Households using clean fuel for cooking ³ (%)	80.1	58.8
11. Households using iodized salt (%)	99.0	99.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	56.0	45.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(11.8)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	98.2	na
15. Women with 10 or more years of schooling (%)	80.6	79.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	1.8	3.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7	1.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.0	0.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	99.4	92.3
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	62.9	53.1
21. Any modern method ⁶ (%)	60.5	50.6
22. Female sterilization (%)	57.2	46.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.6	1.8
25. Pill (%)	0.6	0.2
26. Condom (%)	1.7	2.5
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	11.9	14.5
29. Unmet need for spacing ⁷ (%)	7.2	8.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	15.1	19.0
31. Current users ever told about side effects of current method ⁸ (%)	62.0	56.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

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

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

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

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

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

Kollam, Kerala - Kev Indicators

Rollalli, Refala - Rey Illulcators		
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 (%)	92.6	94.1
33. Mothers who had at least 4 antenatal care visits (%)	79.3	88.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	98.5	96.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	89.0	56.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	81.5	19.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.9	84.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.4	80.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,836	10,299
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 (%)	89.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100.0	99.5
43. Institutional births in public facility (%)	44.7	41.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.5
45. Births attended by skilled health personnel 10 (%)	100.0	100.0
46. Births delivered by caesarean section (%)	49.1	57.0
47. Births in a private health facility that were delivered by caesarean section (%)	58.4	60.2
48. Births in a public health facility that were delivered by caesarean section (%)	37.6	53.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or		
mother's recall ¹¹ (%)	(85.4)	(87.3)
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 (%)	(96.3)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(95.6)	(87.3)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(89.1)	(98.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(89.1)	(93.1)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(29.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(11.1)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(82.1)	(85.0)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	93.9	95.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(90.5)	(82.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(9.5)	(17.2)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.5	2.9
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 (%)	5.4	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 (%)	92.5	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Kollam, Kerala - Kev Indicators

Rollalli, Refala - Rey Illulcators		
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 (%)	61.6	37.4
68. Children under age 6 months exclusively breastfed (%)	01.0 *	37.4 *
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} (%)	(16.7)	(25.4)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	(10.7)	(23.4)
71. Not because different age 6-23 months receiving an adequate diet (70)	(17.3)	(24.1)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	15.5	14.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.4	18.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.9	7.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	17.0	14.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	9.4	3.8
Nutritional Status of Women (age 15-49 years)	0.1	0.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	9.5	6.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	43.5	38.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	74.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	32.5	18.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	36.7	25.7
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 (%)	36.0	25.5
85. All women age 15-19 years who are anaemic ²² (%)	24.5	31.2
Blood Sugar Level among Adults (age 15 years and above)		J
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	13.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	26.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	16.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	30.2	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) (%)	16.3	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		114
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) (%)	18.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	35.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	4.5	na
99. Ever undergone a breast examination for breast cancer (%)	2.2	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 (%)	1.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	21.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	22.3	na

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

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

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

KOTTAYAM KERALA



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 Kottayam. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Kottayam, information was gathered from 867 households, 659 women, and 100 men.

Kottayam, Kerala - Key Indicators

Trottayani, Itoraia Itoy maioatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	97.9	98.7
2. Population below age 15 years (%)	18.8	16.7
3. Sex ratio of the total population (females per 1,000 males)	1,071	1,029
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	865	1,077
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.2	96.8
6. Deaths in the last 3 years registered with the civil authority (%)	97.6	na
7. Population living in households with electricity (%)	99.6	99.7
8. Population living in households with an improved drinking-water source ¹ (%)	97.1	97.1
9. Population living in households that use an improved sanitation facility ² (%)	98.6	99.1
10. Households using clean fuel for cooking ³ (%)	72.5	62.6
11. Households using iodized salt (%)	97.4	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	53.2	50.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(33.7)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	99.7	na
15. Women with 10 or more years of schooling (%)	85.8	81.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	1.6	1.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	1.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.8	0.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	94.1	88.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	44.7	52.9
21. Any modern method ⁶ (%)	40.3	50.0
22. Female sterilization (%)	33.0	42.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.9	2.0
25. Pill (%)	0.7	0.2
26. Condom (%)	3.6	5.7
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	16.1	11.2
29. Unmet need for spacing ⁷ (%)	5.6	7.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.5	15.0
31. Current users ever told about side effects of current method ⁸ (%)	(40.8)	66.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Kottayam, Kerala - Key Indicators

Trottayam, Itoraia Itoy maicatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	81.6	98.0
33. Mothers who had at least 4 antenatal care visits (%)	55.1	85.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	83.6	98.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	51.1	59.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	44.0	37.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	90.4	95.5
days of delivery (%)	85.0	88.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(10,236)	6,260
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	83.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.7	100.0
43. Institutional births in public facility (%)	44.3	49.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.7	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	99.3	100.0
46. Births delivered by caesarean section (%)	48.0	28.3
47. Births in a private health facility that were delivered by caesarean section (%)	49.4	43.2
48. Births in a public health facility that were delivered by caesarean section (%)	47.7	13.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	*	(95.2)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	*	(95.1)
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 (%)	*	(100.0)
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) (%)	*	(95.2)
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 (%)	*	(100.0)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	91.2	80.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	(68.2)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	(31.8)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.2	0.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	1.2	0.6
provider (%)	86.6	*

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

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

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

13 Not including polio vaccination given at birth.

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

Kottavam, Kerala - Kev Indicators

Kottayam, Kerala - Key Indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	51.1	79.0
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} (%)	(16.9)	(23.3)
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} (%)	(19.0)	(23.8)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	23.4	22.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	8.4	16.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.3	6.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	17.3	11.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.2	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 (%)	12.3	5.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	39.8	31.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	63.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	36.8	33.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	38.6	29.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	(6.2)
84. All women age 15-49 years who are anaemic ²² (%)	38.7	28.8
85. All women age 15-19 years who are anaemic ²² (%)	38.1	29.9
Blood Sugar Level among Adults (age 15 years and above)	33	
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	16.9	na na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	28.7	na
Men	20.7	IIa
	0.0	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.9 15.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	15.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	29.4	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) (%)	15.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control	34.2	no
blood pressure (%)	34.2	na
Men	24.0	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	21.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	9.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	38.8	na
Screening for Cancer among Women (age 30-49 years)	30.0	Tid
98. Ever undergone a screening test for cervical cancer (%)	2.6	na
99. Ever undergone a breast examination for breast cancer (%)	3.0	na na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	1.0	ı ia
101. Women age 15 years and above who use any kind of tobacco (%)	1.7	200
		na
102. Men age 15 years and above who use any kind of tobacco (%)	18.3	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	27.4	na

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

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

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



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2019-20

DISTRICT FACT SHEET

KOZHIKODE KERALA



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 Kozhikode. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Kozhikode, information was gathered from 888 households, 825 women, and 107 men.

Kozhikode, Kerala - Kev Indicators

Rozinkode, Refaid Rey indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	97.7	96.2
2. Population below age 15 years (%)	19.9	20.2
3. Sex ratio of the total population (females per 1,000 males)	1,112	1,033
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,000	954
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.9	97.2
6. Deaths in the last 3 years registered with the civil authority (%)	98.6	na
7. Population living in households with electricity (%)	99.6	99.2
8. Population living in households with an improved drinking-water source ¹ (%)	93.3	96.8
9. Population living in households that use an improved sanitation facility ² (%)	99.6	99.5
10. Households using clean fuel for cooking ³ (%)	73.8	51.8
11. Households using iodized salt (%)	99.8	98.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	61.1	59.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(36.5)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	99.1	na
15. Women with 10 or more years of schooling (%)	84.3	73.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	4.2	7.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.8	3.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	96.5	87.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	67.7	57.5
21. Any modern method ⁶ (%)	58.5	53.5
22. Female sterilization (%)	52.5	50.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.4	0.9
25. Pill (%)	0.3	0.0
26. Condom (%)	3.4	2.1
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	9.6	13.3
29. Unmet need for spacing ⁷ (%)	5.9	8.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.4	21.4
31. Current users ever told about side effects of current method ⁸ (%)	71.5	63.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

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

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

Kozhikode, Kerala - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	98.3	95.1
33. Mothers who had at least 4 antenatal care visits (%)	91.8	94.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.7	98.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	85.7	74.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	76.1	60.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	96.6	83.8
days of delivery (%)	91.0	84.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,734	(5,068)
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	90.0	no
days of delivery (%)	89.0	na
Delivery Care (for births in the 5 years before the survey)	100.0	100.0
42. Institutional births (%)		100.0
43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel ¹⁰ (%)	42.2	45.5
45. Births attended by skilled health personnel 10 (%)	0.0 100.0	0.0 100.0
46. Births delivered by caesarean section (%)	45.7	33.8
47. Births in a private health facility that were delivered by caesarean section (%)	48.8	40.6
48. Births in a public health facility that were delivered by caesarean section (%)	41.4	25.7
Child Vaccinations and Vitamin A Supplementation	71.7	20.1
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or		
mother's recall ¹¹ (%)	(88.8)	(70.0)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(92.3)	(77.3)
51. Children age 12-23 months who have received BCG (%)	(98.1)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(96.2)	(86.2)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(90.7)	(86.9)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(90.7)	(84.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(12.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(16.5)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(89.4)	(84.9)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.9	66.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(81.2)	(82.9)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(18.8)	(17.1)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.3	2.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.2	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 (%)	(91.2)	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Kozhikode. Kerala - Kev Indicators

Rozilikode, Refala - Rey ilidicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	85.6	68.6
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} (%)	26.7	(11.3)
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} (%)	25.1	11.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	21.3	18.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.1	13.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.4	5.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	18.9	18.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.4	7.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	8.4	12.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	30.7	27.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	74.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	32.1	39.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	30.2	43.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(23.2)	(32.0)
84. All women age 15-49 years who are anaemic ²² (%)	29.8	42.9
85. All women age 15-19 years who are anaemic ²² (%)	32.6	46.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	22.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	23.9	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) (%)	16.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	29.6	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) (%)	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 (%)	28.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.3	na
99. Ever undergone a breast examination for breast cancer (%)	1.6	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.1	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 (%)	0.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	11.3	na
103. Women age 15 years and above who consume alcohol (%)	0.0	na
104. Men age 15 years and above who consume alcohol (%)	13.5	na

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

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

 ¹⁹Below -3 standard deviations, based on the WHO standard.
 ²⁰Above +2 standard deviations, based on the WHO standard.

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

MALAPPURAM KERALA



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 Malappuram. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Malappuram, information was gathered from 905 households, 1,004 women, and 141 men.

Malappuram, Kerala - Kev Indicators

Maiapparam, Refaia Rey maicators	NEUC E	NEUC 4
Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	94.9	94.7
2. Population below age 15 years (%)	27.0	25.9
3. Sex ratio of the total population (females per 1,000 males)	1,101	999
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	807	936
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.7	97.6
6. Deaths in the last 3 years registered with the civil authority (%)	97.3	na
7. Population living in households with electricity (%)	99.7	99.5
8. Population living in households with an improved drinking-water source ¹ (%)	97.7	93.6
9. Population living in households that use an improved sanitation facility ² (%)	99.9	98.5
10. Households using clean fuel for cooking ³ (%)	59.0	45.7
11. Households using iodized salt (%)	99.4	99.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	42.8	37.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	24.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	99.2	na
15. Women with 10 or more years of schooling (%)	69.5	65.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	15.3	23.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.3	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.6	4.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	88.7	88.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	58.6	43.1
21. Any modern method ⁶ (%)	41.5	39.7
22. Female sterilization (%)	36.8	36.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.8	1.1
25. Pill (%)	0.4	0.3
26. Condom (%)	1.9	1.7
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	13.8	17.4
29. Unmet need for spacing ⁷ (%)	8.5	11.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	10.9	14.3
31. Current users ever told about side effects of current method ⁸ (%)	61.3	58.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Malappuram, Kerala - Key Indicators

maia param, itoraia itoy maioatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	95.3	96.9
33. Mothers who had at least 4 antenatal care visits (%)	90.4	93.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	99.6	96.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	92.3	64.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	71.1	41.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	91.5	74.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	96.9	93.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,760	6,202
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 (%)	100.0	99.6
43. Institutional births in public facility (%)	25.6	32.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.4
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	100.0
46. Births delivered by caesarean section (%)	25.5	24.0
47. Births in a private health facility that were delivered by caesarean section (%)	26.8	24.2
48. Births in a public health facility that were delivered by caesarean section (%)	21.7	23.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	80.3	70.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(82.6)	(77.4)
51. Children age 12-23 months who have received BCG (%)	100.0	95.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	86.3	77.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.3	80.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.3	78.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	3.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	82.0	77.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.2	75.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	79.6	(79.9)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	20.4	(20.1)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.5	3.2
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 (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	0.6	0.9
provider (%)	88.5	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Malappuram, Kerala - Key Indicators

Indicators	Maiappuram, Keraia - Key indicators		
Child Feeding Practices and Nutritional Status of Children 77. Children under age 3 years breastled within one hour of birth 16 (%) 88. Children under age 6 months exclusively breastled* (%) 89. Children under age 6 months exclusively breastled* (%) 80. Children age 6-8 months receiving solid or semi-solid food and breastmilk* (%) 80. Children age 6-2 months receiving an adequate diet* (%) 80. Children age 6-2 months receiving an adequate diet* (%) 80. Children under age 6-2 months receiving an adequate diet* (%) 80. Children under 5 years who have reastled (height-for-aeight) (%) 80. 26. 3 80. 30. Children under 5 years who are susted (height-for-aeight) (%) 80. 27. Chalchildren under 5 years who are vasted (weight-for-height) (%) 80. Children under 5 years who are vasted (weight-for-height) (%) 80. Children under 5 years who are vasted (weight-for-height) (%) 80. Children under 5 years who are vasted (weight-for-height) (%) 80. Children under 5 years who are overweight (weight-for-height) (%) 80. Children under 5 years who are vasted (weight-for-height) (%) 80. Children under 5 years who are overweight (weight-for-height) (%) 80. Children under 5 years who are overweight (weight-for-height) (%) 80. Children under 5 years who are overweight (weight-for-height) (%) 80. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)² (%) 80. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)² (%) 80. Women who are being this wais-to-th) ratio (≥0.85) (%) 80. Norn-pregnant women age 15-49 years who are anaemic (<11.0 g/dl)²² (%) 80. Norn-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)²² (%) 80. Norn-pregnant women age 15-49 years who are anaemic (<10.0 g/dl)²² (%) 80. All women age 15-49 years who are anaemic (<10.0 g/dl)²² (%) 80. All women age 15-49 years who are anaemic (<10.0 g/dl)²² (%) 80. All women age 15-49 years who are anaemic (<10.0 g/dl)²² (%) 80. Blood sugar level - high (141-160 mg/dl)² (%) 81. All women age 15-49 years who are anaemic	Indicators	NFHS-5	NFHS-4
67. Children under age β ayears breastfed within one hour of birth 10 (%) 83. Children under age β and the sexubisvely breastfed 10 (%) 93. Children age β -8 months receiving solid or semi-solid food and breastfilk* (%) 94. Children age β -23 months receiving an adequate diet 10 (%) 95. Children age β -23 months receiving an adequate diet 10 (%) 96. Children age β -23 months receiving an adequate diet 10 (%) 97. Children under 5 years who are subrated (height-for-age) (%) 98. Children under 5 years who are wasted (weight-for-height) (%) 99. Children under 5 years who are wasted (weight-for-height) (%) 99. Children under 5 years who are wasted (weight-for-height) (%) 99. Children under 5 years who are wasted (weight-for-height) (%) 99. Children under 5 years who are wasted (weight-for-height) (%) 99. Children under 5 years who are wasted (weight-for-height) (%) 99. Children under 5 years who are wasted (weight-for-height) (%) 99. Children under 5 years who are wasted (weight-for-beight) (%) 99. Children under 5 years who are wasted (weight-for-age) (%) 99. Children under 5 years who are wasted (weight-for-age) (%) 99. Children under 5 years who are wasted (weight-for-age) (%) 99. Children under 5 years who are wasted (weight-for-age) (%) 99. Children under 6 years who are wasted (weight-for-age) (%) 99. Children under 6 years who are wasted (weight-for-age) (%) 99. Children under 6 years who are wasted (weight-for-age) (%) 99. Children under 6 years who are wasted (weight-for-age) (%) 99. Children under 6 years who are wasted (weight-for-age) (%) 99. Children under 6 years who are wasted (weight-for-age) (%) 99. Children under 6 years who are anaemic (<11.0 g/dl) (%) 90. Children under 6 years who are anaemic (<11.0 g/dl) (%) 90. Children under 6 years who are anaemic (<11.0 g/dl) (%) 90. Children under 6 years who are anaemic (<11.0 g/dl) (%) 90. Children under 6 years who are anaemic (<11.0 g/dl) (%) 90. Children under 6 years who are anaemic (<11.		<u> </u>	<u> </u>
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TO I. THOS AND TO YOUR ADD TO WITH CONTOURS ABOUT 1/0/	104. Men age 15 years and above who consume alcohol (%)	7.7	na

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

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

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

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

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

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

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

PALAKKAD KERALA



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 Palakkad. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Palakkad, information was gathered from 912 households, 881 women, and 113 men.

Palakkad, Kerala - Key Indicators

Falakkau, Kerala - Key mulcators	NEUC E	NFHS-4
Indicators	NFHS-5 (2019-20)	(2015-16)
	Total	Total
Population and Household Profile	89.6	
1. Female population age 6 years and above who ever attended school (%)	89.6 19.3	92.2
2. Population below age 15 years (%) 3. Sex ratio of the total population (females per 1,000 males)	1,148	20.1 972
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,146	1,075
·	99.5	1,075
5. Children under age 5 years whose birth was registered with the civil authority (%) 6. Deaths in the last 3 years registered with the civil authority (%)	95.4	
7. Population living in households with electricity (%)	98.9	na 99.2
8. Population living in households with an improved drinking-water source ¹ (%)	96.9	99.2 94.2
9. Population living in households that use an improved sanitation facility ² (%)	99.0	94.2 97.0
10. Households using clean fuel for cooking ³ (%)	67.5	50.7
11. Households using clean rule for cooking (%)	99.7	97.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	53.8	48.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(32.8)	
	(32.0)	na
Characteristics of Women (age 15-49 years)	04.4	
14. Women who are literate ⁴ (%)	94.4	na oo 4
15. Women with 10 or more years of schooling (%)	63.2	63.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	14.1	12.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.4	5.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	87.5	87.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	58.9	62.2
21. Any modern method ⁶ (%)	51.9	57.6
22. Female sterilization (%)	48.1	53.5
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.7	2.3
25. Pill (%)	0.2	0.4
26. Condom (%)	1.9	1.5
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.8	12.1
29. Unmet need for spacing ⁷ (%)	6.7	7.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.6	14.0
31. Current users ever told about side effects of current method ⁸ (%)	56.6	61.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

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

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

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

Palakkad, Kerala - 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 (%)	97.7	93.4
33. Mothers who had at least 4 antenatal care visits (%)	68.4	90.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	87.9	97.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	71.7	79.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	58.8	62.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	87.3	84.9
days of delivery (%)	97.5	89.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(6,211)	(4,337)
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 (%)	93.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100.0	100.0
43. Institutional births in public facility (%)	29.6	33.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	100.0
46. Births delivered by caesarean section (%)	31.2	34.4
47. Births in a private health facility that were delivered by caesarean section (%)	29.7	38.3
48. Births in a public health facility that were delivered by caesarean section (%)	34.7	26.6
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 (%)	(51.8)	(88.1)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(73.2)	(97.7)
51. Children age 12-23 months who have received BCG (%)	(90.2)	(97.4)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(57.0)	(93.8)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(71.0)	(89.9)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(77.0)	(90.1)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(11.5)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(11.0)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(62.4)	(79.3)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.6	71.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(94.1)	(88.6)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(5.9)	(11.4)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.7	6.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	1.9	0.5
provider (%)	(82.5)	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Palakkad. Kerala - Kev Indicators

Falakkau, Kerala - Key mulcators	NELLO E	N=110 4
Indicators	NFHS-5 (2019-20)	NFHS-4
Child Feeding Practices and Nutritional Status of Children	(2019-20) Total	(2015-16) Total
-		
67. Children under age 3 years breastfed within one hour of birth 15 (%)	55.2	70.0
68. Children under age 6 months exclusively breastfed (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(00.0)	10.4
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	(26.8)	16.1
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 (%)	23.7	16.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	29.7	20.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.7	10.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.0	4.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.7	19.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.1	0.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	12.9	13.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	32.9	32.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	51.9	41.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	50.0	42.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(40.5)	*
84. All women age 15-49 years who are anaemic ²² (%)	49.6	42.3
85. All women age 15-19 years who are anaemic ²² (%)	43.3	47.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	12.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	24.6	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 (%)	13.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	26.3	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) (%)	17.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		iid
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) (%)	22.4	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 (%)	35.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.7	na
99. Ever undergone a breast examination for breast cancer (%)	1.1	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 (%)	5.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	22.5	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	23.1	na

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

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

 ¹⁹Below -3 standard deviations, based on the WHO standard.
 ²⁰Above +2 standard deviations, based on the WHO standard.

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

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

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET PATHANAMTHITTA KERALA



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 Pathanamthitta. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Pathanamthitta, information was gathered from 854 households, 625 women, and 92 men.

Pathanamthitta. Kerala - Kev Indicators

Tathanaminta, Refair Rey maleators		NIEU I
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	97.7	97.0
2. Population below age 15 years (%)	16.4	16.7
3. Sex ratio of the total population (females per 1,000 males)	1,174	1,105
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	916	1,135
5. Children under age 5 years whose birth was registered with the civil authority (%)	100.0	97.3
6. Deaths in the last 3 years registered with the civil authority (%)	95.1	na
7. Population living in households with electricity (%)	99.6	99.2
8. Population living in households with an improved drinking-water source ¹ (%)	94.1	94.5
9. Population living in households that use an improved sanitation facility ² (%)	98.9	97.1
10. Households using clean fuel for cooking ³ (%)	60.1	57.7
11. Households using iodized salt (%)	99.6	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	50.1	41.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(31.5)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	99.7	na
15. Women with 10 or more years of schooling (%)	84.5	76.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	0.0	1.2
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 (%)	0.0	1.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	97.9	96.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	59.3	50.9
21. Any modern method ⁶ (%)	54.4	49.9
22. Female sterilization (%)	47.6	44.5
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	2.6	1.7
25. Pill (%)	0.5	0.2
26. Condom (%)	3.4	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 (%)	12.3	14.2
29. Unmet need for spacing ⁷ (%)	4.9	7.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.2	22.0
31. Current users ever told about side effects of current method ⁸ (%)	(63.1)	61.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

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

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

Pathanamthitta, Kerala - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	92.9	86.6
33. Mothers who had at least 4 antenatal care visits (%)	83.9	90.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.2	90.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	74.7	68.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	58.6	58.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	92.2	91.2
days of delivery (%)	95.2	92.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(7,608)	(7,467)
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 (%)	93.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.1	100.0
43. Institutional births in public facility (%)	36.8	46.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	99.2	100.0
46. Births delivered by caesarean section (%)	57.6	52.1
47. Births in a private health facility that were delivered by caesarean section (%)	61.1	51.4
48. Births in a public health facility that were delivered by caesarean section (%)	(53.0)	52.9
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 (%)	*	(78.0)
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 (%)	*	(92.5)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	*	(96.3)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	(89.1)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	(92.6)
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 (%)	*	(77.5)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	(90.9)	85.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	(71.5)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	(28.5)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.7	4.0
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 (%)	3.5	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 (%)	(78.6)	(94.0)

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Pathanamthitta. Kerala - Kev Indicators

Famanamimita, Refaia - Rey mulcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	65.0	44.3
68. Children under age 6 months exclusively breastfed (%)	*	*
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} (%)	(54.1)	(25.5)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(50.1)	(22.8)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	22.7	13.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	11.4	14.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.9	4.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	11.2	11.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.0	3.3
Nutritional Status of Women (age 15-49 years)	0.0	0.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	12.3	10.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	43.8	39.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	61.6	na
Anaemia among Children and Women	01.0	Па
	44.0	40.4
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	44.2	18.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	36.9 *	22.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)		20.4
84. All women age 15-49 years who are anaemic ²² (%)	36.4	22.4
85. All women age 15-19 years who are anaemic ²² (%)	20.9	21.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	17.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	32.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	20.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	34.7	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) (%)	17.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	11.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	42.1	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) (%)	9.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	41.9	na
	41.5	IIa
Screening for Cancer among Women (age 30-49 years)	7 7	no
98. Ever undergone a screening test for cervical cancer (%) 99. Ever undergone a breast examination for breast cancer (%)	7.7 4.1	na
, ,		na
100. Ever undergone an oral cavity examination for oral cancer (%)	8.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	4.5	
101. Women age 15 years and above who use any kind of tobacco (%)	1.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	22.3	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	23.8	na

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

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

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

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

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

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



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET THIRUVANANTHAPURAM KERALA



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 Thiruvananthapuram. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Thiruvananthapuram, information was gathered from 833 households, 657 women, and 84 men.

Thiruvananthapuram, Kerala - 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 (%)	94.5	95.0
2. Population below age 15 years (%)	20.3	19.7
3. Sex ratio of the total population (females per 1,000 males)	1,145	1,122
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,000	1,115
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.4	98.9
6. Deaths in the last 3 years registered with the civil authority (%)	94.2	na
7. Population living in households with electricity (%)	99.9	99.4
8. Population living in households with an improved drinking-water source ¹ (%)	92.9	94.2
9. Population living in households that use an improved sanitation facility ² (%)	95.4	97.1
10. Households using clean fuel for cooking ³ (%)	72.2	52.4
11. Households using iodized salt (%)	99.3	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	48.7	57.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(28.5)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	98.5	na
15. Women with 10 or more years of schooling (%)	83.1	68.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	6.2	2.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.8	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.6	3.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	98.1	92.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	41.3	49.1
21. Any modern method ⁶ (%)	38.5	48.0
22. Female sterilization (%)	33.2	42.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.2	1.0
25. Pill (%)	0.2	0.2
26. Condom (%)	3.4	3.6
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	19.3	14.8
29. Unmet need for spacing ⁷ (%)	9.8	9.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.6	9.5
31. Current users ever told about side effects of current method ⁸ (%)	(33.9)	(40.2)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

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

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

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

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

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

Thiruvananthapuram, Kerala - Key Indicators

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Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	87.7	94.9
33. Mothers who had at least 4 antenatal care visits (%)	55.3	89.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.9	95.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	71.6	57.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	59.9	36.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	79.1	79.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.2	88.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(10,165)	8,788
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(10,103)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	88.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.5	100.0
43. Institutional births in public facility (%)	34.7	50.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.6	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	100.0
46. Births delivered by caesarean section (%)	32.8	41.0
47. Births in a private health facility that were delivered by caesarean section (%)	36.0	53.6
48. Births in a public health facility that were delivered by caesarean section (%)	27.2	28.6
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 (%)	(72.8)	(81.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	*	(86.4)
51. Children age 12-23 months who have received BCG (%)	(100.0)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(76.3)	(87.6)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(84.0)	(87.7)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(93.4)	(96.2)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(15.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(11.5)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(81.0)	(80.2)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	91.8	91.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(81.7)	(55.9)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(14.3)	(44.1)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.4	2.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.9	1.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health		
provider (%)	80.8	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Thiruvananthapuram. Kerala - Kev Indicators

Indicators	Tilliuvalialitilapulalii, Kerala - Key iliulcators		
Child Feeding Practices and Nutritional Status of Children Total Total 67. Children under age 3 years breastled within one hour of birth¹⁵ (%) 52.1 59.5 68. Children under age 6 months exclusively breastler(³ (%) * * 69. Children age 6-8 months receiving solid or semi-solid food and breastmik¹⁰ (%) * * 70. Breastleeding children age 6-23 months receiving an adequate diet¹⁰. ¹¹ (%) (31.9) (18.7) 71. Non-breastleeding children age 6-23 months receiving an adequate diet¹⁰. ¹¹ (%) (32.3) (20.3) 72. Total children age 6-23 months receiving an adequate diet¹⁰. ¹¹ (%) (32.3) (20.3) 73. Children under 5 years who are severely general delight. ¹¹ (%) 19.5 19.5 74. Children under 5 years who are wasted (weight-for-height)¹⁰ (%) 17.4 13.1 75. Children under 5 years who are underweight (weight-for-age)¹⁰ (%) 15.2 21.6 77. Children under 5 years who are overweight (weight-for-height)²⁰ (%) 2.8 3.5 Nutritional Status of Women (age 15-49 years who are male (see 1.0) (8) 3.5 Nutritional Status of Women (age 15-49 years who are male (see 1.0) 6.6 9.0 79. Women whose Body Mass Index (BMI) is below normal (BMI <18	Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
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94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control			
blood pressure (%)		0.0	
blood procedure (70)	blood pressure (%)	31.4	na
Men	Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 6.9 na		6.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control			
blood pressure (%) 32.1 na		32.1	na
Screening for Cancer among Women (age 30-49 years)	Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	98. Ever undergone a screening test for cervical cancer (%)	6.7	na
99. Ever undergone a breast examination for breast cancer (%) 6.8 na	99. Ever undergone a breast examination for breast cancer (%)	6.8	na
100. Ever undergone an oral cavity examination for oral cancer (%)	100. Ever undergone an oral cavity examination for oral cancer (%)	1.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	101. Women age 15 years and above who use any kind of tobacco (%)	0.8	na
102. Men age 15 years and above who use any kind of tobacco (%)			
103. Women age 15 years and above who consume alcohol (%)			
104. Men age 15 years and above who consume alcohol (%)		15.2	na

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

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

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

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

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

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



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

THRISSUR KERALA



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 Thrissur. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Thrissur, information was gathered from 852 households, 715 women, and 66 men.

Thrissur, Kerala - 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 (%)	97.8	96.5
2. Population below age 15 years (%)	18.8	18.3
3. Sex ratio of the total population (females per 1,000 males)	1,167	1,075
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	763	1,120
5. Children under age 5 years whose birth was registered with the civil authority (%)	100.0	96.0
6. Deaths in the last 3 years registered with the civil authority (%)	100.0	na
7. Population living in households with electricity (%)	100.0	99.8
8. Population living in households with an improved drinking-water source ¹ (%)	93.7	95.7
9. Population living in households that use an improved sanitation facility ² (%)	99.5	99.7
10. Households using clean fuel for cooking ³ (%)	76.3	67.5
11. Households using iodized salt (%)	99.7	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	48.7	38.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(30.9)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	99.4	na
15. Women with 10 or more years of schooling (%)	79.2	76.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	1.0	2.3
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	2.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	87.5	92.7
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	69.7	63.8
21. Any modern method ⁶ (%)	61.5	62.1
22. Female sterilization (%)	52.9	56.9
23. Male sterilization (%)	0.0	0.3
24. IUD/PPIUD (%)	2.9	2.1
25. Pill (%)	0.6	0.4
26. Condom (%)	4.6	2.4
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	10.9	10.3
29. Unmet need for spacing ⁷ (%)	4.9	7.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	10.1	19.8
31. Current users ever told about side effects of current method ⁸ (%)	59.7	47.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

small tank, bottled water, community RO plant.

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

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

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

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

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

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

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

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

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

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

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

Thrissur, Kerala - Key Indicators

Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	97.1	97.2
33. Mothers who had at least 4 antenatal care visits (%)	82.4	83.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.7	95.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	78.6	70.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	70.8	47.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	87.0 95.2	82.8 85.2
days of delivery (%)		
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(5,007)	(5,053)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	88.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	100.0	100.0
43. Institutional births in public facility (%)	30.9	34.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.0
45. Births attended by skilled health personnel ¹⁰ (%)	100.0	100.0
46. Births delivered by caesarean section (%)	45.7	33.7
47. Births in a private health facility that were delivered by caesarean section (%)	43.0	34.4
48. Births in a public health facility that were delivered by caesarean section (%)	(51.9)	(32.5)
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 (%)	*	(88.3)
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 (%)	*	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	*	(94.7)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	(97.4)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	(93.6)
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 (%)	*	(79.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	87.7	72.4
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 (%)	8.2	0.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	2.3	1.1
provider (%)	(89.4)	*

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Thrissur, Kerala - Key Indicators

Inrissur, Keraia - Key indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	69.0	73.1
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} (%)	(11.5)	(7.4)
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} (%)	(14.3)	(8.9)
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	22.0	20.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	9.6	15.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.8	9.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	17.3	14.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.1	3.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	10.9	8.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	42.8	28.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	71.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	48.7	39.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	44.9	42.4
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 (%)	44.4	42.1
85. All women age 15-19 years who are anaemic ²² (%)	36.5	47.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	15.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	28.3	na
Men	20.0	114
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	11.0	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	16.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	31.7	na
Hypertension among Adults (age 15 years and above)	V	
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) (%)	6.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		na
blood pressure (%)	31.4	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) (%)	8.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	36.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.0	na
99. Ever undergone a breast examination for breast cancer (%)	2.8	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 (%)	2.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	17.8	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	26.2	na

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

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

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

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

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

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



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

WAYANAD KERALA



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 Wayanad. NFHS-5 fieldwork for Kerala was conducted from 20 July, 2019 to 2 December, 2019 by Society for Promotion of Youth and Masses (SPYM). In Wayanad, information was gathered from 919 households, 813 women, and 128 men.

Wayanad, Kerala - Key Indicators

Trayanaa, Norala Noy marcatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	88.2	88.9
2. Population below age 15 years (%)	21.2	21.9
3. Sex ratio of the total population (females per 1,000 males)	1,019	1,065
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,003	1,241
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.8	95.2
6. Deaths in the last 3 years registered with the civil authority (%)	97.1	na
7. Population living in households with electricity (%)	97.0	96.1
8. Population living in households with an improved drinking-water source ¹ (%)	94.1	93.3
9. Population living in households that use an improved sanitation facility ² (%)	97.6	95.2
10. Households using clean fuel for cooking ³ (%)	55.7	33.2
11. Households using iodized salt (%)	99.0	96.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	64.8	61.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(33.6)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	93.7	na
15. Women with 10 or more years of schooling (%)	68.0	61.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	8.4	13.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.5	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.6	2.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.9	81.9
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	78.9	57.8
21. Any modern method ⁶ (%)	69.5	52.2
22. Female sterilization (%)	64.8	46.3
23. Male sterilization (%)	0.2	0.5
24. IUD/PPIUD (%)	2.7	2.8
25. Pill (%)	0.2	0.2
26. Condom (%)	1.1	2.3
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	5.6	11.2
29. Unmet need for spacing ⁷ (%)	4.0	7.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	11.8	20.5
31. Current users ever told about side effects of current method ⁸ (%)	68.5	50.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

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

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

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

Wavanad, Kerala - Kev Indicators

NETHS- VETHS- V	Wayanad, Kerala - Key mulcators		
Maternal and Child Health Maternity Care (for last birth in the 5 years before the survey) 97.6 94.8 33. Mothers who had an antenatal check-up in the first trimester (%) 97.6 94.8 33. Mothers who had at least 4 antenatal care visits (%) 94.2 91.7 94.5 94.2 91.7 94.5 94.5 94.2 91.7 94.5			
Maternity Care (for last birth in the 5 years before the survey) 32. Mothers who had an antenatal acheck-up in the first trimester (%) 34. Mothers who had at least 4 antenatal care visits (%) 34. Mothers who had at least 4 antenatal care visits (%) 34. Mothers who cansumed into folic acid for 100 days or more when they were pregnant (%) 35. Mothers who consumed into folic acid for 180 days or more when they were pregnant (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nursel/LHV/ANM/midwfeother health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nursel/LHV/ANM/midwfeother health personnel within 2 days of delivery (%) 42. Institutional births (%) 43. Institutional births (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births delivered by caesarean section (%) 47. Births in a public health facility that were delivered by caesarean section (%) 48. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall' (%) 48. Children age 12-23 months fully vaccinated based on information from vaccination card only (12) 48. Children age 12-23 months who have received 3 doses of pelio vaccine (%) 49. Children age 12-23 months who have received 3 doses of pelio vaccine (%) 40. Children age 12-23 months who have received 3 doses of pelio vaccine (%) 50. Children age 12-23 months who have received 3 doses of penta or hepatitis B		_ <u>`</u>	(2015-16)
32. Mothers who had at least 4 antenatal carek-up in the first trimester (%) 33. Mothers who sel ast birth was protected against neonatal tetarus* (%) 34. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nursel/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nursel/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 42. Institutional births (%) 43. Institutional births (%) 44. Home births that were conducted by skilled health personnel* (%) 45. Births attended by skilled health personnel* (%) 46. Births delivered by caesarean section (%) 47. Births in a public health personnel* (%) 48. Births in a public health personnel* (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card only* (%) 50. Children age 12-23 months who have received 3 doses of polio vaccinet* (%) 51. Children age 12-23 months who have received 3 doses of polio vaccinet* (%) 52. Children age 12-23 months who have received 3 doses of penta or PDT vaccine (%) 53. Children age 12-23 months who have received 3 doses of penta or hepatics partial facility (%) 54. Children age 12-23 months who have received 3 doses of penta or hepatics par	Maternal and Child Health	Total	Total
33. Mothers who had at least 4 antenatal care visits (%) 34. Mothers whose last birth was protected against neonatal tetanus® (%) 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 42. Institutional births in the 5 years before the survey) 42. Institutional births in public facility (%) 43. Institutional births (%) 43. Institutional births (%) 43. Institutional births (%) 44. Home births that were conducted by skilled health personnel® (%) 45. Births attended by skilled health personnel® (%) 46. Births delivered by caesarean section (%) 47. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall® (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only (%) 50. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 50. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 50. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 50. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 50. Children age 1	Maternity Care (for last birth in the 5 years before the survey)		
3.4. Mothers whose last birth was protected against neonatal tetanus* (%) 3.5. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 3.6. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 3.7. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 3.7. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 3.7. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 3.8. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 3.8. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 4.1. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 4.1. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 4.1. Institutional births in the 5 years before the survey 4.2. Institutional births in public facility (%) 4.3. Institutional births in public facility (%) 4.3. Institutional births in public facility (%) 4.4. Home births that were conducted by skilled health personnel* (%) 4.5. Births attended by skilled health personnel* (%) 4.6. Births delivered by caesarean section (%) 4.7. Births in a private health facility that were delivered by caesarean section (%) 4.8. Births in a public health facility that were delivered by caesarean section (%) 4.9. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall* (%) 4.9. Children age 12-23 months fully vaccinated based on information from vaccination card only* (*) 4.9. Children age 12-23 months who have received 8 GCG (%) 4.0. Children age 12-23 months who have received a Second dose of penta or DPT vaccine (%) 4.0. Children age 12-23 months who have received a Second dose of penta or DPT vaccine (%) 4.0. Children	32. Mothers who had an antenatal check-up in the first trimester (%)	97.6	94.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 94.9 72.2 36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 75.3 8.7 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 97.7 88.7 38. Mothers who received posthatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 75.9 4.232 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) (7.967) 4.232 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	33. Mothers who had at least 4 antenatal care visits (%)	94.2	91.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 77. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 78. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 78. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 78. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 78. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 78. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 78. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 78. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 78. Average out-of-pocket expenditure per delivery in a public health personnel within 2 days of delivery (%) 89. Bernal of delivery (%) 89. Card (Archiel of the Archiel of Archiel	34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	99.4	94.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 42. Institutional births in the 5 years before the survey) 42. Institutional births in public facility (%) 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births delivered by caesarean section (%) 47. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) 40. Children age 12-23 months who have received 3 doses of polio vaccine (%) 41. Children age 12-23 months who have received 3 doses of polio vaccine (%) 42. Children age 12-23 months who have received 3 doses of penia or DPT vaccine (%) 43. Children age 12-23 months who have received 3 doses of penia or DPT vaccine (%) 43. Children age 12-23 months who have received 3 doses of penia or DPT vaccine (%) 43. Children age 12-23 months who have received 3 doses of penia or DPT vaccine (%) 44. Children age 12-23 months who have received 3 doses of penia or DPT vaccine (%) 45. Children age 12-23 months who have received 3 doses of penia or hepatitis B vaccine (%) 46. Children age 12-23 months who have received 3 doses of retains a public health facil	35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	94.9	72.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 95.9 83.2 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) (7,967) 4,232 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) * * * * * * * * * * * * * * * * * * *	36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	75.3	57.2
days of delivery (%) 95.9 83.2 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) (7.967) 4.232 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) ** ** ** ** ** ** ** ** **	37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.7	88.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) Polivery Care (for births in the 5 years before the survey) 21. Institutional births (%) 42. Institutional births in public facility (%) 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births attended by skilled health personnel (%) 47. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a private health facility that were delivered by caesarean section (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) 49. Children age 12-23 months ully vaccinated based on information from either vaccination card only (12 %) 50. Children age 12-23 months who have received BCG (%) 51. Children age 12-23 months who have received 3 doses of polio vaccine (%) 52. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 55. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 56. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 57. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis 8 vaccine (MCV) (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis 8 vaccine (MCV) (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis 8 vaccine (%) 59. Children age 12-23 months who have rece	· ·	95.9	83.2
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45. Births attended by skilled health personnel (%) 99.6 46. Births delivered by caesarean section (%) 25.7 22.8 47. Births in a private health facility that were delivered by caesarean section (%) 30.2 21.9 48. Births in a public health facility that were delivered by caesarean section (%) 18.4 23.9 Child Vaccinations and Vitamin A Supplementation 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall** (%) (88.4) (85.9) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only (88.4) (85.9) 51. Children age 12-23 months who have received BCG (%) (97.7) (100.0) 52. Children age 12-23 months who have received 3 doses of polio vaccine (%) (88.8) (79.2) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) (86.4) (83.6) 54. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) (80.4) (80.5) 55. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) (90.8) (83.5) 55. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) (25.6) na 56. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (MCV) (%) (25.6) na 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (MCV) (%) (81.9) (71.3) 58. Children age 12-23 months who received 3 doses of penta or hepatitis B vaccine (%) (81.9) (71.3) 59. Children age 12-23 months who received 3 doses of penta or hepatitis B vaccine (%) (81.9) (71.3) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) (93.2) (87.4) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) (6.8) (12.6) Treatment of Childhood Diseases (children under age 5 years) 10. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) received oral rehydration salts (ORS) (%) * * * 61. Children with diarrhoea in the 2 wee	43. Institutional births in public facility (%)	37.6	47.2
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47. Births in a private health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 18.4 23.9 Child Vaccinations and Vitamin A Supplementation 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall** (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only** (86.4) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine** (%) 53. Children age 12-23 months who have received 3 doses of polio vaccine** (%) 54. Children age 12-23 months who have received 3 doses of polio vaccine* (%) 55. Children age 12-23 months who have received 3 doses of polio vaccine* (%) 56. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 57. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 58. Children age 12-23 months who have received 3 doses of rotavirus vaccine* (%) 59. Children age 12-23 months who have received 3 doses of rotavirus vaccine* (%) 59. Children age 12-23 months who have received 3 doses of rotavirus vaccine* (%) 59. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine* (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 59. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 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 taken to a health facility or health 64. Children with diarrhoea in the 2 weeks preceding the survey taken to a	45. Births attended by skilled health personnel ¹⁰ (%)	100.0	99.6
48. Births in a public health facility that were delivered by caesarean section (%) Child Vaccinations and Vitamin A Supplementation 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 55. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 56. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) 57. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%) 60. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) 61. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 62. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 63. Children with diarrhoea in the 2 weeks preceding the survey (%) 64. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 78. * 65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health 66. Children with fierer or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	46. Births delivered by caesarean section (%)	25.7	22.8
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51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%) 57. Children age 12-23 months who have received 3 doses of rotavirus vaccine (MCV) (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 78. Teatment of Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 78. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 78. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) 78. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%) 78. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	mother's recall ¹¹ (%)	(86.4)	(72.8)
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53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (MCV) (%) 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) 64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%) 65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with facility or health		(97.7)	(100.0)
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55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) (25.6) na 56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%) (0.0) na 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) (81.9) (71.3) 58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 78.1 76.6 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) (93.2) (87.4) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) (6.8) (12.6) Treatment of Childhood Diseases (children under age 5 years) 61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 1.4 4.0 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 1.6 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(86.4)	(83.6)
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 (%) (81.9) (71.3) 58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 78.1 76.6 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) (93.2) (87.4) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) (6.8) (12.6) Treatment of Childhood Diseases (children under age 5 years) 61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 1.4 4.0 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 1.6 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(90.8)	(83.5)
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60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) (6.8) (12.6) Treatment of Childhood Diseases (children under age 5 years) 61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 1.4 4.0 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 1.6 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.1	76.6
Treatment of Childhood Diseases (children under age 5 years) 61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) 64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%) 65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(93.2)	(87.4)
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) * 63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) 64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%) * 65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health		(6.8)	(12.6)
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 (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health	, , ,		
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) 64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%) 7. * 65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health		1.4	4.0
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 1.6 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health		*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 1.4 1.6 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health		*	
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health		*	
		1.4	1.6
		(95.5)	(92.8)

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

last birth.

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

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

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

13Not including polio vaccination given at birth.

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

Wayanad, Kerala - Key Indicators

Wayanaa, Kerala Key maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	60.0	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} (%)	14.8	22.4
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} (%)	14.1	23.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.3	27.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	16.1	23.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.3	10.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	22.5	27.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.5	1.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	14.0	12.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	26.7	24.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	73.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	39.4	45.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	27.0	32.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	(12.2)
84. All women age 15-49 years who are anaemic ²² (%)	26.9	32.3
85. All women age 15-19 years who are anaemic ²² (%)	27.7	36.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.9	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) (%)	15.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	28.8	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) (%)	7.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control		
blood pressure (%)	28.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.5	na
99. Ever undergone a breast examination for breast cancer (%)	1.2	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 (%)	10.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	26.0	na
103. Women age 15 years and above who consume alcohol (%)	1.2	na
104. Men age 15 years and above who consume alcohol (%)	23.2	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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(d) advocacy and awareness."

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