

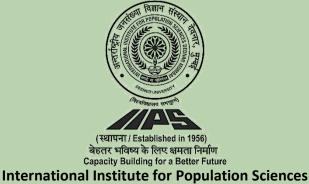
Compendium of Fact Sheets

KEY INDICATORS

STATE AND DISTRICTS OF GUJARAT

National Family Health Survey (NFHS-5)

2019-20



(Deemed University)

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CONTRIBUTORS

Shri Kant Singh Chander Shekhar Laxmikant Dwivedi Brajesh

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

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NATIONAL FAMILY HEALTH SURVEY - 5

STATE FACT SHEET

GUJARAT

2019-20



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Gujarat. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT) and TALEEM Research Foundation. Information was gathered from 29,368 households, 33,343 women, and 5,351 men. Fact sheets for each district in Gujarat are also available separately.

Guiarat - Key Indicators

Gujarat - Rey 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 (%)	83.7	65.4	72.9	72.0
2. Population below age 15 years (%)	22.2	25.3	24.0	26.0
3. Sex ratio of the total population (females per 1,000 males)	929	991	965	950
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	931	969	955	906
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.7	96.7	97.5	95.8
6. Deaths in the last 3 years registered with the civil authority (%)	95.7	91.6	93.0	na
7. Population living in households with electricity (%)	99.4	96.2	97.6	96.2
8. Population living in households with an improved drinking-water source ¹ (%)	99.4	95.7	97.2	95.9
9. Population living in households that use an improved sanitation facility ² (%)	89.3	63.3	74.0	63.6
10. Households using clean fuel for cooking ³ (%)	94.3	46.1	66.9	52.6
11. Households using iodized salt (%)	97.4	94.3	95.6	95.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	36.3	41.1	39.0	23.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.7	5.8	6.9	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate ⁴ (%)	86.8	69.0	76.5	na
15. Men who are literate ⁴ (%)	95.4	87.5	90.9	na
16. Women with 10 or more years of schooling (%)	47.9	23.6	33.8	33.0
17. Men with 10 or more years of schooling (%)	56.9	36.9	45.6	43.0
18. Women who have ever used the internet (%)	48.9	17.5	30.8	na
19. Men who have ever used the internet (%)	72.9	48.0	58.9	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	14.2	26.9	21.8	24.9
21. Men age 25-29 years married before age 21 years (%)	18.7	33.9	27.7	28.4
22. Total fertility rate (children per woman)	1.7	2.0	1.9	2.0
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.6	6.7	5.2	6.5
24. Adolescent fertility rate for women age 15-19 years ⁵	24	40	34	41
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	16.8	24.8	21.8	26.8
26. Infant mortality rate (IMR)	24.1	35.5	31.2	34.2
27. Under-five mortality rate (U5MR)	26.7	44.2	37.6	43.5
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method ⁶ (%)	69.5	62.2	65.3	46.9
29. Any modern method ⁶ (%)	54.0	53.3	53.6	43.1
30. Female sterilization (%)	29.1	40.8	35.9	33.6
31. Male sterilization (%)	0.1	0.2	0.2	0.1
32. IUD/PPIUD (%)	4.2	2.4	3.1	3.0
33. Pill (%)	3.1	1.8	2.3	1.4
34. Condom (%)	16.8	7.5	11.4	4.9
35. Injectables (%)	0.1	0.1	0.1	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)				
36. Total unmet need ⁷ (%)	9.7	10.8	10.3	17.0
37. Unmet need for spacing ⁷ (%)	4.0	4.8	4.5	6.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	31.5	28.8	29.8	18.9
39. Current users ever told about side effects of current method ⁸ (%)	78.1	71.8	74.1	47.0
Note: Major indicators are highlighted in grey.				

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases ¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

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

· Pregnant with a mistimed pregnancy.

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

Women are considered to have unmet need for limiting if they are: · At risk of becoming pregnant, not using contraception, and want no (more) children.

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

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

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

Guiarat - Kev Indicators

		NFHS-5		NFHS-4
Indicators	((2019-20		(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 (%)	83.7	76.4	79.3	73.8
41. Mothers who had at least 4 antenatal care visits (%)	82.4	73.3	76.9	70.5
42. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.4	87.6	89.1	86.6
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	62.0	58.7	60.0	36.8
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	45.5	41.8	43.2	18.5
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.7	98.3	97.7	89.0
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.1	87.5	89.7	63.3
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,027	1,535	1,697	2,136
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.4)	7.7	6.9	3.7
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health			00.7	
personnel within 2 days of delivery (%)	91.8	86.6	88.7	na
Delivery Care (for births in the 5 years before the survey)	07.0	00.0	010	00.5
50. Institutional births (%)	97.8	92.2	94.3	88.5
51. Institutional births in public facility (%)	36.6	47.3	43.3	32.6
 52. Home births that were conducted by skilled health personnel¹⁰ (%) 53. Births attended by skilled health personnel¹⁰ (%) 	1.1 96.8	1.9 91.1	1.6 93.2	2.2 87.1
54. Births delivered by caesarean section (%)	96.8 30.7	91.1 15.3	93.2 21.0	18.4
55. Births in a private health facility that were delivered by caesarean section (%)	38.0	25.0	30.8	26.6
56. Births in a public health facility that were delivered by caesarean section (%)	20.3	8.8	12.4	10.8
Child Vaccinations and Vitamin A Supplementation	20.5	0.0	12.4	10.0
57. Children age 12-23 months fully vaccinated based on information from either vaccination card				
 or mother's recall¹¹ (%) 58. Children age 12-23 months fully vaccinated based on information from vaccination card 	77.0	75.9	76.3	50.4
only ¹² (%)	82.9	86.2	85.0	78.9
59. Children age 12-23 months who have received BCG (%)	95.6	94.2	94.7	87.9
60. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	79.7	79.5	79.6	62.3
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.2	86.6	86.1	72.7
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.5	85.8	86.8	75.0
63. Children age 24-35 months who have received a second dose of measles-containing				
vaccine (MCV) (%)	24.3	29.0	27.3	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	2.9	1.8	2.2	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.0	84.9	84.9	38.6
 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 facility (%) 	86.8 83.4	84.8 97.4	85.6 92.1	74.7 87.1
 facility (%) 68. Children age 12-23 months who received most of their vaccinations in a private health 				
facility (%) Treatment of Childhood Diseases (children under age 5 years)	16.4	2.3	7.6	12.6
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.7	9.7	8.2	8.4
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration	69.8	65.4	66.5	46.2
salts (ORS) (%) 71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)				
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health	31.7	36.8	35.4	17.4
provider (%)	70.5	69.3	69.6	65.4
 73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 74. Children with fover or symptoms of ARI in the 2 weeks preceding the survey taken to a health 	0.9	1.1	1.0	1.4
 74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%) ⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 yes) 	76.0	74.8	75.2	70.2

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

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

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

Gujarat - Key Indicators

Odjarat - Rey Indicators				
Indiantara		NFHS-5		NFHS-4
Indicators		(2019-20)		(2015-16)
Child Feeding Practices and Nutritional Status of Children	Urban	Rural	Total	Total
75. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	34.4	39.9	37.8	49.9
76. Children under age 6 months exclusively breastfed ¹⁶ (%)	70.3	62.4	65.0	55.8
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	40.8	42.6	42.0	49.4
78. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.5	5.6	5.9	5.8
79. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.2	5.1	6.0	2.8
80. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.6	5.5	5.9	5.2
81. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.4	43.0	39.0	38.5
82. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	22.4	26.7	25.1	26.4
83. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.7	11.1	10.6	9.5
84. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.3	43.5	39.7	39.3
85. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.6	3.5	3.9	1.9
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	17.2	30.9	25.2	27.2
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) (%)	16.0	24.7	20.9	24.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	30.4	17.0	22.6	23.7
89. Men who are overweight or obese (BMI ≥25.0 kg/m²) (%)	25.6	15.6	19.9	19.7
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	47.2	41.2	43.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	43.3	39.0	40.9	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.6	81.2	79.7	62.6
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	61.4	67.7	65.1	55.1
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	55.6	66.4	62.6	51.3
95. All women age 15-49 years who are anaemic ²² (%)	61.3	67.6	65.0	54.9
96. All women age 15-19 years who are anaemic ²² (%)	63.0	72.3	69.0	56.5
97. Men age 15-49 years who are anaemic (<13.0 g/dl) ^{22 (%)}	23.3	29.1	26.6	21.6
98. Men age 15-19 years who are anaemic (<13.0 g/dl) ²² (%)	31.5	39.2	36.0	31.9
Blood Sugar Level among Adults (age 15 years and above)	01.0	00.2	00.0	01.0
Women				
	0.4	7.0	0.4	
99. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.4	7.9	8.1	na
100. Blood sugar level - very high (>160 mg/dl) ²³ (%) 101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood	7.6	6.1	6.7	na
sugar level ²³ (%)	17.6	14.6	15.8	na
Men	17.0	14.0	10.0	na
102. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.5	8.5	9.0	22
102. Blood sugar level - high $(141-100 \text{ high})^{-1}$ (%)	9.3 7.3	6.9	9.0 7.1	na
	7.3	0.9	7.1	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.8	16.2	16.9	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or				
Diastolic 90-99 mm of Hg) (%)	11.4	12.0	11.7	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or				
Diastolic ≥100 mm of Hg) (%)	3.8	5.1	4.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.1	20.1	20.6	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or				
Diastolic 90-99 mm of Hg) (%)	12.7	13.3	13.1	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.9	4.8	4.4	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking				na
medicine to control blood pressure (%)	20.3	20.3	20.3	na

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

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

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

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

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

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

Gujarat - Key Indicators

Cajarat Roy marcatoro				
Indicators		NFHS-5 (2019-20)		NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	Urban	Rural	Total	Total
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.3	0.2	0.2	na
112. Ever undergone a breast examination for breast cancer (%)	0.1	0.1	0.1	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.2	0.2	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.5	0.9	0.7	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	36.3	22.8	28.5	18.4
116. Men who have comprehensive knowledge24 of HIV/AIDS (%)	40.7	31.9	35.7	31.5
117. Women who know that consistent condom use can reduce the chance of getting				
HIV/AIDS (%)	79.1	57.6	66.7	43.2
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	89.1	77.5	82.5	68.6
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions ²⁵ (%)	94.4	90.7	92.2	85.4
120. Women who worked in the last 12 months and were paid in cash (%)	26.4	34.1	30.8	30.2
121. Women owning a house and/or land (alone or jointly with others) (%)	41.6	43.3	42.6	27.2
122. Women having a bank or savings account that they themselves use (%)	73.5	67.5	70.0	48.6
123. Women having a mobile phone that they themselves use (%)	66.0	36.2	48.8	47.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period ²⁶ (%)	77.6	58.6	65.8	60.3
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence ²⁷ (%)	10.0	16.8	14.0	20.2
 Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%) 	2.2	1.2	1.6	1.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.2	1.3	0.8	0.5
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	5.4	11.0	8.7	na
129. Men age 15 years and above who use any kind of tobacco (%)	33.6	46.7	41.1	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.8	0.6	na
131. Men age 15 years and above who consume alcohol (%)	4.6	6.8	5.8	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

Ahmedabad Gujarat



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Ahmedabad. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Ahmedabad, information was gathered from 906 households, 1,010 women, and 155 men.

Ahmedabad, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	79.8
2. Population below age 15 years (%)	22.1
3. Sex ratio of the total population (females per 1,000 males)	928
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	994
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.4
6. Deaths in the last 3 years registered with the civil authority (%)	96.1
7. Population living in households with electricity (%)	99.5
8. Population living in households with an improved drinking-water source ¹ (%)	98.7
9. Population living in households that use an improved sanitation facility ² (%)	86.4
10. Households using clean fuel for cooking ³ (%)	89.7
11. Households using iodized salt (%)	98.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	36.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.5
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	81.5
15. Women with 10 or more years of schooling (%)	42.7
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	17.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	66.4
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	79.0
21. Any modern method ⁶ (%)	58.2
22. Female sterilization (%)	30.8
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	3.3
25. Pill (%)	3.8
26. Condom (%)	19.7
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	6.5
29. Unmet need for spacing ⁷ (%)	3.4
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	36.2
31. Current users ever told about side effects of current method ⁸ (%)	76.5

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

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

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Ahmedabad, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	73.5
33. Mothers who had at least 4 antenatal care visits (%)	77.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	85.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	69.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	54.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	90.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,279
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	96.4
delivery (%)	86.4
Delivery Care (for births in the 5 years before the survey)	94.5
42. Institutional births (%)	94.5 46.7
 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel¹⁰ (%) 	40.7
	95.3
 45. Births attended by skilled health personnel¹⁰ (%) 46. Births delivered by caesarean section (%) 	95.5 32.4
40. Births in a private health facility that were delivered by caesarean section (%)	43.8
48. Births in a public health facility that were delivered by caesarean section (%)	43.8 24.5
Child Vaccinations and Vitamin A Supplementation	24.0
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(65.2)
50. Children age 12-23 months fully vaccinated based on information from vaccination card on hother's recail (70)	(76.5)
51. Children age 12-23 months who have received BCG (%)	(93.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(69.1)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(80.0)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(82.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(13.2)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(2.2)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(82.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	85.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(89.4)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(10.6)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*

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

(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.

Ahmedabad, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	33.9
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} (%)	3.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet $^{16, 17}$ (%)	3.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	34.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.6
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	19.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	30.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	38.0
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	63.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(70.1)
84. All women age 15-49 years who are anaemic ²² (%)	63.7
85. All women age 15-19 years who are anaemic ²² (%)	67.3
Blood Sugar Level among Adults (age 15 years and above)	0.10
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.2
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.3
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.3
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	12.0
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.2
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.1
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.4
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	0.0
pressure (%)	18.5
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.1
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	16.2
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	6.2
102. Men age 15 years and above who use any kind of tobacco (%)	33.4
103. Women age 15 years and above who consume alcohol (%)	0.3
104. Men age 15 years and above who consume alcohol (%)	3.6

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Amreli Gujarat



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 Amreli. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Amreli, information was gathered from 870 households, 936 women, and 127 men.

Amreli, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.9	68.1
2. Population below age 15 years (%)	22.7	22.9
3. Sex ratio of the total population (females per 1,000 males)	984	927
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	977	820
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.6	96.5
6. Deaths in the last 3 years registered with the civil authority (%)	98.8	na
7. Population living in households with electricity (%)	99.6	99.2
8. Population living in households with an improved drinking-water source ¹ (%)	97.8	97.9
9. Population living in households that use an improved sanitation facility ² (%)	73.3	75.4
10. Households using clean fuel for cooking ³ (%)	65.6	52.4
11. Households using iodized salt (%)	93.5	94.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	47.7	11.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(12.9)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	77.2	na
15. Women with 10 or more years of schooling (%)	27.2	34.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.5	11.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	3.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.6	3.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	73.8	66.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	62.2	37.6
21. Any modern method ⁶ (%)	51.9	36.9
22. Female sterilization (%)	40.5	33.0
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	3.4	2.0
25. Pill (%)	0.5	0.2
26. Condom (%)	6.9	1.8
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	9.5	16.3
29. Unmet need for spacing ⁷ (%)	5.4	6.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.0	11.0
31. Current users ever told about side effects of current method ⁸ (%)	75.4	(31.7)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

for spacing plus unmet need for limiting.

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

Amreli, Gujarat - 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 (%)	93.9	68.7
33. Mothers who had at least 4 antenatal care visits (%)	92.6	40.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.3	96.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	73.8	31.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	59.2	25.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	94.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	87.0	60.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,648	2,554
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 (%)	85.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.1	81.7
43. Institutional births in public facility (%)	45.5	38.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.4	4.4
45. Births attended by skilled health personnel ¹⁰ (%)	81.2	83.3
46. Births delivered by caesarean section (%)	18.7	11.6
47. Births in a private health facility that were delivered by caesarean section (%)	31.5	22.1
48. Births in a public health facility that were delivered by caesarean section (%)	10.2	5.1
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(60.1)	(59.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(68.1)	*
51. Children age 12-23 months who have received BCG (%)	(93.4)	(94.4)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(65.8)	(70.6)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(87.5)	(78.9)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(80.5)	(82.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(17.5)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(3.8)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(85.6)	(44.9)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.1	90.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(94.4)	(94.2)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(3.9)	(5.8)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.5	9.2
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 (%)	0.3	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*

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.

Amreli, Gujarat - Key Indicators

89. Blood sugar level - high (141-160 mg/dl)23 (%)8.0na90. Blood sugar level - very high (>160 mg/dl)23 (%)8.3na91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level23 (%)17.3naHypertension among Adults (age 15 years and above)Women92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)8.0na93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)4.3na94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to18.0na	Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%) 40.4 42.2 68. Children under age 6 months exclusively breastfed ¹⁶ (%) * 69. Children age 6-23 months receiving an adequate diet ^{16, 17} (%) 2.8 9.3 71. Non-breastfededing children age 6-23 months receiving an adequate diet ^{16, 17} (%) * * 72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%) 3.8 7.9 73. Children under 5 years who are swatted (weight-for-height) ¹⁶ (%) 3.3 37.8 74. Children under 5 years who are wasted (weight-for-height) ¹⁶ (%) 3.6 3.7 75. Children under 5 years who are overweight (weight-for-height) ¹⁰ (%) 3.6 3.17 76. Children under 5 years who are overweight (weight-for-height) ¹⁰ (%) 3.6 3.17 76. Children under 5 years who are overweight (weight-for-height) ¹⁰ (%) 18.3 17.1 77. Children under 5 years who are anaemic (*10.9 (%) 18.3 17.1 78. Women who are oldreweight wastet (>0.20.5 (%) 30.0 na 80. Women who have high inst wastet ching radio (<20.85 (%)	Child Feeding Practices and Nutritional Status of Children	Total	Total
68. Children under age 5 months exclusively breastfed ¹⁸ (%) (88.2) * 69. Children age 6-3 months receiving an adequate diet ^{16, 17} (%) 2.8 9.3 71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 3.8 7.9 73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%) 35.3 37.8 74. Children under 5 years who are stunted (weight-for-height) ¹⁹ (%) 7.2 6.4 75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%) 30.6 8.17.7 75. Children under 5 years who are ounderweight (weight-for-height) ¹⁹ (%) 6.8 0.5 Nutritional Status of Women (age 15-49 years) 7.2 6.4 76. Uhidren ange 6-59 months who are anaemic (11.0 g/dl) ²² (%) 29.1 28.2 80. Women who have high risk waist-to-hip ratic (20.25) (%) 72.0 74.5 82. Non-pregnant women age 15-49 years who are anaemic (11.0 g/dl) ³² (%) 50.0 50.3 83. Pregnant women age 15-49 years who are anaemic (21.0 g/dl) ³² (%) 6.3 na 83. Biood sugar level - high (141-160 mg/dl) ²³ (%) 6.3 na 84. Blood sugar level - high (141-160 mg/dl) ²³ (%) 8.0 8.3 na		40.4	42.2
69. Children age 6-8 months receiving solid or semi-solid food and breastmikt ¹⁶ (%) * * 70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 2.8 9.3 71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 3.8 7.9 72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%) 3.8 7.9 73. Children under 5 years who are susted (height-for-height) ¹⁸ (%) 3.6 3.7.8 74. Children under 5 years who are suverweight (weight-for-height) ¹⁹ (%) 6.6 0.5 76. Children under 5 years who are overweight (weight-for-height) ⁹ (%) 6.8 0.5 77. Children under 5 years who are overweight (weight-for-height) ⁹ (%) 8.0 3.1.7 78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%) 18.3 17.1 79. Women who are overweight or obese (BMI ≥25.0 kg/m ⁷) ⁷¹ (%) 20.1 28.2 80. Women who are overweight or obese (BMI ≥25.0 kg/m ⁷) ⁷¹ (%) 50.5 55.8 83. Pregnant women age 15-49 years who are anaemic <11.0 g/d1) ²² (%) 50.5 56.8 83. Pregnant women age 15-49 years who are anaemic <12.0 g/d1) ²² (%) 50.5 56.8 84. All women age 15-49			*
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control blood pressure (%) 11.5 na	96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1	na
Screening for Cancer among Women (age 30-49 years)		11.5	na
	Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)0.2na	98. Ever undergone a screening test for cervical cancer (%)		na
99. Ever undergone a breast examination for breast cancer (%)0.4na			na
100. Ever undergone an oral cavity examination for oral cancer (%)0.6na		0.6	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 (%) 5.0 na	101. Women age 15 years and above who use any kind of tobacco (%)	5.0	na
102. Men age 15 years and above who use any kind of tobacco (%) 53.7 na	102. Men age 15 years and above who use any kind of tobacco (%)	53.7	na
103. Women age 15 years and above who consume alcohol (%) 0.4 na		0.4	na
104. Men age 15 years and above who consume alcohol (%) 1.6 na		1.6	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Ånand Gujarat



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 Anand. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Anand, information was gathered from 870 households, 914 women, and 163 men.

Anand, Gujarat - 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 (%)	75.2	77.7
2. Population below age 15 years (%)	22.2	24.8
3. Sex ratio of the total population (females per 1,000 males)	912	962
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	726	851
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.4	98.4
6. Deaths in the last 3 years registered with the civil authority (%)	89.5	na
7. Population living in households with electricity (%)	98.0	97.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	99.6
9. Population living in households that use an improved sanitation facility ² (%)	82.1	67.8
10. Households using clean fuel for cooking ³ (%)	65.1	43.1
11. Households using iodized salt (%)	92.6	86.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	36.2	14.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	75.9	na
15. Women with 10 or more years of schooling (%)	32.2	30.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.0	27.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3	3.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.0	14.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	69.1	64.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	53.7	51.5
21. Any modern method ⁶ (%)	49.2	43.8
22. Female sterilization (%)	37.6	37.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.5	1.2
25. Pill (%)	0.6	0.5
26. Condom (%)	9.2	4.2
27. Injectables (%)	0.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	16.5	13.9
29. Unmet need for spacing ⁷ (%)	6.3	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.9	26.5
31. Current users ever told about side effects of current method ⁸ (%)	74.5	59.6

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

small tank, bottled water, community RO plant. ²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin ³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Anand, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	74.2	79.7
33. Mothers who had at least 4 antenatal care visits (%)	64.2	78.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.2	81.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	55.5	39.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	41.3	21.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	91.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.3	81.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,488	1,745
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2,400	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	88.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.0	92.6
43. Institutional births in public facility (%)	41.2	33.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.3	1.2
45. Births attended by skilled health personnel ¹⁰ (%)	95.2	93.8
46. Births delivered by caesarean section (%)	22.4	20.6
47. Births in a private health facility that were delivered by caesarean section (%)	34.0	31.6
48. Births in a public health facility that were delivered by caesarean section (%)	9.1	5.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(77.0)	61.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(85.4)	(92.8)
51. Children age 12-23 months who have received BCG (%)	(98.1)	99.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(81.8)	75.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(89.0)	81.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(91.9)	91.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(35.6)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(2.1)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(85.0)	47.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	91.4	80.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(94.1)	90.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(6.0)	9.2
Treatment of Childhood Diseases (children under age 5 years)	. ,	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.7	12.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(76.4)	(30.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(50.7)	(11.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(81.4)	(52.5)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	0.0	2.8
health provider (%)	(83.9)	66.5

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.

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.

Anand, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	33.7	67.2
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(68.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.6	3.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.5	3.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.4	48.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	28.6	21.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.9	7.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	46.6	41.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.8	0.7
Nutritional Status of Women (age 15-49 years)	0.0	0.1
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	32.0	36.0
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	20.9	19.4
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	32.3	
	52.5	na
Anaemia among Children and Women	70.4	50.7
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	78.4	59.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	66.6	50.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	(42.6)
84. All women age 15-49 years who are anaemic ²² (%)	66.4	50.4
85. All women age 15-19 years who are anaemic ²² (%)	64.2	46.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.5	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) (%)	15.9	na
93. Moderately or severely elevated blood pressure (Systolic \geq 160mm of Hg and/or Diastolic \geq 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	0.1	na
control blood pressure (%)	26.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.6	na
96. Moderately or severely elevated blood pressure (Systolic \geq 160mm of Hg and/or Diastolic \geq 100mm of Hg) (%)	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 (%)	26.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.8	na
102. Women age 15 years and above who consume alcohol (%)	0.3	na
103. Women age 15 years and above who consume alcohol (%)	4.8	
יטד. ואוכוו משט דט צבמוס מווע מסטיב אווט טטווסעוווב מוטטוטו (//)	4.0	na

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

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

 ¹²Below -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

ARAVALI GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Aravali. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Aravali, information was gathered from 901 households, 1,078 women, and 187 men.

Aravali, Gujarat - Key Indicators

Allavalli, Odjarač i Roj indibatoro	
	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	68.6
2. Population below age 15 years (%)	25.5
3. Sex ratio of the total population (females per 1,000 males)	996
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	965
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.8
6. Deaths in the last 3 years registered with the civil authority (%)	90.8
7. Population living in households with electricity (%)	96.5
8. Population living in households with an improved drinking-water source ¹ (%)	98.5
9. Population living in households that use an improved sanitation facility ² (%)	56.3
10. Households using clean fuel for cooking ³ (%)	47.9
11. Households using iodized salt (%)	93.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	43.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	71.9
15. Women with 10 or more years of schooling (%)	34.7
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	27.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	52.5
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	68.7
21. Any modern method ⁶ (%)	56.3
22. Female sterilization (%)	43.5
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	1.5
25. Pill (%)	2.8
26. Condom (%)	8.1
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	11.2
29. Unmet need for spacing ⁷ (%)	5.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	30.0
31. Current users ever told about side effects of current method ⁸ (%)	75.6
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Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ²Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Aravali, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	62.6
33. Mothers who had at least 4 antenatal care visits (%)	73.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	41.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	87.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,666
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
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	92.2
43. Institutional births in public facility (%)	34.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.5
45. Births attended by skilled health personnel ¹⁰ (%)	93.0
46. Births delivered by caesarean section (%)	21.0
47. Births in a private health facility that were delivered by caesarean section (%)	27.6
48. Births in a public health facility that were delivered by caesarean section (%)	14.7
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 (%)	77.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	86.9
51. Children age 12-23 months who have received BCG (%)	95.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	81.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.3
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	5.9
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	7.7
Treatment of Childhood Diseases (children under age 5 years)	16.6
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	16.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	56.7
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	28.5
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 (%)	62.3 1.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	69.4
	03.4

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.

Aravali, Gujarat - Key Indicators

Child Feeding Practices and Nutritional Status of Children Total 67. Children under age 6 months exclusively breastfed "(%) (35) 68. Children under age 6 a months receiving solid or semi-solid food and breastmilk ¹⁶ (%) (610) 69. Children under age 6 a months receiving an adequate diet ^{16, 17} (%) 10.1 71. Dreastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 0.4 72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%) 0.4 73. Children under 5 years who are swated (weight-for-height) ¹⁰ (%) 0.4 74. Children under 5 years who are swated (weight-for-height) ¹⁰ (%) 3.3 76. Children under 5 years who are overweight (weight-for-height) ¹⁰ (%) 3.3 78. Women whose Body Mass Index (IBMII) is below normal (BMI <18.5 kg/m ²) ²¹ (%) 34.4 79. Women whose Body Mass Index (IBMII) is below normal (BMI <18.5 kg/m ²) ²¹ (%) 34.4 79. Women whose Body Mass Index (IBMII) is below normal (BMI <18.5 kg/m ²) ²¹ (%) 34.4 79. Women whose Body Mass Index (IBMII) is below normal (BMI <18.5 kg/m ²) ²¹ (%) 34.4 79. Women whose Body Mass Index (IBMII) is (20.85) (%) 42.2 Anaemia among Children and Women 52.5 81. Children under 5 years who are anaemic (<11.0 g/dl) ²² (%) <		NFHS-5
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	104. Men age 15 years and above who consume alcohol (%)	5.2

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

BANASKANTHA GUJARAT



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 Banaskantha. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Banaskantha, information was gathered from 889 households, 1,049 women, and 157 men.

Banaskantha, Gujarat - 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 (%)	61.1	55.7
2. Population below age 15 years (%)	29.2	30.5
3. Sex ratio of the total population (females per 1,000 males)	1,007	992
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	967	1,049
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.1	94.9
6. Deaths in the last 3 years registered with the civil authority (%)	82.3	na
7. Population living in households with electricity (%)	91.1	88.1
8. Population living in households with an improved drinking-water source ¹ (%)	93.6	98.9
9. Population living in households that use an improved sanitation facility ² (%)	53.9	38.7
10. Households using clean fuel for cooking ³ (%)	45.6	27.6
11. Households using iodized salt (%)	96.6	97.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	41.0	20.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	63.7	na
15. Women with 10 or more years of schooling (%)	17.6	14.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	37.3	47.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.8	3.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.1	6.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	52.7	39.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	42.6	42.4
21. Any modern method ⁶ (%)	37.5	41.2
22. Female sterilization (%)	29.1	30.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.7	5.8
25. Pill (%)	2.2	2.4
26. Condom (%)	4.3	2.1
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	18.5	21.0
29. Unmet need for spacing ⁷ (%)	6.9	8.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.1	15.1
31. Current users ever told about side effects of current method ⁸ (%)	58.7	29.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Banaskantha, Gujarat - 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 (%)	68.0	69.0
33. Mothers who had at least 4 antenatal care visits (%)	56.1	59.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	74.5	79.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.8	23.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	42.7	7.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	92.9	83.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.1	54.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,377	3,417
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 (%)	87.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.9	89.3
43. Institutional births in public facility (%)	29.1	24.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.2	1.4
45. Births attended by skilled health personnel ¹⁰ (%)	92.7	79.8
46. Births delivered by caesarean section (%)	18.5	8.5
47. Births in a private health facility that were delivered by caesarean section (%)	24.7	11.9
48. Births in a public health facility that were delivered by caesarean section (%)	9.5	3.2
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	43.5	35.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(66.5)	*
51. Children age 12-23 months who have received BCG (%)	86.4	72.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	52.2	47.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	64.1	53.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	63.7	63.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	11.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	1.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	64.5	17.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	75.5	61.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	87.3	89.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	12.7	10.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.7	6.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(70.2)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(37.7)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(66.2)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	0.0	0.5
health provider (%)	(67.1)	(66.5)

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. 1ºDoctor/nurse/LHV/ANM/midwife/other health personnel.

¹³Vaccinated with 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 ¹³Not including polio vaccination given at birth.

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

Banaskantha, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	47.9	49.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)		
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(57.5)	(47.4)
	4 5	77
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.5	7.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)		7.0
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.8	7.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.0	40.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.5	21.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.5	8.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	44.1	43.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.2	0.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	36.7	38.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	11.7	10.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	32.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	79.0	57.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.6	50.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(68.6)	(49.5)
84. All women age 15-49 years who are anaemic ²² (%)	60.0	50.0
85. All women age 15-19 years who are anaemic ²² (%)	65.8	45.3
Blood Sugar Level among Adults (age 15 years and above)	0010	
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.6	20
	7.6 5.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)		na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.9	na
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.8	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	14.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	15.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	37.3	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	5.1	na
	•••	

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

BHARUCH GUJARAT



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 Bharuch. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Bharuch, information was gathered from 856 households, 919 women, and 124 men.

Bharuch, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	76.7	73.7
2. Population below age 15 years (%)	23.7	25.1
3. Sex ratio of the total population (females per 1,000 males)	960	973
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,112	1,037
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.3	96.5
6. Deaths in the last 3 years registered with the civil authority (%)	86.1	na
7. Population living in households with electricity (%)	98.2	97.2
8. Population living in households with an improved drinking-water source ¹ (%)	97.2	98.5
9. Population living in households that use an improved sanitation facility ² (%)	77.7	68.3
10. Households using clean fuel for cooking ³ (%)	60.2	49.2
11. Households using iodized salt (%)	98.9	98.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	37.4	25.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	74.0	na
15. Women with 10 or more years of schooling (%)	31.5	29.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.8	24.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.5	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.0	11.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	63.6	62.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	36.2	68.2
21. Any modern method ⁶ (%)	35.7	57.0
22. Female sterilization (%)	29.6	48.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.7	1.1
25. Pill (%)	0.7	0.8
26. Condom (%)	4.8	6.7
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	20.3	10.7
29. Unmet need for spacing ⁷ (%)	10.1	4.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.2	31.3
31. Current users ever told about side effects of current method ⁸ (%)	(72.2)	56.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Bharuch, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	63.4	83.4
33. Mothers who had at least 4 antenatal care visits (%)	65.7	86.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	84.5	84.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	38.4	51.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.0	27.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.3	95.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	78.8	69.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,724	1,247
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.3)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		(=)
days of delivery (%)	81.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.1	81.1
43. Institutional births in public facility (%)	49.6	32.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.7	1.8
45. Births attended by skilled health personnel ¹⁰ (%)	92.1	82.9
46. Births delivered by caesarean section (%)	19.5	12.0
47. Births in a private health facility that were delivered by caesarean section (%)	36.1	22.2
48. Births in a public health facility that were delivered by caesarean section (%)	9.1	3.7
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(80.0)	56.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(92.1)	(70.0)
51. Children age 12-23 months who have received BCG (%)	(91.5)	98.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(83.8)	74.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(83.6)	87.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(87.3)	77.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(23.8)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(10.7)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(79.5)	47.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	79.6	81.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(89.3)	85.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(10.7)	14.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.2	12.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(57.1)	(31.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(13.9)	(2.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.9)	(49.1)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.4	0.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(72.5)

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

 ¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.
 ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
 ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Bharuch, Gujarat - Key Indicators

Indicators	NFHS-5	NFHS-4
	(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 (%)	30.7	67.6
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} (%)	8.8	8.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.7	11.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.9	41.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	24.5	29.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.0	7.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	45.5	44.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.7	0.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	30.3	31.3
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	25.5	23.7
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	42.4	na
Anaemia among Children and Women	72.7	nu
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	91.0	FC 9
	81.0	56.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	71.6	51.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(77.2)	(55.6)
84. All women age 15-49 years who are anaemic ²² (%)	71.8	52.0
85. All women age 15-19 years who are anaemic ²² (%)	69.8	59.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	23.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	24.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	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 (%)	11.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.1	na
		na
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	1.1 7.5	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 million of the solid products 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.

 ¹²Below -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

Bhavnagar Gujarat



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Bhavnagar. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Bhavnagar, information was gathered from 871 households, 950 women, and 145 men.

Bhavnagar, Gujarat - Key Indicators

Dhathagar, Oajarat Roy maroatoro	
	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	72.0
2. Population below age 15 years (%)	24.1
3. Sex ratio of the total population (females per 1,000 males)	942
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,192
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.5
6. Deaths in the last 3 years registered with the civil authority (%)	86.3
7. Population living in households with electricity (%)	96.9
8. Population living in households with an improved drinking-water source ¹ (%)	95.1
9. Population living in households that use an improved sanitation facility ² (%)	72.9
10. Households using clean fuel for cooking ³ (%)	59.8
11. Households using iodized salt (%)	87.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	32.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.3
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	74.2
15. Women with 10 or more years of schooling (%)	26.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	18.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	64.5
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	45.7
21. Any modern method ⁶ (%)	40.5
22. Female sterilization (%)	29.7
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	3.0
25. Pill (%)	1.2
26. Condom (%)	6.5
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	15.5
29. Unmet need for spacing ⁷ (%)	6.9
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	12.6
31. Current users ever told about side effects of current method ⁸ (%)	56.2

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Bhavnagar, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	76.6
33. Mothers who had at least 4 antenatal care visits (%)	70.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	45.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	87.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,933
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	90.4
delivery (%) Delivery Care (for births in the 5 years before the survey)	50.4
42. Institutional births (%)	94.2
43. Institutional births in public facility (%)	44.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.5
45. Births attended by skilled health personnel ¹⁰ (%)	96.0
46. Births delivered by caesarean section (%)	23.7
47. Births in a private health facility that were delivered by caesarean section (%)	31.5
48. Births in a public health facility that were delivered by caesarean section (%)	18.0
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 (%)	74.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(94.0)
51. Children age 12-23 months who have received BCG (%)	90.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	76.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	14.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	83.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(94.2)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(5.9)
Treatment of Childhood Diseases (children under age 5 years)	44.4
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(65.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(35.1)
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 (%)	(47.2) 1.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(61.5)
	(01.5)

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 10 years of the last live birth), or five or more injections at any time prior to the

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

¹³Not including polio vaccination given at birth.
 ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Bhavnagar, Gujarat - Key Indicators

ndlcators (2019-20) Child Feeding Practices and Nutritional Status of Children Total 7C. Children under age 8 months exclusively breastfed* (%) 3.9 68. Children age 6-8 months receiving and adequate diet ^{%, 17} (%) * 70. Breastfeeding children age 6-23 months receiving an adequate diet ^{%, 17} (%) * 71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{%, 17} (%) * 72. Total children under 5 years who are suttred (height-for-age)f* (%) * 73. Children under 5 years who are everetive and adequate diet ^{16, 17} (%) * 73. Children under 5 years who are everetive and exclusivel (weight-for-height)* (%) 83 73. Children under 5 years who are underweight (weight-for-height)* (%) 83 73. Wornen whose Body Mass Index (BMI) is beiow normal (BMI <18.5 kg/m ²) ²¹ (%) 20.8 79. Wornen who are overweight or bare (11.0 gd/l) ²² (%) * 81. Onhidren age 6-59 months who are anaemic (12.0 gd/l) ²² (%) * 82. Non-prepanat worne age 15-49 years who are anaemic (12.0 gd/l) ²² (%) * 83. Prepant worne age 15-49 years who are anaemic? (5) * 84. All worne age 15-49 years who are anaemic? (5) * 85. Blood sugar level - wight (14.1-160 mg/dl) ⁷³ (%) * 84. All worne age 15-4		NFHS-5
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103. Women age 15 years and above who consume alcohol (%)0.3		
104 Men age 15 years and above who consume alcohol (%)		
	104. Men age 15 years and above who consume alcohol (%)	4.5

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Botad Gujarat



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Botad. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Botad, information was gathered from 866 households, 1,032 women, and 149 men.

Botad, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	68.9
2. Population below age 15 years (%)	24.8
3. Sex ratio of the total population (females per 1,000 males)	975
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	992
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.0
6. Deaths in the last 3 years registered with the civil authority (%)	92.4
7. Population living in households with electricity (%)	99.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.2
9. Population living in households that use an improved sanitation facility ² (%)	72.0
10. Households using clean fuel for cooking ³ (%)	63.0
11. Households using iodized salt (%)	98.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	38.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(1.9)
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	71.8
15. Women with 10 or more years of schooling (%)	22.0
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	13.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	72.1
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	49.3
21. Any modern method ⁶ (%)	44.6
22. Female sterilization (%)	31.8
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	2.0
25. Pill (%)	3.1
26. Condom (%)	7.7
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	13.2
29. Unmet need for spacing ⁷ (%)	6.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	17.4
31. Current users ever told about side effects of current method ⁸ (%)	64.1

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

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

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Botad, Gujarat - Key Indicators

Maternal and Child Health Total Maternity Care (for last birth in the 5 years before the survey) Image: Comparison of	Indicators	NFHS-5 (2019-20)
32. Mothers who had an antenatal check-up in the first trimester (%) 82.3 33. Mothers who had at least 4 antenatal care visits (%) 82.7 34. Mothers whose last birth was protected against neonatal tetanus ⁶ (%) 82.3 35. Mothers whose last birth was protected against neonatal tetanus ⁶ (%) 82.3 36. Mothers whose last birth was protected against neonatal tetanus ⁶ (%) 82.3 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 98.2 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 86.4 30. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 2.027 40. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 86.9 201 Children who received for brinks in the 5 years before the survey) 93.5 42. Institutional births in public facility (%) 31.1 43. Institutional births in public facility (%) 31.1 44. Home births that were conducted by skilled health personnel ¹⁰ (%) 31.1 45. Births atended by skilled health personnel ¹⁰ (%) 7.1 46. Births delivered by caesarean section (%) 7.1 47. Ibidren age 12-23 months fully vaccinated based on information	Maternal and Child Health	Total
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	66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*

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

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

¹³Not including polio vaccination given at birth.
 ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Botad, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	35.9
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} (%)	6.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	26.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.8
Nutritional Status of Women (age 15-49 years)	10.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	19.6
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	27.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	25.0
Anaemia among Children and Women	75.5
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	75.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(48.5)
84. All women age 15-49 years who are anaemic ²² (%)	58.8
85. All women age 15-19 years who are anaemic ²² (%)	60.3
Blood Sugar Level among Adults (age 15 years and above)	
Women	0.0
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.8
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.1 16.7
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) Men	10.7
	0.7
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.7 7.4
90. Blood sugar level - very high (>160 mg/dl) ²³ (%) 91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.8
Hypertension among Adults (age 15 years and above)	10.0
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	6.2
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	0.2 3.0
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	5.0
pressure (%)	12.5
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	6.7
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.5
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	12.0
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.5
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.8
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	5.3
102. Men age 15 years and above who use any kind of tobacco (%)	48.9
103. Women age 15 years and above who consume alcohol (%)	0.4
104. Men age 15 years and above who consume alcohol (%)	1.3

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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 CHHOTA UDAIPUR GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Chhota Udaipur. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Chhota Udaipur, information was gathered from 896 households, 1,035 women, and 173 men.

Chhota Udaipur, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	52.3
2. Population below age 15 years (%)	25.4
3. Sex ratio of the total population (females per 1,000 males)	1,016
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	937
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.3
6. Deaths in the last 3 years registered with the civil authority (%)	87.4
7. Population living in households with electricity (%)	95.3
8. Population living in households with an improved drinking-water source ¹ (%)	97.4
9. Population living in households that use an improved sanitation facility ² (%)	53.0
10. Households using clean fuel for cooking ³ (%)	25.7
11. Households using iodized salt (%)	94.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	40.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	53.2
15. Women with 10 or more years of schooling (%)	20.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	27.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	44.0
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	77.5
21. Any modern method ⁶ (%)	67.3
22. Female sterilization (%)	57.4
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	1.7
25. Pill (%)	1.1
26. Condom (%)	5.5
27. Injectables (%)	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	5.1
29. Unmet need for spacing ⁷ (%)	3.4
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	64.2
31. Current users ever told about side effects of current method ⁸ (%)	91.2

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ²Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Chhota Udaipur, Gujarat - Key Indicators

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Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	81.9
33. Mothers who had at least 4 antenatal care visits (%)	81.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	59.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	45.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	924
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(14.1)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	87.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	85.7
43. Institutional births in public facility (%)	68.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.9
45. Births attended by skilled health personnel ¹⁰ (%)	88.3
46. Births delivered by caesarean section (%)	7.5
47. Births in a private health facility that were delivered by caesarean section (%)	22.2
48. Births in a public health facility that were delivered by caesarean section (%)	5.5
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	81.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	80.1
51. Children age 12-23 months who have received BCG (%)	98.7
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	85.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	32.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	96.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0 0.0
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)	11.2
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.3 (67.9)
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 (%)	(67.8) (41.9)
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 (%)	(75.3) 2.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.1
	00.1

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

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

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

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

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

Chhota Udaipur, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
	<u>`</u>
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	24.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(58.7)
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} (%)	1.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	48.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	28.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	48.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.8
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) ²¹ (%)	30.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	7.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.2
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	87.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	79.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(72.1)
84. All women age 15-49 years who are anaemic ²² (%)	78.9
85. All women age 15-19 years who are anaemic ²² (%)	80.3
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.3
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.4
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.4
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.3
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.9
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.8
Hypertension among Adults (age 15 years and above)	10.0
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.1
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.7
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	5.7
pressure (%)	19.4
Men	10.1
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	5.0
pressure (%)	17.5
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.4
99. Ever undergone a breast examination for breast cancer (%)	0.4
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	. .т
101. Women age 15 years and above who use any kind of tobacco (%)	8.9
101. Women age 15 years and above who use any kind of tobacco (%)	6.9 47.7
	47.7
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	1.3
Liter. Men age to years and above who consume alconor (70)	11.4

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

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

Dahod Gujarat



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 Dahod. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Dahod, information was gathered from 899 households, 1,221 women, and 158 men.

Dahod, Gujarat - 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 (%)	59.6	57.9
2. Population below age 15 years (%)	35.6	38.4
3. Sex ratio of the total population (females per 1,000 males)	1,047	1,104
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,013	1,036
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.1	87.6
6. Deaths in the last 3 years registered with the civil authority (%)	91.3	na
7. Population living in households with electricity (%)	89.3	79.3
8. Population living in households with an improved drinking-water source ¹ (%)	91.0	71.8
9. Population living in households that use an improved sanitation facility ² (%)	35.9	20.6
10. Households using clean fuel for cooking ³ (%)	26.8	15.3
11. Households using iodized salt (%)	93.4	93.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	40.3	23.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	56.1	na
15. Women with 10 or more years of schooling (%)	23.1	25.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.9	32.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.0	5.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.4	9.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	45.1	34.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	70.8	31.0
21. Any modern method ⁶ (%)	55.6	30.6
22. Female sterilization (%)	42.9	27.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.2	0.6
25. Pill (%)	2.3	1.1
26. Condom (%)	6.3	1.3
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	7.7	17.7
29. Unmet need for spacing ⁷ (%)	2.7	5.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.6	14.8
31. Current users ever told about side effects of current method ⁸ (%)	79.3	30.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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 ³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

for spacing plus unmet need for limiting.

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

Dahod, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	75.2	48.8
33. Mothers who had at least 4 antenatal care visits (%)	70.9	38.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.9	78.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	65.0	13.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	44.6	5.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.9	84.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.2	57.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,516	1,236
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.1)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		()
days of delivery (%)	87.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.5	83.8
43. Institutional births in public facility (%)	68.2	41.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.3	0.8
45. Births attended by skilled health personnel ¹⁰ (%)	93.2	81.8
46. Births delivered by caesarean section (%)	6.1	6.1
47. Births in a private health facility that were delivered by caesarean section (%)	20.9	10.8
48. Births in a public health facility that were delivered by caesarean section (%)	1.5	3.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	66.2	33.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	74.8	(71.8)
51. Children age 12-23 months who have received BCG (%)	88.9	65.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	68.5	41.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	73.8	42.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	75.0	52.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	23.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	1.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	73.8	15.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	85.4	77.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.6	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.4	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	14.0	11.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	76.4	(65.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	50.7	(27.7)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	81.2	(71.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	3.7	2.4
health provider (%)	85.3	(75.0)

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. 1ºDoctor/nurse/LHV/ANM/midwife/other health personnel.

¹³Vaccinated with 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 ¹³Not including polio vaccination given at birth.

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

Dahod, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	40.3	36.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(47.6)	(71.4)
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} (%)	9.0	8.2
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} (%)	7.5	7.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	55.3	44.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	27.8	24.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.4	7.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	53.0	50.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.8	0.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	39.1	44.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	6.5	9.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	61.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	87.2	58.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	75.4	55.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	69.4	(64.6)
84. All women age 15-49 years who are anaemic ²² (%)	75.1	56.3
85. All women age 15-19 years who are anaemic ²² (%)	79.7	56.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.4	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) (%)	12.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	18.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	17.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	44.0	
101. Women age 15 years and above who use any kind of tobacco (%)	14.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.9	na
103. Women age 15 years and above who consume alcohol (%)	0.9	na
104. Men age 15 years and above who consume alcohol (%)	14.2	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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 DEVBHUMI DWARKA GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Devbhumi Dwarka. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Devbhumi Dwarka, information was gathered from 915 households, 1,170 women, and 198 men.

Devbhumi Dwarka, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	59.0
2. Population below age 15 years (%)	24.2
3. Sex ratio of the total population (females per 1,000 males)	1,010
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	955
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.6
6. Deaths in the last 3 years registered with the civil authority (%)	93.4
7. Population living in households with electricity (%)	98.7
8. Population living in households with an improved drinking-water source ¹ (%)	93.9
9. Population living in households that use an improved sanitation facility ² (%)	73.4
10. Households using clean fuel for cooking ³ (%)	61.2
11. Households using iodized salt (%)	97.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	33.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	66.1
15. Women with 10 or more years of schooling (%)	15.8
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	11.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	65.9
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	47.7
21. Any modern method ⁶ (%)	41.1
22. Female sterilization (%)	19.1
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	4.5
25. Pill (%)	6.1
26. Condom (%)	11.1
27. Injectables (%)	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	15.9
29. Unmet need for spacing ⁷ (%)	6.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	33.5
31. Current users ever told about side effects of current method ⁸ (%)	65.9

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ²Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Devbhumi Dwarka, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	84.1
33. Mothers who had at least 4 antenatal care visits (%)	76.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	90.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,463
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	Ŷ
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	88.3
Delivery Care (for births in the 5 years before the survey)	00.0
42. Institutional births (%)	94.8
43. Institutional births in public facility (%)	37.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.0
45. Births attended by skilled health personnel ¹⁰ (%)	91.7
46. Births delivered by caesarean section (%)	17.9
47. Births in a private health facility that were delivered by caesarean section (%)	24.5
48. Births in a public health facility that were delivered by caesarean section (%)	10.3
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	73.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	77.0
51. Children age 12-23 months who have received BCG (%)	92.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	81.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	77.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.1
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.2
Treatment of Childhood Diseases (children under age 5 years)	9.1
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) (%)	9.1 (69.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received oral renyulation saits (OKS) (%)	(09.4) (23.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(23.0) (69.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	(69.4) 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 (%)	(72.1)
be. Children with loter of Symptonics of Arth in the 2 weeks proceeding the survey taken to a neural health provider (76)	(12.1)

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

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

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

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

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

Devbhumi Dwarka, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	55.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(67.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(07.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (30)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	30.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	26.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	17.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	36.2
77. Children under 5 years who are overweight (weight for height) ²⁰ (%)	4.9
Nutritional Status of Women (age 15-49 years)	4.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	22.4
79. Women who are overweight or obese (BMI \ge 25.0 kg/m ²) ²¹ (%)	24.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.6
Anaemia among Children and Women	50.0
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	66.7
	66.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	48.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(49.1)
84. All women age 15-49 years who are anaemic ²² (%)	48.8
85. All women age 15-19 years who are anaemic ²² (%)	50.9
Blood Sugar Level among Adults (age 15 years and above)	
Women	A 4
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.4
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.7
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.5
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.5
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.5
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.7
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	18.1
pressure (%)	10.1
	44.0
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.0
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	3.3
pressure (%)	17.3
Screening for Cancer among Women (age 30-49 years)	11.0
98. Ever undergone a screening test for cervical cancer (%)	0.4
99. Ever undergone a breast examination for breast cancer (%)	0.4
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0
101. Women age 15 years and above who use any kind of tobacco (%)	24.2
101. Women age 15 years and above who use any kind of tobacco (%)	60.6
102. Men age 15 years and above who consume alcohol (%)	0.5
104. Men age 15 years and above who consume alcohol (%)	2.6
	2.0

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Gandhinagar Gujarat



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 Gandhinagar. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Gandhinagar, information was gathered from 862 households, 919 women, and 151 men.

Gandhinagar, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.6	69.4
2. Population below age 15 years (%)	22.3	25.1
3. Sex ratio of the total population (females per 1,000 males)	924	931
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	766	1,019
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 (%)	96.7	na
7. Population living in households with electricity (%)	97.8	94.5
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	99.8
9. Population living in households that use an improved sanitation facility ² (%)	84.6	62.1
10. Households using clean fuel for cooking ³ (%)	76.9	52.2
11. Households using iodized salt (%)	93.6	96.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	29.7	28.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	81.8	na
15. Women with 10 or more years of schooling (%)	37.9	26.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.6	50.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	2.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.0	5.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	69.3	63.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	49.3	59.7
21. Any modern method ⁶ (%)	43.6	46.7
22. Female sterilization (%)	25.5	35.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.1	1.6
25. Pill (%)	2.6	3.4
26. Condom (%)	13.2	5.9
27. Injectables (%)	0.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	18.5	14.0
29. Unmet need for spacing ⁷ (%)	6.6	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.9	28.3
31. Current users ever told about side effects of current method ⁸ (%)	59.8	69.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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 ³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Gandhinagar, Gujarat - Key Indicators

Maternal and Child HealthTotalMaternity Care (for last birth in the 5 years before the survey)32. Mothers who had an antenatal check-up in the first trimester (%)69.5	Total 79.6 88.5
32. Mothers who had an antenatal check-up in the first trimester (%) 69.5	88.5
	88.5
33. Mothers who had at least 4 antenatal care visits (%) 71.0	
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%) 86.7	94.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 38.1	44.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 22.6	27.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 96.2	93.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	
days of delivery (%) 88.2	72.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)2,445	980
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 (%) 89.0	na
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%) 97.8	92.3
43. Institutional births in public facility (%)39.5	37.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%) 1.4	1.8
45. Births attended by skilled health personnel ¹⁰ (%) 89.3	94.1
46. Births delivered by caesarean section (%)32.7	22.1
47. Births in a private health facility that were delivered by caesarean section (%) 39.6	31.2
48. Births in a public health facility that were delivered by caesarean section (%) 24.3	13.4
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%) (77.7)	(66.1)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%) (95.2)	*
51. Children age 12-23 months who have received BCG (%) (94.2)	(94.6)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%) (81.5)	(72.0)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) (90.4)	(79.1)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) (92.4)	(81.2)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%) (30.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%) (3.8)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) (90.4)	(48.4)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%) 81.0	63.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) (92.4)	(94.6)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) (7.6)	(5.4)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%) 15.0	3.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) (73.4)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) (16.1)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%) (71.5)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 0.4	0.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%) (74.1)	(86.0)

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.

¹⁴Doctor/nurse/LHV/ANM/midwite/other health personnel.
 ¹⁴Vaccinated with 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.
 ¹²Anong 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.

Gandhinagar, Gujarat - 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 (%)	37.8	57.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	(40.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.4	4.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.9	3.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.1	36.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	30.6	29.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.9	10.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	44.6	42.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	0.5	0.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	21.2	30.5
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	29.5	22.1
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	43.5	na
Anaemia among Children and Women	10.0	na
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	81.2	72.7
		73.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	69.2	66.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(57.4)	05.0
84. All women age 15-49 years who are anaemic ²² (%)	68.8	65.8
85. All women age 15-19 years who are anaemic ²² (%)	72.8	64.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.7	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) (%)	12.6	na
93. Moderately or severely elevated blood pressure (Systolic \geq 160mm of Hg and/or Diastolic \geq 100mm of Hg) (%)	5.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	0.0	na
control blood pressure (%)	23.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.4	na
96. Moderately or severely elevated blood pressure (Systolic \geq 160mm of Hg and/or Diastolic \geq 100mm of Hg) (%)	7.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	1.0	na
control blood pressure (%)	29.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	na
	7.2	na
101. Women age 15 years and above who use any kind of tobacco (%)	33.8	na
102. Men age 15 years and above who use any kind of tobacco (%)		na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	5.4	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

GIR SOMNATH GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Gir Somnath. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Gir Somnath, information was gathered from 900 households, 1,158 women, and 185 men.

Gir Somnath, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	65.8
2. Population below age 15 years (%)	23.4
3. Sex ratio of the total population (females per 1,000 males)	981
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	921
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.8
6. Deaths in the last 3 years registered with the civil authority (%)	87.7
7. Population living in households with electricity (%)	99.5
8. Population living in households with an improved drinking-water source ¹ (%)	98.2
9. Population living in households that use an improved sanitation facility ² (%)	74.3
10. Households using clean fuel for cooking ³ (%)	46.8
11. Households using iodized salt (%)	87.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	46.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	73.1
15. Women with 10 or more years of schooling (%)	30.8
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	9.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.1
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	57.8
21. Any modern method ⁶ (%)	51.1
22. Female sterilization (%)	39.9
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	1.2
25. Pill (%)	0.4
26. Condom (%)	9.5
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	12.4
29. Unmet need for spacing ⁷ (%)	4.8
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	24.0
31. Current users ever told about side effects of current method ⁸ (%)	48.6

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas. ⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

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

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

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

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

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Gir Somnath, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	79.2
33. Mothers who had at least 4 antenatal care visits (%)	80.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	35.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	90.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,194
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.2)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	o= =
delivery (%)	87.7
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	87.1
43. Institutional births in public facility (%)	34.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.8
45. Births attended by skilled health personnel ¹⁰ (%)	91.8
46. Births delivered by caesarean section (%)	17.2
47. Births in a private health facility that were delivered by caesarean section (%)	26.5
48. Births in a public health facility that were delivered by caesarean section (%)	9.2
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	69.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(93.5)
51. Children age 12-23 months who have received BCG (%)	98.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.8
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	92.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	90.6 98.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.4 1.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.0
Treatment of Childhood Diseases (children under age 5 years)	0.0
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(58.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(35.0)
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 (%)	(80.8) 0.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(87.1)
100. Onlighten with level of symptoms of ANT in the 2 weeks preceding the survey taken to a meditin achieve of Meditin provider ($%$)	(07.1)

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

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

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth.

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

Gir Somnath, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	37.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(75.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	16.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	44.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.0
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	24.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	17.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	25.2
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	68.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	49.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(57.7)
84. All women age 15-49 years who are anaemic ²² (%)	49.9
85. All women age 15-19 years who are anaemic ²² (%)	50.9
Blood Sugar Level among Adults (age 15 years and above)	00.0
Women	
	6.0
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.2
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.3
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.2
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.2
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.5
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.2
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	6.5
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	14.0
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.7
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	12.3
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.4
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	18.9
102. Men age 15 years and above who use any kind of tobacco (%)	60.7
103. Women age 15 years and above who consume alcohol (%)	0.4
104. Men age 15 years and above who consume alcohol (%)	5.2

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

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

Jamnagar Gujarat



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Jamnagar. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Jamnagar, information was gathered from 920 households, 1,042 women, and 165 men.

Jamnagar, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	72.8
2. Population below age 15 years (%)	21.0
3. Sex ratio of the total population (females per 1,000 males)	1,004
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	912
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1
6. Deaths in the last 3 years registered with the civil authority (%)	98.4
7. Population living in households with electricity (%)	98.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.7
9. Population living in households that use an improved sanitation facility ² (%)	86.6
10. Households using clean fuel for cooking ³ (%)	81.6
11. Households using iodized salt (%)	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	38.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(4.1)
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	83.1
15. Women with 10 or more years of schooling (%)	35.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	6.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	75.0
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	85.2
21. Any modern method ⁶ (%)	66.5
22. Female sterilization (%)	31.9
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	11.4
25. Pill (%)	4.6
26. Condom (%)	18.1
27. Injectables (%)	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	2.0
29. Unmet need for spacing ⁷ (%)	0.8
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	60.8
31. Current users ever told about side effects of current method ⁸ (%)	92.2
	I

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Jamnagar, Gujarat - Key Indicators

Cannagar, Cajarat Roy marcatoro	
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	91.7
33. Mothers who had at least 4 antenatal care visits (%)	73.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	32.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5
 Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	92.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,150
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	96.5
43. Institutional births in public facility (%)	55.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.5
45. Births attended by skilled health personnel ¹⁰ (%)	96.2
46. Births delivered by caesarean section (%)	23.3
47. Births in a private health facility that were delivered by caesarean section (%)	32.2
48. Births in a public health facility that were delivered by caesarean section (%)	18.2
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(78.4)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(80.0)
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 (%)	(78.4)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(92.9)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(92.7)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(33.6)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(0.0)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(84.6)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	91.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.6)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.4)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	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 (%)	2.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	^

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.

Jamnagar, Gujarat - Key Indicators

Cannagar, Cajarat Rey maloatoro	
	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	44.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(74.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(15.3)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	28.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	28.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.6
Nutritional Status of Women (age 15-49 years)	5.0
	17.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	17.3
79. Women who are overweight or obese (BMI $\ge 25.0 \text{ kg/m}^2$) ²¹ (%)	29.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	35.4
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	75.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	50.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*
84. All women age 15-49 years who are anaemic ²² (%)	50.2
85. All women age 15-19 years who are anaemic ²² (%)	60.1
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.9
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.3
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.2
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.5
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.5
Hypertension among Adults (age 15 years and above)	10.0
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.2
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	10.1
pressure (%)	18.1
Men	= 0
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.2
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.9
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	45.0
pressure (%)	15.0
Screening for Cancer among Women (age 30-49 years)	0.0
98. Ever undergone a screening test for cervical cancer (%)	0.3
99. Ever undergone a breast examination for breast cancer (%)	0.3
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	7.7
102. Men age 15 years and above who use any kind of tobacco (%)	52.0
103. Women age 15 years and above who consume alcohol (%)	0.2
104. Men age 15 years and above who consume alcohol (%)	1.3
	-

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 million of the solid products 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.

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

JUNAGADH GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Junagadh. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Junagadh, information was gathered from 886 households, 963 women, and 164 men.

Junagadh, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	73.8
2. Population below age 15 years (%)	21.6
3. Sex ratio of the total population (females per 1,000 males)	999
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	876
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.8
6. Deaths in the last 3 years registered with the civil authority (%)	94.3
7. Population living in households with electricity (%)	99.3
8. Population living in households with an improved drinking-water source ¹ (%)	97.0
9. Population living in households that use an improved sanitation facility ² (%)	81.7
10. Households using clean fuel for cooking ³ (%)	67.2
11. Households using iodized salt (%)	97.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	47.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(5.5)
Characteristics of Women (age 15-49 years)	(0.0)
14. Women who are literate ⁴ (%)	82.8
15. Women with 10 or more years of schooling (%)	35.0
Marriage and Fertility	00.0
16. Women age 20-24 years married before age 18 years (%)	11.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	75.2
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	48.0
21. Any modern method ⁶ (%)	42.3
22. Female sterilization (%)	25.9
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	2.9
25. Pill (%)	2.0
26. Condom (%)	11.1
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	13.8
29. Unmet need for spacing ⁷ (%)	4.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	26.5
51 6()	
 30. Health worker ever talked to female non-users about family planning (%) 31. Current users ever told about side effects of current method⁸ (%) 	26.5 (69.0)

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Junagadh, Gujarat - Key Indicators

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

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

¹³Not including polio vaccination given at birth.
 ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Junagadh, Gujarat - Key Indicators

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Indiantara	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	32.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.4
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	18.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	33.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	37.7
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	74.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(57.3)
84. All women age 15-49 years who are anaemic ²² (%)	58.8
85. All women age 15-19 years who are anaemic ²² (%)	
	55.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.2
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.6
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.5
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.1
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.2
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.3
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.6
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	23.3
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.6
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	20.8
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.4
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	13.8
102. Men age 15 years and above who use any kind of tobacco (%)	54.4
103. Women age 15 years and above who consume alcohol (%)	0.2
104. Men age 15 years and above who consume alcohol (%)	2.9
	2.0

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Kachchh Gujarat



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 Kachchh. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Kachchh, information was gathered from 922 households, 1,026 women, and 181 men.

Kachchh, Gujarat - 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 (%)	66.6	61.0
2. Population below age 15 years (%)	26.6	32.5
3. Sex ratio of the total population (females per 1,000 males)	979	944
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	994	1,029
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.6	96.7
6. Deaths in the last 3 years registered with the civil authority (%)	95.1	na
7. Population living in households with electricity (%)	99.2	95.3
8. Population living in households with an improved drinking-water source ¹ (%)	96.8	93.5
9. Population living in households that use an improved sanitation facility ² (%)	85.8	59.3
10. Households using clean fuel for cooking ³ (%)	67.2	38.5
11. Households using iodized salt (%)	98.0	96.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	34.3	20.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	75.6	na
15. Women with 10 or more years of schooling (%)	24.1	16.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.0	30.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.9	4.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.7	5.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	59.1	50.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	76.5	37.7
21. Any modern method ⁶ (%)	62.5	37.6
22. Female sterilization (%)	34.4	31.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.9	2.0
25. Pill (%)	3.3	1.4
26. Condom (%)	19.5	2.9
27. Injectables (%)	0.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	7.8	17.9
29. Unmet need for spacing ⁷ (%)	3.9	8.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	36.1	15.6
31. Current users ever told about side effects of current method ⁸ (%)	85.8	45.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Kachchh, Gujarat - 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 (%)	88.8	67.8
33. Mothers who had at least 4 antenatal care visits (%)	84.2	62.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	88.8	95.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	74.3	38.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	54.9	10.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.8	92.7
 Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	93.9	64.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,793	779
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(4.2)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		()
days of delivery (%)	91.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.4	82.7
43. Institutional births in public facility (%)	45.3	38.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.5	1.3
45. Births attended by skilled health personnel ¹⁰ (%)	97.6	83.0
46. Births delivered by caesarean section (%)	15.8	11.7
47. Births in a private health facility that were delivered by caesarean section (%)	21.6	18.3
48. Births in a public health facility that were delivered by caesarean section (%)	10.1	9.5
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	70.2	45.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	75.3	*
51. Children age 12-23 months who have received BCG (%)	97.4	95.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	72.9	52.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.6	72.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.5	78.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	2.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.5	43.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.9	72.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.2	90.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	10.9	9.6
Treatment of Childhood Diseases (children under age 5 years)	10.0	0.0
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.2	6.9
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 (%)	0.5	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 (%)	*	*

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. 1ºDoctor/nurse/LHV/ANM/midwife/other health personnel.

¹³Vaccinated with 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 ¹³Not including polio vaccination given at birth.

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

Kachchh, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	43.2	41.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(61.9)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(*****	*
70. Breastfeeding children age 6-23 months receiving an adequate diet $^{16, 17}$ (%)	5.5	4.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.1	3.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.5	40.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.2	31.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.6	15.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.4	39.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.6	1.6
Nutritional Status of Women (age 15-49 years)	2.0	1.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	28.1	22.7
	20.1 25.7	23.7 19.9
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)		
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	30.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	68.6	81.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.0	63.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(43.1)	(49.8)
84. All women age 15-49 years who are anaemic ²² (%)	57.5	62.5
85. All women age 15-19 years who are anaemic ²² (%)	62.6	69.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.4	na
Hypertension among Adults (age 15 years and above)	10.1	na
Women		
	10.9	20
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	5.0	na
control blood pressure (%)	18.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	
101. Women age 15 years and above who use any kind of tobacco (%)	8.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.7	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
103. Women age 15 years and above who consume alcohol (%)	2.7	na
	2.1	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Kheda Gujarat



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Kheda. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Kheda, information was gathered from 890 households, 1,029 women, and 183 men.

Kheda, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	74.0
2. Population below age 15 years (%)	23.7
3. Sex ratio of the total population (females per 1,000 males)	934
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	868
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.0
6. Deaths in the last 3 years registered with the civil authority (%)	90.9
7. Population living in households with electricity (%)	96.9
8. Population living in households with an improved drinking-water source ¹ (%)	97.7
9. Population living in households that use an improved sanitation facility ² (%)	63.3
10. Households using clean fuel for cooking ³ (%)	48.0
11. Households using iodized salt (%)	89.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	32.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(13.7)
Characteristics of Women (age 15-49 years)	(1011)
14. Women who are literate ⁴ (%)	70.9
15. Women with 10 or more years of schooling (%)	24.2
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	49.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	65.3
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	29.8
21. Any modern method ⁶ (%)	28.7
22. Female sterilization (%)	21.4
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	1.0
25. Pill (%)	0.8
26. Condom (%)	5.3
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	16.5
29. Unmet need for spacing ⁷ (%)	7.9
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	13.8
31. Current users ever told about side effects of current method ⁸ (%)	(49.3)
	√ - 7

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with ²Flush to piped sever 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. ²Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Kheda, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019- 20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	64.0
33. Mothers who had at least 4 antenatal care visits (%)	61.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	83.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	42.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	27.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	85.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,371
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	Ŷ
 Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	83.2
Delivery Care (for births in the 5 years before the survey)	00.2
42. Institutional births (%)	95.2
43. Institutional births in public facility (%)	47.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.0
45. Births attended by skilled health personnel ¹⁰ (%)	88.4
46. Births delivered by caesarean section (%)	18.9
47. Births in a private health facility that were delivered by caesarean section (%)	31.1
48. Births in a public health facility that were delivered by caesarean section (%)	8.7
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	69.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(84.9)
51. Children age 12-23 months who have received BCG (%)	90.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	74.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	41.1
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	4.6
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.4
Treatment of Childhood Diseases (children under age 5 years) 61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	14.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(40.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received oral renyulation saits (CNS) (%)	(40.9) (32.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.2)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(60.0)

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.

¹¹Doctor/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.

Kheda, Gujarat - Key Indicators

	NFHS-5
Indiastora	
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	25.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(47.4)
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} (%)	1.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	1.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	30.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.5
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	32.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	17.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	45.0
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	85.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	76.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(72.9)
84. All women age 15-49 years who are anaemic ²² (%)	76.1
85. All women age 15-19 years who are anaemic ²² (%)	77.6
Blood Sugar Level among Adults (age 15 years and above)	11.0
Women	0.5
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.9
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.0
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.0
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.2
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.0
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	24.0
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	24.5
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	13.5
102. Men age 15 years and above who use any kind of tobacco (%)	45.8
102. Women age 15 years and above who consume alcohol (%)	45.0
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	6.1
10^{-1} . More agoint years and above who consume alcohol (70)	0.1

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

MAHESANA GUJARAT



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 Mahesana. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Mahesana, information was gathered from 839 households, 883 women, and 136 men.

Mahesana, Gujarat - 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 (%)	71.3	74.5
2. Population below age 15 years (%)	22.1	25.2
3. Sex ratio of the total population (females per 1,000 males)	913	920
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	742	785
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.4	96.3
6. Deaths in the last 3 years registered with the civil authority (%)	92.4	na
7. Population living in households with electricity (%)	97.7	97.3
8. Population living in households with an improved drinking-water source ¹ (%)	97.0	96.5
9. Population living in households that use an improved sanitation facility ² (%)	72.1	65.7
10. Households using clean fuel for cooking ³ (%)	63.1	54.9
11. Households using iodized salt (%)	91.5	95.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	40.7	30.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(5.5)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	75.1	na
15. Women with 10 or more years of schooling (%)	32.6	31.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.3	32.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.1	2.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.5	6.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	44.5	61.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	46.3	49.0
21. Any modern method ⁶ (%)	41.8	45.4
22. Female sterilization (%)	26.2	33.1
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.8	3.1
25. Pill (%)	3.1	2.8
26. Condom (%)	9.5	6.5
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	18.4	15.5
29. Unmet need for spacing ⁷ (%)	7.6	7.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.9	12.8
31. Current users ever told about side effects of current method ⁸ (%)	76.4	34.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

for spacing plus unmet need for limiting.

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

Mahesana, Gujarat - 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 (%)	59.7	80.4
33. Mothers who had at least 4 antenatal care visits (%)	56.6	81.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	73.8	87.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.3	34.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	44.8	20.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.1	95.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.7	69.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,103	(1,820)
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(1,020)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	83.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.3	96.4
43. Institutional births in public facility (%)	27.4	23.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.9	0.3
45. Births attended by skilled health personnel ¹⁰ (%)	91.6	86.1
46. Births delivered by caesarean section (%)	28.7	26.5
47. Births in a private health facility that were delivered by caesarean section (%)	35.3	31.9
48. Births in a public health facility that were delivered by caesarean section (%)	14.7	13.5
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(79.6)	55.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(91.1)	(65.1)
51. Children age 12-23 months who have received BCG (%)	(92.6)	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(81.9)	63.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(85.1)	88.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(85.1)	83.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(16.7)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(2.6)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(80.1)	27.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	83.6	72.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(84.3)	89.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(15.7)	10.5
Treatment of Childhood Diseases (children under age 5 years)	()	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	14.6	5.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(69.6)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(27.3)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(62.3)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	0.5	0.0
health provider (%)	(60.9)	*

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

Mahesana, Gujarat - Key Indicators

inanocana, cajarat "Roy inaroatoro	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 (%)	32.8	54.0
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} (%)	(0.0)	5.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	0.0	4.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.0	40.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	28.2	25.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.0	11.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	41.4	41.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.5	1.3
Nutritional Status of Women (age 15-49 years)	-	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	24.4	26.8
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	24.3	22.7
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	42.6	na
Anaemia among Children and Women	12.0	na
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	96.0	77.0
	86.0	77.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	69.5	62.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(62.9)	(56.9)
84. All women age 15-49 years who are anaemic ²² (%)	69.3	61.9
85. All women age 15-19 years who are anaemic ²² (%)	77.7	63.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	12.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	21.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	22.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	27.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	36.9	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	3.2	na
	0.2	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Mahisagar Gujarat



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Mahisagar. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Mahisagar, information was gathered from 899 households, 1,017 women, and 168 men.

Mahisagar, Gujarat - Key Indicators

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26. Pill (%) 3.1 27. Condom (%) 8.7 28. Injectables (%) 0.7 Jnmet Need for Family Planning (currently married women age 15–49 years) 0.7	25. IUD/PPIUD (%)	1.2
27. Condom (%) 8.7 28. Injectables (%) 0.7 Jnmet Need for Family Planning (currently married women age 15–49 years) 0.7		3.1
28. Injectables (%) 0.7 Jnmet Need for Family Planning (currently married women age 15–49 years) 0.7	27. Condom (%)	8.7
	28. Injectables (%)	0.7
29. Total unmet need ⁷ (%) 6.8	Unmet Need for Family Planning (currently married women age 15–49 years)	
	29. Total unmet need ⁷ (%)	6.8
30. Unmet need for spacing ⁷ (%) 3.1	30. Unmet need for spacing ⁷ (%)	3.1
Quality of Family Planning Services	Quality of Family Planning Services	
31. Health worker ever talked to female non-users about family planning (%) 44.3	31. Health worker ever talked to female non-users about family planning (%)	44.3
32. Current users ever told about side effects of current method ⁸ (%) 83.1	32. Current users ever told about side effects of current method ⁸ (%)	83.1

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

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

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Mahisagar, Gujarat - Key Indicators

	NFHS-5 2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	77.2
33. Mothers who had at least 4 antenatal care visits (%)	76.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	63.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	45.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.4
 Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	90.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,087
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	91.1
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	93.0
43. Institutional births in public facility (%)	26.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.9
45. Births attended by skilled health personnel ¹⁰ (%)	92.7
46. Births delivered by caesarean section (%)	16.6
47. Births in a private health facility that were delivered by caesarean section (%)	19.3
48. Births in a public health facility that were delivered by caesarean section (%)	14.1
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 (%)	80.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	83.4
51. Children age 12-23 months who have received BCG (%)	97.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	84.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.8
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	1.5
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	86.8 100.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	0.0
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 (%)	14.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(87.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received oral renydration saits (OKG) (%)	(46.7)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(68.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	71.0

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

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

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

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

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

Mahisagar, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	21.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(64.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	1.2
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	1.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.0
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%) 74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	43.4 26.2
	12.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	49.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.6
Nutritional Status of Women (age 15-49 years)	20.7
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	30.7
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	9.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	42.8
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	85.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	73.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(56.5)
84. All women age 15-49 years who are anaemic ²² (%)	72.5
85. All women age 15-19 years who are anaemic ²² (%)	79.4
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.0
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.7
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.3
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.3
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.0
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.1
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.0
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	10.0
pressure (%)	16.3
Men	10.1
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.4
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.7
Screening for Cancer among Women (age 30-49 years)	14.7
	0.6
98. Ever undergone a screening test for cervical cancer (%)99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.9
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0
	5.0
101. Women age 15 years and above who use any kind of tobacco (%)	5.0 45.5
102. Men age 15 years and above who use any kind of tobacco (%)	45.5 0.3
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	0.3 4.1
Liter. Men age to years and above who consume alconol (70)	4.1

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

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

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

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Morbi Gujarat



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Morbi. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Morbi, information was gathered from 902 households, 1,119 women, and 182 men.

Morbi, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	70.5
2. Population below age 15 years (%)	22.6
3. Sex ratio of the total population (females per 1,000 males)	981
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	858
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.1
6. Deaths in the last 3 years registered with the civil authority (%)	100.0
7. Population living in households with electricity (%)	99.9
8. Population living in households with an improved drinking-water source ¹ (%)	98.3
9. Population living in households that use an improved sanitation facility ² (%)	80.1
10. Households using clean fuel for cooking ³ (%)	73.6
11. Households using iodized salt (%)	98.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	34.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	82.4
15. Women with 10 or more years of schooling (%)	35.4
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	8.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	66.2
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	73.3
21. Any modern method ⁶ (%)	58.7
22. Female sterilization (%)	26.7
23. Male sterilization (%)	0.2
24. IUD/PPIUD (%)	9.7
25. Pill (%)	5.0
26. Condom (%)	16.9
27. Injectables (%)	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	10.2
29. Unmet need for spacing ⁷ (%)	5.7
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	44.4
31. Current users ever told about side effects of current method ⁸ (%)	82.0

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas. ⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

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

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

²/Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Morbi, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	89.8
33. Mothers who had at least 4 antenatal care visits (%)	75.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	55.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	43.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.7
 Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	89.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,370
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 (%)	87.8
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	94.8
43. Institutional births in public facility (%)	30.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.4
45. Births attended by skilled health personnel ¹⁰ (%)	96.4
46. Births delivered by caesarean section (%)	20.2
47. Births in a private health facility that were delivered by caesarean section (%)	28.7
48. Births in a public health facility that were delivered by caesarean section (%)	5.5
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	64.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	73.5
51. Children age 12-23 months who have received BCG (%)	95.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	67.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	83.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	25.4
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	3.9
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	82.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	78.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	21.7
Treatment of Childhood Diseases (children under age 5 years)	3.7
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	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 (%)	0.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	0.9 *

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

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

¹³Not including polio vaccination given at birth.
 ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Morbi, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	47.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(75.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10 0
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.2 12.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	
 76. Children under 5 years who are underweight (weight-for-age)¹⁸ (%) 77. Children under 5 years who are overweight (weight-for-height)²⁰ (%) 	32.3 4.0
Nutritional Status of Women (age 15-49 years)	4.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	21.2
78. Women who are overweight or obese (BMI $\geq 25.0 \text{ kg/m}^{2}$) ²¹ (%)	21.2
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	38.8
Anaemia among Children and Women	50.0
-	75.2
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	75.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	50.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(50.1)
84. All women age 15-49 years who are anaemic ²² (%) 85. All women age 15-19 years who are anaemic ²² (%)	50.7 62.0
Blood Sugar Level among Adults (age 15 years and above)	02.0
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.7
87. Blood sugar level - very high (>160 mg/dl) 23 (%)	5.7 7.1
88. Blood sugar level - high or very high (>100 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.8
Men	17.0
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.4
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.5
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.7
Hypertension among Adults (age 15 years and above)	10.17
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	18.4
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.0
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	15.1
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	7.0
101. Women age 15 years and above who use any kind of tobacco (%)	7.3
102. Men age 15 years and above who use any kind of tobacco (%)	54.7
103. Women age 15 years and above who consume alcohol (%)	0.2
104. Men age 15 years and above who consume alcohol (%)	1.9

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

NARMADA GUJARAT



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 Narmada. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Narmada, information was gathered from 904 households, 1,021 women, and 155 men.

Narmada, Gujarat - 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 (%)	66.0	67.4
2. Population below age 15 years (%)	26.0	26.3
3. Sex ratio of the total population (females per 1,000 males)	1,006	997
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	853	851
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.2	97.2
6. Deaths in the last 3 years registered with the civil authority (%)	98.0	na
7. Population living in households with electricity (%)	92.7	93.2
8. Population living in households with an improved drinking-water source ¹ (%)	96.8	98.4
9. Population living in households that use an improved sanitation facility ² (%)	54.6	34.0
10. Households using clean fuel for cooking ³ (%)	31.3	15.3
11. Households using iodized salt (%)	98.5	98.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	51.1	51.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	67.3	na
15. Women with 10 or more years of schooling (%)	22.6	23.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.5	33.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.0	1.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.0	10.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	52.5	27.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	80.2	55.0
21. Any modern method ⁶ (%)	67.0	54.2
22. Female sterilization (%)	56.3	49.9
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	1.4	0.9
25. Pill (%)	0.8	0.5
26. Condom (%)	7.0	2.8
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	5.3	12.6
29. Unmet need for spacing ⁷ (%)	2.3	6.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	45.0	21.1
31. Current users ever told about side effects of current method ⁸ (%)	75.6	32.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Narmada, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	81.7	75.4
33. Mothers who had at least 4 antenatal care visits (%)	83.4	70.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.3	80.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	65.1	45.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	48.4	28.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	93.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.2	64.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	753	506
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(13.1)	6.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	()	
days of delivery (%)	87.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	81.7	77.3
43. Institutional births in public facility (%)	66.3	52.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.9	1.3
45. Births attended by skilled health personnel ¹⁰ (%)	84.2	74.7
46. Births delivered by caesarean section (%)	7.3	9.3
47. Births in a private health facility that were delivered by caesarean section (%)	(27.2)	27.7
48. Births in a public health facility that were delivered by caesarean section (%)	4.8	4.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	82.8	69.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(93.8)	(77.5)
51. Children age 12-23 months who have received BCG (%)	88.3	95.5 [´]
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	82.8	85.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.6	86.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	84.6	81.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	2.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.6	52.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.1	70.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.6)	95.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.4)	4.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.5	9.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(45.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(16.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(43.0)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.0	3.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(55.8)

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.

Iast 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.

Narmada, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	30.6	51.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(74.2)	(62.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(29.6)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.3	4.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.1	4.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	47.2	47.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.0	35.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.9	12.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	52.8	53.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.1	1.0
Nutritional Status of Women (age 15-49 years)	011	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	30.7	44.1
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	11.1	11.4
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	56.0	na
Anaemia among Children and Women	50.0	Πά
-	00.0	50.0
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	93.2	53.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	75.9	55.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(75.6)	(58.2)
84. All women age 15-49 years who are anaemic ²² (%)	75.9	55.6
85. All women age 15-19 years who are anaemic ²² (%)	83.0	52.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.6	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	0.0	na
control blood pressure (%)	19.2	na
Men		
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 \geq 160mm of Hg and/or Diastolic \geq 100mm of Hg) (%)	4.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	4.0	na
control blood pressure (%)	20.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	
101. Women age 15 years and above who use any kind of tobacco (%)	14.6	na
101. Women age 15 years and above who use any kind of tobacco (%)	48.8	na
102. Women age 15 years and above who consume alcohol (%)	40.0	
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	1.2	na
וויש אישר אישר אישר אישר אישר אישר אישר אי	11.9	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

NAVSARI GUJARAT



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 Navsari. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Navsari, information was gathered from 893 households, 991 women, and 162 men.

Navsari, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.9	78.3
2. Population below age 15 years (%)	19.6	21.7
3. Sex ratio of the total population (females per 1,000 males)	1,056	1,036
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,006	847
5. Children under age 5 years whose birth was registered with the civil authority (%)	100.0	96.7
6. Deaths in the last 3 years registered with the civil authority (%)	99.2	na
7. Population living in households with electricity (%)	98.7	98.4
8. Population living in households with an improved drinking-water source ¹ (%)	97.4	94.6
9. Population living in households that use an improved sanitation facility ² (%)	80.1	70.2
10. Households using clean fuel for cooking ³ (%)	70.2	53.2
11. Households using iodized salt (%)	95.1	93.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	42.0	28.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(0.0)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	84.1	na
15. Women with 10 or more years of schooling (%)	47.7	42.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	15.7	17.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.4	1.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.3	8.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.2	56.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	78.2	68.7
21. Any modern method ⁶ (%)	65.1	62.2
22. Female sterilization (%)	52.1	51.9
23. Male sterilization (%)	0.8	2.3
24. IUD/PPIUD (%)	1.3	2.2
25. Pill (%)	0.7	1.9
26. Condom (%)	9.3	3.8
27. Injectables (%)	0.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	6.5	9.6
29. Unmet need for spacing ⁷ (%)	3.7	1.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	62.8	30.3
31. Current users ever told about side effects of current method ⁸ (%)	87.5	61.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Navsari, Gujarat - 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 (%)	93.4	87.2
33. Mothers who had at least 4 antenatal care visits (%)	94.7	91.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.6	89.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	79.1	58.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	67.0	40.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.6	88.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	98.2	75.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,188	1,664
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	00.0	
days of delivery (%)	99.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.3	95.2
43. Institutional births in public facility (%)	49.6	33.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.7	0.3
45. Births attended by skilled health personnel ¹⁰ (%)	99.1	95.5
46. Births delivered by caesarean section (%)	26.5	23.1
47. Births in a private health facility that were delivered by caesarean section (%)	33.3	32.9
48. Births in a public health facility that were delivered by caesarean section (%)	20.1	8.2
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	95.0	(78.5)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	95.5	(94.6)
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 (%)	95.0	(81.5)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	96.9	(90.2)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	95.0	(91.5)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	41.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	3.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	95.0	(62.0)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	95.5	77.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.0	(87.6)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.0	(6.6)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.6	6.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	3.9	1.0
health provider (%)	(63.3)	*

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

injections (the last within 5 years of the last birth), or rour of more injections (the last within 16 years of the last within 5 years of the last with a start of the last with 10 Dector/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. 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.

Navsari, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	17.0	58.2
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} (%)	0.0	4.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (70)	*	+.2
72. Total children age 6-23 months receiving an adequate diet $^{16, 17}$ (%)	0.0	3.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.8	38.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	29.0	26.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	29.0 9.3	5.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	43.6	37.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.4	0.0
Nutritional Status of Women (age 15-49 years)	04.0	00.5
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	21.8	29.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	18.7	23.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	75.3	51.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	68.9	51.9
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 (%)	68.7	52.1
85. All women age 15-19 years who are anaemic ²² (%)	72.6	48.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.9	22
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	5.4	na
control blood pressure (%)	23.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥0-95 mm 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	5.5	Па
control blood pressure (%)	22.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.2	na
101. Women age 15 years and above who use any kind of tobacco (%)	9.0	na
101. Women age 15 years and above who use any kind of tobacco (%)	9.0 29.2	
	29.2 1.4	na
103. Women age 15 years and above who consume alcohol (%)		na
104. Men age 15 years and above who consume alcohol (%)	11.8	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

PANCHMAHAL GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Panchmahal. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Panchmahal, information was gathered from 908 households, 1,101 women, and 196 men.

Panchmahal, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	70.1
2. Population below age 15 years (%)	26.3
3. Sex ratio of the total population (females per 1,000 males)	969
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	879
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.6
6. Deaths in the last 3 years registered with the civil authority (%)	96.2
7. Population living in households with electricity (%)	95.5
8. Population living in households with an improved drinking-water source ¹ (%)	91.0
9. Population living in households that use an improved sanitation facility ² (%)	58.9
10. Households using clean fuel for cooking ³ (%)	43.6
11. Households using iodized salt (%)	95.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	34.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.9
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	71.7
15. Women with 10 or more years of schooling (%)	28.4
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	34.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	61.8
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	71.4
21. Any modern method ⁶ (%)	52.6
22. Female sterilization (%)	40.7
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	2.1
25. Pill (%)	2.8
26. Condom (%)	6.0
27. Injectables (%)	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	7.0
29. Unmet need for spacing ⁷ (%)	2.4
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	29.2
31. Current users ever told about side effects of current method ⁸ (%)	68.1

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas. ⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

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

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

²Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Panchmahal, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	74.0
33. Mothers who had at least 4 antenatal care visits (%)	88.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	64.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	42.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	88.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,680
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	89.2
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	88.4
43. Institutional births in public facility (%)	24.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.7
45. Births attended by skilled health personnel ¹⁰ (%)	84.2
46. Births delivered by caesarean section (%)	9.9
47. Births in a private health facility that were delivered by caesarean section (%)	14.4
48. Births in a public health facility that were delivered by caesarean section (%)	3.0
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 (%)	95.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	95.4
51. Children age 12-23 months who have received BCG (%)	99.1
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 (%)	96.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	36.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	96.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	87.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	99.1
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 (%)	13.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	67.9
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	43.9
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	65.8
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	76.1

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

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

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

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.

Panchmahal, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	40.2
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(58.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	47.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	35.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	19.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	51.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.4
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	33.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	16.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.5
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	91.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	69.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	74.0
84. All women age 15-49 years who are anaemic ²² (%)	69.8
85. All women age 15-19 years who are anaemic ²² (%)	71.7
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.2
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.8
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.6
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.9
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.2
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	0.1
pressure (%)	22.5
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.2
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	27.6
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	7.8
102. Men age 15 years and above who use any kind of tobacco (%)	42.2
103. Women age 15 years and above who consume alcohol (%)	0.4
104. Men age 15 years and above who consume alcohol (%)	7.7

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

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

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

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Patan Gujarat



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 Patan. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Patan, information was gathered from 904 households, 1,011 women, and 169 men.

Patan, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.8	61.4
2. Population below age 15 years (%)	25.1	28.8
3. Sex ratio of the total population (females per 1,000 males)	967	945
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	976	870
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.2	95.4
6. Deaths in the last 3 years registered with the civil authority (%)	88.8	na
7. Population living in households with electricity (%)	98.3	94.2
8. Population living in households with an improved drinking-water source ¹ (%)	99.4	97.0
9. Population living in households that use an improved sanitation facility ² (%)	73.1	55.5
10. Households using clean fuel for cooking ³ (%)	62.6	32.5
11. Households using iodized salt (%)	98.1	97.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	50.2	25.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	71.1	na
15. Women with 10 or more years of schooling (%)	22.6	18.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	35.4	35.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	2.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.3	9.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	56.9	55.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	65.6	41.9
21. Any modern method ⁶ (%)	52.9	40.4
22. Female sterilization (%)	35.4	31.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	5.2	2.8
25. Pill (%)	3.6	2.3
26. Condom (%)	8.4	3.4
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	11.2	18.3
29. Unmet need for spacing ⁷ (%)	5.0	8.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	37.5	27.5
31. Current users ever told about side effects of current method ⁸ (%)	77.3	48.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

small tank, bottled water, community RO plant. ²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin ³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

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

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

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

Patan, Gujarat - 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 (%)	86.2	61.6
33. Mothers who had at least 4 antenatal care visits (%)	79.8	67.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	72.9	90.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	68.1	21.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	55.6	8.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	90.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.6	62.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	783	1,756
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	92.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.6	92.0
43. Institutional births in public facility (%)	25.2	29.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	1.6
45. Births attended by skilled health personnel ¹⁰ (%)	97.1	94.0
46. Births delivered by caesarean section (%)	18.9	15.6
47. Births in a private health facility that were delivered by caesarean section (%)	20.9	20.0
48. Births in a public health facility that were delivered by caesarean section (%)	14.3	10.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or	04.0	(00.7)
mother's recall ¹¹ (%)	81.0	(30.7)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	91.9	(70 5)
51. Children age 12-23 months who have received BCG (%)	97.2	(72.5)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	82.5	(46.8)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.6	(46.7)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	95.6 27.5	(54.9)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	37.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0	na (21.7)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.7	(21.7)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.6	72.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.6	(92.0)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) Treatment of Childhood Diseases (children under age 5 years)	3.4	(4.9)
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.8	14.5
62. Children with diarrhoea in the 2 weeks preceding the survey (%)	0.0	(55.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received oral renydration saits (OKS) (%)	*	(21.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(65.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.5	(03.0)
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	0.0	1.1
health provider (%)	(84.4)	(56.6)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth. 1ºDoctor/nurse/LHV/ANM/midwife/other health personnel.

¹³Vaccinated with 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 ¹³Not including polio vaccination given at birth.

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

Patan, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	41.4	41.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(35.9)	(34.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.0	3.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.2	4.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	50.5	37.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.9	24.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.5	9.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	42.3	38.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.1	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	29.3	30.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	18.3	17.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	30.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	76.2	67.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.8	59.0
83. Pregnant women age 15-49 years who are anaemic ($<11.0 \text{ g/dl}$) ²² (%)	(60.1)	69.4
84. All women age 15-49 years who are anaemic ²² (%)	59.8	59.6
85. All women age 15-19 years who are anaemic ²² (%)	60.2	60.0
Blood Sugar Level among Adults (age 15 years and above)	00.2	00.0
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.8	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	0.1	na
control blood pressure (%)	16.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	16.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.9	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
1 TOS. WOMEN AVE TO YEARS AND ADOVE WHO CONSUME ACOMOL (70)		

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Porbandar Gujarat



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 Porbandar. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Porbandar, information was gathered from 917 households, 1,018 women, and 169 men.

Porbandar, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	74.9	71.6
2. Population below age 15 years (%)	20.8	22.6
3. Sex ratio of the total population (females per 1,000 males)	1,000	941
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,045	803
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.1	99.3
6. Deaths in the last 3 years registered with the civil authority (%)	94.4	na
7. Population living in households with electricity (%)	99.8	99.5
8. Population living in households with an improved drinking-water source ¹ (%)	96.2	94.1
9. Population living in households that use an improved sanitation facility ² (%)	85.7	74.2
10. Households using clean fuel for cooking ³ (%)	76.9	48.4
11. Households using iodized salt (%)	99.0	98.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	42.1	10.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(5.7)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	84.3	na
15. Women with 10 or more years of schooling (%)	35.9	33.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.0	17.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	2.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.9	6.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	71.7	74.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	75.5	35.5
21. Any modern method ⁶ (%)	68.5	34.6
22. Female sterilization (%)	34.5	24.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	11.3	4.0
25. Pill (%)	5.1	1.3
26. Condom (%)	17.1	4.8
27. Injectables (%)	0.3	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	7.7	17.8
29. Unmet need for spacing ⁷ (%)	3.2	9.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	59.1	11.6
31. Current users ever told about side effects of current method ⁸ (%)	81.0	50.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

for spacing plus unmet need for limiting.

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

Porbandar, Gujarat - 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 (%)	93.5	73.0
33. Mothers who had at least 4 antenatal care visits (%)	92.1	56.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.4	97.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.5	43.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	37.0	26.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5	94.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	97.6	66.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	685	1,493
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	^	Ŷ
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	95.6	20
days of delivery (%)	95.0	na
Delivery Care (for births in the 5 years before the survey) 42. Institutional births (%)	100.0	97.3
43. Institutional births in public facility (%)	61.2	97.3 54.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	01.2	2.1
45. Births attended by skilled health personnel ¹⁰ (%)	96.0	96.2
46. Births delivered by caesarean section (%)	19.2	15.4
47. Births in a private health facility that were delivered by caesarean section (%)	33.7	25.7
48. Births in a public health facility that were delivered by caesarean section (%)	10.0	8.1
Child Vaccinations and Vitamin A Supplementation	10.0	0.1
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or		
mother's recall ¹¹ (%)	(82.9)	(68.8)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(82.2)	(92.3)
51. Children age 12-23 months who have received BCG (%)	(96.6)	(91.4)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(82.9)	(70.9)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(91.0)	(91.4)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(96.6)	(89.9)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(36.7)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(2.5)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(91.0)	(37.7)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	96.9	94.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.4)	(95.4)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.6)	(4.6)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.6	8.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.8	0.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	(07.0)	*
health provider (%)	(67.2)	î

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.

Porbandar, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	55.1	58.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(72.7)	(52.2)
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 $^{16, 17}$ (%)	13.3	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.5	0.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	18.2	22.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.8	25.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	14.2	10.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.5	27.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.9	2.3
Nutritional Status of Women (age 15-49 years)	0.0	2.0
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	15.8	14.0
78. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	27.8	24.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	39.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.9	70.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	47.4	59.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(54.9)	(53.7)
84. All women age 15-49 years who are anaemic ²² (%)	47.6	59.2
85. All women age 15-19 years who are anaemic ²² (%)	52.4	63.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	11.6	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.5	na
Hypertension among Adults (age 15 years and above)		
Women		
	0 7	20
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.8	na
Men	10.0	na
	11 /	20
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.4 2.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.2	na
Screening for Cancer among Women (age 30-49 years)	10.2	na
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	
	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	40.7	
101. Women age 15 years and above who use any kind of tobacco (%)	16.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	59.7	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	6.0	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

Rajkot Gujarat



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Rajkot. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Rajkot, information was gathered from 882 households, 979 women, and 159 men

Rajkot, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	78.4
2. Population below age 15 years (%)	22.0
3. Sex ratio of the total population (females per 1,000 males)	975
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,049
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1
6. Deaths in the last 3 years registered with the civil authority (%)	96.1
7. Population living in households with electricity (%)	99.6
8. Population living in households with an improved drinking-water source ¹ (%)	99.5
9. Population living in households that use an improved sanitation facility ² (%)	85.4
10. Households using clean fuel for cooking ³ (%)	83.6
11. Households using iodized salt (%)	98.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	45.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.2
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	84.7
15. Women with 10 or more years of schooling (%)	42.6
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	12.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.5
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	78.8
21. Any modern method ⁶ (%)	53.5
22. Female sterilization (%)	26.5
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	8.0
25. Pill (%)	2.4
26. Condom (%)	16.5
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	6.2
29. Unmet need for spacing ⁷ (%)	2.4
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	48.1
31. Current users ever told about side effects of current method ⁸ (%)	86.2

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with ²Flush to piped sever 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. ²Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Rajkot, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	94.0
33. Mothers who had at least 4 antenatal care visits (%)	93.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	60.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	42.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.2
 Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	98.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	668
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	98.3
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	99.3
43. Institutional births in public facility (%)	40.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.7
45. Births attended by skilled health personnel ¹⁰ (%)	100.0
46. Births delivered by caesarean section (%)	24.7
47. Births in a private health facility that were delivered by caesarean section (%)	34.3
48. Births in a public health facility that were delivered by caesarean section (%)	11.4
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(84.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(85.6)
51. Children age 12-23 months who have received BCG (%)	(95.8)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(89.5)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(88.1)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(88.8)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(37.0)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(0.0)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(88.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(86.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(13.2)
Treatment of Childhood Diseases (children under age 5 years)	1.0
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	^ +
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	1.2
 65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%) 	۲. <i>۲</i> *
o. Children with level of symptoms of Art in the 2 weeks preceding the survey taken to a health lacinty of health provider (%)	

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

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

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

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

Rajkot, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	45.2
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} (%)	13.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	37.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	8.1
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	19.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	28.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	44.2
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	60.6
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 (%)	60.5
85. All women age 15-19 years who are anaemic ²² (%)	72.7
Blood Sugar Level among Adults (age 15 years and above)	12.1
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.7
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.5
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.6
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.2
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.4
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.4
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.5
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	-
pressure (%)	17.8
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.9
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.4
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	14.5
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.5
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.1
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	7.2
101. Women age 15 years and above who use any kind of tobacco (%)	53.4
	0.1
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	1.2
TOT. MORT age TO years and above who consume according /0/	1.2

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

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

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

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

SABARKANTHA GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Sabarkantha. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Sabarkantha, information was gathered from 892 households, 1,018 women, and 152 men.

Sabarkantha, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	68.7
2. Population below age 15 years (%)	26.6
3. Sex ratio of the total population (females per 1,000 males)	987
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	871
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.9
6. Deaths in the last 3 years registered with the civil authority (%)	93.8
7. Population living in households with electricity (%)	95.3
8. Population living in households with an improved drinking-water source ¹ (%)	90.7
9. Population living in households that use an improved sanitation facility ² (%)	61.0
10. Households using clean fuel for cooking ³ (%)	58.7
11. Households using iodized salt (%)	94.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	49.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.0
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	74.5
15. Women with 10 or more years of schooling (%)	31.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	27.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	68.4
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	66.4
21. Any modern method ⁶ (%)	55.5
22. Female sterilization (%)	37.3
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	4.3
25. Pill (%)	2.2
26. Condom (%)	11.0
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	9.2
29. Unmet need for spacing ⁷ (%)	3.5
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	21.8
31. Current users ever told about side effects of current method ⁸ (%)	64.0

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ²/Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Sabarkantha, Gujarat - Key Indicators

	NFHS-5
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	70.1
33. Mothers who had at least 4 antenatal care visits (%)	73.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	24.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,828
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 (%)	83.9
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	89.4
43. Institutional births in public facility (%)	38.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.4
45. Births attended by skilled health personnel ¹⁰ (%)	83.0
46. Births delivered by caesarean section (%)	23.7
47. Births in a private health facility that were delivered by caesarean section (%)	37.7
48. Births in a public health facility that were delivered by caesarean section (%)	11.6
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 (%)	88.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	89.7
51. Children age 12-23 months who have received BCG (%)	98.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	88.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	42.5
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	93.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	87.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.5
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	14.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(66.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(31.3)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(65.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.5 75.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	10.9

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

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

doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. ¹³Not including polio vaccination given at birth. ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sabarkantha, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	37.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(71.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	33.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	16.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	41.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.9
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	26.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	15.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.9
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	81.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	67.9
83. Pregnant women age 15-49 years who are anaemic ($<11.0 \text{ g/dl}$) ²² (%)	(49.4)
84. All women age 15-49 years who are anaemic ²² (%)	67.3
85. All women age 15-19 years who are anaemic ²² (%)	73.8
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.2
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.7
Men	-
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.6
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.6
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.7
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.6
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	0.0
pressure (%)	24.0
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.2
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.6
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	26.1
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	6.8
102. Men age 15 years and above who use any kind of tobacco (%)	37.8
103. Women age 15 years and above who consume alcohol (%)	0.5
104. Men age 15 years and above who consume alcohol (%)	6.8

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

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

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

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

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

NOTES



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

SURAT GUJARAT



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 Surat. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Surat, information was gathered from 902 households, 986 women, and 195 men.

Surat, Gujarat - 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 (%)	82.7	82.9
2. Population below age 15 years (%)	23.1	26.8
3. Sex ratio of the total population (females per 1,000 males)	912	881
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	890	684
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.6	98.9
6. Deaths in the last 3 years registered with the civil authority (%)	94.7	na
7. Population living in households with electricity (%)	99.3	98.7
8. Population living in households with an improved drinking-water source ¹ (%)	98.9	99.9
9. Population living in households that use an improved sanitation facility ² (%)	82.0	79.0
10. Households using clean fuel for cooking ³ (%)	88.6	83.4
11. Households using iodized salt (%)	96.7	97.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	31.6	19.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	84.2	na
15. Women with 10 or more years of schooling (%)	44.0	44.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.1	16.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.8	0.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.4	4.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	78.2	79.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	78.7	48.9
21. Any modern method ⁶ (%)	65.6	48.0
22. Female sterilization (%)	45.2	35.5
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	2.7	3.5
25. Pill (%)	2.0	1.1
26. Condom (%)	14.3	7.9
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	5.7	19.2
29. Unmet need for spacing ⁷ (%)	1.4	5.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	39.8	23.5
31. Current users ever told about side effects of current method ⁸ (%)	83.6	36.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Surat, Gujarat - 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 (%)	92.2	68.9
33. Mothers who had at least 4 antenatal care visits (%)	93.4	71.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.3	89.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	73.1	35.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	52.7	14.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.4	77.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	96.7	69.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,342	1,248
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)		
42. Institutional births (%)	97.7	92.7
43. Institutional births in public facility (%)	41.1	31.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.1	2.6
45. Births attended by skilled health personnel ¹⁰ (%)	98.8	95.3
46. Births delivered by caesarean section (%)	25.0	23.3
47. Births in a private health facility that were delivered by caesarean section (%)	34.1	31.2
48. Births in a public health facility that were delivered by caesarean section (%)	14.0	13.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(92.8)	(48.0)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(92.8)	(76.0)
51. Children age 12-23 months who have received BCG (%)	(100.0)	(90.4)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(92.8)	(62.9)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(92.8)	(72.0)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(95.2)	(72.8)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(37.5)	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 (%)	(92.8)	(45.6)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	92.5	82.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(86.5)	(79.0)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(13.5)	(21.0)
Treatment of Childhood Diseases (children under age 5 years)	2.4	5.8
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) (%)	3.1 *	0.C *
63. Children with diarrhoea in the 2 weeks preceding the survey who received oral renydration saits (OKS) (%)	*	*
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 (%)	0.0	3.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	0.0	0.0
health provider (%)	*	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth. 1ºDoctor/nurse/LHV/ANM/midwife/other health personnel.

¹³Vaccinated with 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 ¹³Not including polio vaccination given at birth.

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

Surat, Gujarat - 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 (%)	44.1	46.0
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} (%)	1.9	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.2	0.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.1	30.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	26.0	26.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	14.7	8.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.5	36.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.3	2.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	21.0	18.4
79. Women who are overweight or obese (BMI \geq 25.0 kg/m ²) ²¹ (%)	25.1	34.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.3	na
Anaemia among Children and Women	0010	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	83.6	42.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	69.3	39.4
83. Pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	(58.7)	(29.0)
84. All women age 15-49 years who are anaemic ²² (%)	69.0	39.0
85. All women age 15-19 years who are anaemic ²² (%)	76.2	39.9
Blood Sugar Level among Adults (age 15 years and above)	10.2	55.5
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.8	20
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.6	na
Men	14.0	na
	0.2	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%) Hypertension among Adults (age 15 years and above)	16.1	na
Women	45.0	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.4	na
Men	20.1	na
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	0.9	Па
control blood pressure (%)	22.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	32.5	na
103. Women age 15 years and above who consume alcohol (%)	1.6	na
104. Men age 15 years and above who consume alcohol (%)	8.7	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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

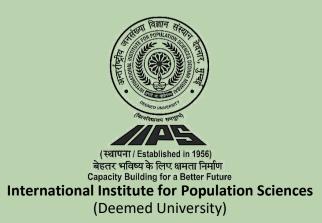


Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET SURENDRANAGAR GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Surendranagar. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). In Surendranagar, information was gathered from 869 households, 931 women, and 143 men.

Surendranagar, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	66.0
2. Population below age 15 years (%)	23.7
3. Sex ratio of the total population (females per 1,000 males)	957
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	992
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.7
6. Deaths in the last 3 years registered with the civil authority (%)	94.0
7. Population living in households with electricity (%)	99.4
8. Population living in households with an improved drinking-water source ¹ (%)	96.9
9. Population living in households that use an improved sanitation facility ² (%)	63.8
10. Households using clean fuel for cooking ³ (%)	56.9
11. Households using iodized salt (%)	97.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	50.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	75.1
15. Women with 10 or more years of schooling (%)	23.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	19.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	52.8
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method ⁶ (%)	76.0
21. Any modern method ⁶ (%)	65.7
22. Female sterilization (%)	47.3
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	3.4
25. Pill (%)	4.3
26. Condom (%)	10.3
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	8.3
29. Unmet need for spacing ⁷ (%)	4.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	25.1
31. Current users ever told about side effects of current method ⁸ (%)	75.5

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

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

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Surendranagar, Gujarat - Key Indicators

Calcharanagar, Cajarat Rey maloatoro	
Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	84.0
33. Mothers who had at least 4 antenatal care visits (%)	57.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	25.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	78.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,721
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	73.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	85.6
43. Institutional births in public facility (%)	45.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.9
45. Births attended by skilled health personnel ¹⁰ (%)	83.6
46. Births delivered by caesarean section (%)	12.2
47. Births in a private health facility that were delivered by caesarean section (%)	24.4
48. Births in a public health facility that were delivered by caesarean section (%)	5.3
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	62.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	68.4
51. Children age 12-23 months who have received BCG (%)	91.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	67.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	75.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.1
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	1.6
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	79.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.2
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(63.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(22.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(62.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(79.8)

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

¹³Not including polio vaccination given at birth.
 ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Surendranagar, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	30.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(67.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(07.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (70)	*
72. Total children age 6-23 months receiving an adequate diet $^{16, 17}$ (%)	0.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	27.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	41.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.2
Nutritional Status of Women (age 15-49 years)	5.2
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	24.1
78. Women who are overweight or obese (BMI $\geq 25.0 \text{ kg/m}^{2}$) ²¹ (%)	24.1
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	32.9
	52.5
Anaemia among Children and Women	01.0
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	81.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	55.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(60.8)
84. All women age 15-49 years who are anaemic ²² (%)	55.6
85. All women age 15-19 years who are anaemic ²² (%)	56.9
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.0
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.4
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	11.3
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.0
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.3
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	17.1
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.1
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	147
pressure (%)	14.7
Screening for Cancer among Women (age 30-49 years)	0.0
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	4 7
101. Women age 15 years and above who use any kind of tobacco (%)	4.7
102. Men age 15 years and above who use any kind of tobacco (%)	47.5
103. Women age 15 years and above who consume alcohol (%)	0.1
104. Men age 15 years and above who consume alcohol (%)	1.3

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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.



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

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Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Tapi. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Tapi, information was gathered from 904 households, 991 women, and 144 men.

Tapi, Gujarat - 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 (%)	66.1	64.8
2. Population below age 15 years (%)	21.0	22.5
3. Sex ratio of the total population (females per 1,000 males)	1,076	1,065
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,185	883
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.5	95.5
6. Deaths in the last 3 years registered with the civil authority (%)	95.5	na
7. Population living in households with electricity (%)	97.6	93.6
8. Population living in households with an improved drinking-water source ¹ (%)	99.0	93.7
9. Population living in households that use an improved sanitation facility ² (%)	70.2	40.4
10. Households using clean fuel for cooking ³ (%)	45.5	22.7
11. Households using iodized salt (%)	97.9	96.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	42.3	34.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(4.3)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	72.0	na
15. Women with 10 or more years of schooling (%)	32.5	32.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	25.3	17.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	0.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.9	7.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	63.7	51.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	83.1	51.3
21. Any modern method ⁶ (%)	74.4	51.2
22. Female sterilization (%)	60.8	45.4
23. Male sterilization (%)	4.4	3.1
24. IUD/PPIUD (%)	2.4	0.8
25. Pill (%)	0.9	0.5
26. Condom (%)	5.5	1.4
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	3.2	11.6
29. Unmet need for spacing ⁷ (%)	1.1	3.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	41.3	16.8
31. Current users ever told about side effects of current method ⁸ (%)	71.5	52.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Tapi, Gujarat - Key Indicators

		NFHS-4
la d'acteur	NFHS-5	
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	83.2	67.1
33. Mothers who had at least 4 antenatal care visits (%)	91.0	74.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.2	94.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	73.6	42.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	51.6	18.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5	94.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.0	60.0
		945
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	846	
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)		(2.9)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.9	na
Delivery Care (for births in the 5 years before the survey)	00.0	na
42. Institutional births (%)	92.9	83.2
43. Institutional births in public facility (%)	72.6	49.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.2	49.0 5.0
45. Births attended by skilled health personnel ¹⁰ (%)	85.2	86.0
46. Births delivered by caesarean section (%)	14.8	14.0
47. Births in a private health facility that were delivered by caesarean section (%)		28.8
	(41.7) 8.6	20.0 8.5
48. Births in a public health facility that were delivered by caesarean section (%)	0.0	0.0
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(97.5)	(72.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(95.0)	(91.6)
51. Children age 12-23 months who have received BCG (%)	(97.5)	(97.8)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(100.0)	(83.3)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(100.0)	(83.2)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(100.0)	(91.6)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(31.4)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(0.0)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(100.0)	(72.5)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.3	86.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.5)	(97.7)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.5)	(2.4)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.1	10.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(57.8)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(32.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(69.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	1.6	0.8
bo. Children with fever or symptoms of ART in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(87.3)	(65.9)

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

 ¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.
 ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.
 ¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 ¹³Not including polio vaccination given at birth.

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

Tapi, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.8	35.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)		
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(4.0)	7.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	^ _	Â
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.7	9.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	41.7	35.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	36.6	35.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	17.1	9.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	51.8	42.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.9	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	35.4	43.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²1 (%)	12.6	8.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	57.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	80.7	49.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	77.6	54.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(72.0)	*
84. All women age 15-49 years who are anaemic ²² (%)	77.4	54.4
85. All women age 15-19 years who are anaemic ²² (%)	72.8	57.8
Blood Sugar Level among Adults (age 15 years and above)	72.0	01.0
Women		
	7 4	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7	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 blood pressure (%)	25.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	28.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.1	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	10.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.6	na
103. Women age 15 years and above who consume alcohol (%)	2.3	na
103. Women age 15 years and above who consume alcohol (%)	14.5	na
	14.0	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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.



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

THE DANGS GUJARAT



्वेहतर भविष्य के लिप क्षमता निर्माण Capacity Building for a Better Future International Institute for Population Sciences (Deemed University)

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

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

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

This fact sheet provides information on key indicators and trends for The Dangs. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In The Dangs, information was gathered from 897 households, 901 women, and 130 men.

The Dangs, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.9	67.7
2. Population below age 15 years (%)	28.8	33.5
3. Sex ratio of the total population (females per 1,000 males)	1,023	965
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,143	969
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.6	92.7
6. Deaths in the last 3 years registered with the civil authority (%)	96.8	na
7. Population living in households with electricity (%)	95.9	88.2
8. Population living in households with an improved drinking-water source ¹ (%)	91.2	69.9
9. Population living in households that use an improved sanitation facility ² (%)	71.7	18.4
10. Households using clean fuel for cooking ³ (%)	23.4	9.1
11. Households using iodized salt (%)	98.2	95.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	44.3	39.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	68.9	na
15. Women with 10 or more years of schooling (%)	20.7	16.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	30.2	37.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.0	4.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	13.0	23.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	57.4	41.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	79.8	38.6
21. Any modern method ⁶ (%)	69.1	38.6
22. Female sterilization (%)	55.7	34.3
23. Male sterilization (%)	5.3	2.5
24. IUD/PPIUD (%)	0.5	0.0
25. Pill (%)	1.1	1.0
26. Condom (%)	5.0	0.8
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	5.1	14.9
29. Unmet need for spacing ⁷ (%)	2.7	6.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	39.3	16.2
31. Current users ever told about side effects of current method ⁸ (%)	76.5	48.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

for spacing plus unmet need for limiting.

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

The Dangs, Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	86.4	58.0
33. Mothers who had at least 4 antenatal care visits (%)	90.2	47.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.8	89.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	78.9	38.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	56.6	13.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5	94.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	80.1	38.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	663	400
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	13.1	1.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	80.1	na
Delivery Care (for births in the 5 years before the survey)	_	
42. Institutional births (%)	74.5	53.2
43. Institutional births in public facility (%)	64.2	41.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.4	2.0
45. Births attended by skilled health personnel ¹⁰ (%)	77.1	53.7
46. Births delivered by caesarean section (%)	7.1	3.5
47. Births in a private health facility that were delivered by caesarean section (%)	(31.7)	(4.2)
48. Births in a public health facility that were delivered by caesarean section (%)	6.0	7.2
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	91.3	44.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	96.2	(80.4)
51. Children age 12-23 months who have received BCG (%)	94.9	86.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	91.3	56.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.3	72.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.3	72.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	32.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	89.8	48.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	90.0	74.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1	11.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(50.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(24.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(73.5)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	2.7	0.6
health provider (%)	*	(51.7)

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

injections (the last within 5 years of the last birth), or rour of more injections (the last within 16 years of the last within 5 years of the last with a start of the last with 10 Dector/nurse/LHV/ANM/midwife/other health personnel. ¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine. 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.

The Dangs, Gujarat - Key Indicators

		NEUG 4
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 (%)	37.5	42.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(76.2)	(80.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.7	2.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	16.5	1.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.6	48.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	40.9	43.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	22.2	18.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	53.1	60.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.1	2.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	33.7	44.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²) ²¹ (%)	8.1	4.0
80. Women who have high risk waist-to-hip ratio (≥ 0.85) (%)	59.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	82.4	74.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	77.6	74.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(66.8)	
84. All women age 15-49 years who are anaemic ²² (%)	(00.8) 77.2	(66.5) 72.2
85. All women age 15-19 years who are anaemic ²² (%)	77.1	77.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.2	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) (%)	18.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	22.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	04.4	
control blood pressure (%)	24.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	18.5	na
100 Mon ago 15 years and above who use any kind of tabases $(0/)$	44.8	na
102. Men age 15 years and above who use any kind of tobacco (%)		
102. Men age 15 years and above who use any kind of tobacco (%) 103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	4.6 18.3	na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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.



Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

VADODARA GUJARAT



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Vadodara. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Vadodara, information was gathered from 855 households, 894 women, and 167 men.

Vadodara, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	82.0
2. Population below age 15 years (%)	21.0
3. Sex ratio of the total population (females per 1,000 males)	953
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,186
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.6
6. Deaths in the last 3 years registered with the civil authority (%)	96.5
7. Population living in households with electricity (%)	97.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.5
9. Population living in households that use an improved sanitation facility ² (%)	85.6
10. Households using clean fuel for cooking ³ (%)	78.1
11. Households using iodized salt (%)	94.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	41.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(17.8)
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	84.6
15. Women with 10 or more years of schooling (%)	46.4
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	22.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	72.4
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	58.5
21. Any modern method ⁶ (%)	49.1
22. Female sterilization (%)	32.5
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	2.8
25. Pill (%)	1.7
26. Condom (%)	12.0
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	11.4
29. Unmet need for spacing ⁷ (%)	6.5
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	17.5
31. Current users ever told about side effects of current method ⁸ (%)	44.5

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately. ⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing

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

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

Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Vadodara, Gujarat - Key Indicators

	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	80.4
33. Mothers who had at least 4 antenatal care visits (%)	65.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	41.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.6
 Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 	90.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,597
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of	
delivery (%)	88.7
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	95.9
43. Institutional births in public facility (%)	45.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.8
45. Births attended by skilled health personnel ¹⁰ (%)	95.2
46. Births delivered by caesarean section (%)	29.9
47. Births in a private health facility that were delivered by caesarean section (%)	44.1
48. Births in a public health facility that were delivered by caesarean section (%)	17.1
Child Vaccinations and Vitamin A Supplementation	(04.0)
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(84.9)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(90.8) (93.2)
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 (%)	(84.9) (91.7)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(93.2)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(27.3)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(8.3)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(91.7)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	91.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(82.6)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(17.4)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(52.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(22.4)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(61.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(73.0)

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

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

¹³Not including polio vaccination given at birth.
 ¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Vadodara, Gujarat - Key Indicators

	NFHS-5
Indicators	(2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	44.6
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} (%)	6.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	42.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.4
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	20.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	27.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.2
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	86.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	72.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(65.9)
84. All women age 15-49 years who are anaemic ²² (%)	72.3
85. All women age 15-19 years who are anaemic ²² (%)	74.3
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.8
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.4
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.6
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.5
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.4
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.1
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.8
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.9
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	24.3
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.0
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	23.8
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	6.8
102. Men age 15 years and above who use any kind of tobacco (%)	29.1
103. Women age 15 years and above who consume alcohol (%)	0.4
104. Men age 15 years and above who consume alcohol (%)	5.4

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 ²⁰Above +2 standard deviations, based on the WHO standard.
 ²¹Excludes pregnant women and women with a birth in the preceding 2 months.
 ²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood. ²³Random blood sugar measurement.



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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 Valsad. NFHS-5 fieldwork for Gujarat was conducted from 23 June, 2019 to 30 November, 2019 by TALEEM Research Foundation. In Valsad, information was gathered from 882 households, 1,031 women, and 159 men.

Valsad, Gujarat - 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 (%)	79.0	76.5
2. Population below age 15 years (%)	25.2	25.6
3. Sex ratio of the total population (females per 1,000 males)	1,009	995
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,020	1,189
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.8	89.7
6. Deaths in the last 3 years registered with the civil authority (%)	98.0	na
7. Population living in households with electricity (%)	98.6	98.7
8. Population living in households with an improved drinking-water source ¹ (%)	98.0	91.9
9. Population living in households that use an improved sanitation facility ² (%)	85.3	60.9
10. Households using clean fuel for cooking ³ (%)	73.1	56.7
11. Households using iodized salt (%)	95.7	92.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	40.6	17.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	20.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	82.9	na
15. Women with 10 or more years of schooling (%)	45.6	45.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.4	19.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	2.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.5	15.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.9	64.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	76.1	38.4
21. Any modern method ⁶ (%)	61.9	38.4
22. Female sterilization (%)	45.4	32.0
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.0	2.2
25. Pill (%)	0.7	0.5
26. Condom (%)	11.9	3.5
27. Injectables (%)	0.3	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	9.3	18.7
29. Unmet need for spacing ⁷ (%)	5.5	6.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	52.7	10.7
31. Current users ever told about side effects of current method ⁸ (%)	70.5	44.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

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

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

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

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

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

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

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

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

· Pregnant with a mistimed pregnancy.

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

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

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

Pregnant with an unwanted pregnancy.

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

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

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

Valsad, Gujarat - 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 (%)	88.3	68.9
33. Mothers who had at least 4 antenatal care visits (%)	92.5	55.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.5	78.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	76.5	39.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	59.1	23.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	85.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	95.0	58.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	958	3,422
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.3)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		(0.0)
days of delivery (%)	93.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.5	75.0
43. Institutional births in public facility (%)	44.7	31.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.0	6.2
45. Births attended by skilled health personnel ¹⁰ (%)	98.5	77.8
46. Births delivered by caesarean section (%)	16.9	14.2
47. Births in a private health facility that were delivered by caesarean section (%)	23.6	24.1
48. Births in a public health facility that were delivered by caesarean section (%)	10.5	11.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	91.1	52.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	92.5	(85.0)
51. Children age 12-23 months who have received BCG (%)	98.5	88.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	95.3	60.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.5	80.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.9	81.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	5.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	89.4	36.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	96.6	84.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.7	90.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	8.3	9.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.9	8.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(25.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(8.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(68.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	0.6	1.7
health provider (%)	(96.2)	*

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

 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 ¹³Not including polio vaccination given at birth.

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

Valsad, Gujarat - Key Indicators

Child Feeding Practices and Nutritional Status of Children Total Total 67. Children under age 3 years breastled within one hour of birth ¹⁵ %) 29.1 68.9 68. Children under age 6 months exclusively breastled ¹⁶ %) (49.9) * 69. Children under age 6 months receiving and acquate diet ^{16, 17} (%) 14.5 5.0 70. Breastleeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 16.0 8.3 71. Non-breastleeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 16.0 8.3 72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%) 16.0 8.3 73. Children under 5 years who are swated (weight-for-height) ¹⁹ (%) 78.4 43.3 74. Children under 5 years who are underweight (weight-for-height) ¹⁹ (%) 23.2 30.3 75. Children under 5 years who are underweight (weight-for-height) ¹⁹ (%) 23.8 22.9 76. Children under 5 years who are anaemice (N2) (%) 3.4 41.9 76. Children under 5 years who are anaemice (N2) (%) 3.3 9 Nutritional Status of Women (age 15-49 years who are anaemice (N2) %) 5.3 na 80. Women who have heigh ris vasit-to-height ¹⁹ (%) 75.7 <t< th=""><th>Indicators</th><th>NFHS-5 (2019-20)</th><th>NFHS-4 (2015-16)</th></t<>	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 23.8 na			
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	control blood pressure (%)	23.8	na
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control blood pressure (%) 29.3 na	control blood pressure (%)	29.3	na
Screening for Cancer among Women (age 30-49 years)			
98. Ever undergone a screening test for cervical cancer (%)0.1na			na
99. Ever undergone a breast examination for breast cancer (%)0.4na	0	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)0.1na	100. Ever undergone an oral cavity examination for oral cancer (%)	0.1	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%) 5.3 na	101. Women age 15 years and above who use any kind of tobacco (%)	5.3	na
102. Men age 15 years and above who use any kind of tobacco (%) 32.3 na		32.3	na
103. Women age 15 years and above who consume alcohol (%) 1.5 na		1.5	na
104. Men age 15 years and above who consume alcohol (%) 17.9 na			na

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

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

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

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

 ¹²Below -3 standard deviations, based on the WHO standard.
 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.

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES

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For additional information, please contact:

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

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

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

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