सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

Fact Sheets

KEY INDICATORS

22 STATES/UTs FROM PHASE - I

National Family Health Survey (NFHS-5)

2019-20

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

International Institute for Population Sciences
(Deemed University)

सबका साथ, सबका विकास, सबका विश्वास
Sabka Saath, Sabka Vikas, Sabka Vishwas

सत्यमेव जयते

डॉ हर्ष वर्धन
Dr Harsh Vardhan

स्वास्थ्य एवं परिवार कल्याण, विज्ञान और प्रौद्योगिकी व पृथ्वी विज्ञान मंत्री, भारत सरकार
Union Minister for Health & Family Welfare, Science & Technology and Earth Sciences Government of India

MESSAGE

It gives me immense pleasure to release the key findings of the Fifth Round of the National Family Health Survey (NFHS-5), 2019-20 for 22 States/UTs included in Phase-I of the Survey.

In this compendium of Factsheets, I am told, that the highlights for 22 States/UTs on key indicators providing State/UT wise estimates on population, health, family planning and nutrition related key indicators like fertility, mortality, maternal, child and adult health, women and child nutrition, domestic violence, etc. have been presented. For a majority of these key indicators, the district level estimates are also available. These indicators throw light on important aspects of family well-being of the population of different States/UTs.

I hope the data generated under NFHS-5 will be utilized to track the progress of Sustainable Development Goals (SDGs). I also hope that these estimates would enable the Government and the stakeholders to arrive at informed decision-making and policy interventions related to areas of health, population resources, and nutritional levels of women and children, and help in taking corrective measures and policy decisions in the right direction.

(Dr. Harsh Vardhan)

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सत्यमेव जयते

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

FOREWORD

The National Family Health Surveys (NFHS) conducted under the aegis of the Ministry of Health & Family Welfare has played a crucial role in providing the Government of India and the stakeholders with reliable inputs to monitor the progress of various flagship programmes as well as the vision of the National Health Policy. The NFHS-5, with a reference period 2019-2020 would provide vital information on reproductive and child health, fertility and family planning, health insurance, nutrition, HIV/AIDS, non-communicable diseases and many other related issues. The compendium of fact sheets covers 22 States/UTs in Phase-I. It provides a useful demographic and health database which will facilitate a stock taking of government programmes, and the progress made towards achieving the Sustainable Development Goals (SDG) by 2030.

Over the years, NFHS has expanded its scope and coverage to fill the gap in the data requirements of the Government, Entities outside the Government and researchers in the field of population and health. Like in the previous round, NFHS-5 has adopted a modular approach to arrive at estimates of crucial indicators at the State/UT level and a subset of these indicators at the district level. This compendium of fact sheets for Phase-I of NFHS-5 releases findings for 22 States/UTs. The estimates of some of the major indicators are also available at the district level. I hope this crucial information will be effectively utilized for right policy decisions.

A large-scale survey like NFHS-5 could be accomplished and conducted successfully in the 22 Phase-I States/UTs only because of the extensive support and involvement of the Ministry of Health and Family Welfare, International Institute for Population Sciences (IIPS), the Chairman & members of the Technical and Administrative Committees, USAID and ICF. The Phase-II survey covering 14 States/UTs is currently in progress. I am thankful and greatly appreciate the support and contribution of all who have helped to accomplish this ambitious task.

(Rajesh Bhushan)
10th December 2020

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PREFACE

The National Family Health Survey (NFHS) has emerged as a nationally important data source on population, health and nutrition for India and its States and UTs. The 2019-20 National Family Health Survey is the fifth in these national surveys will provide information on health and family welfare and on several new and emerging issues including pre-school attendance, death registration, disability, insurance coverage, ownership of physical and economic assets by women, HIV testing during antenatal care, and domestic violence during pregnancy, etc. The scope of NFHS-5 has been modified wherever required to make the target population ranges align with those of Sustainable Development Goals (SDGs). The scope of Clinical Anthropometric and Biochemical (CAB) testing in NFHS-5 has also been expanded to include collection of Dried Blood Sample (DBS) for carrying out tests for Malaria, HbA1C, Vitamin-D and measurement of waist/ hip circumferences.

The survey used a uniform sample design, questionnaires (translated into regional languages), field procedures and biomarker measurements for facilitating comparability across the States/UTs and ensuring the highest possible data quality. The first phase of NFHS-5 covered 17 States and 5 Union Territories of India. The survey work for the second phase of NFHS-5 in the remaining 14 States/UTs is currently under progress, that got delayed due to COVID-19 pandemic. The 22 States/UTs factsheets of Phase-I is providing estimates on 131 key indicators. The factsheets provide an overview of the prevailing status in the States/UTs in terms of key indicators covering a range of areas.

We are pleased to release NFHS-5 Phase-I States/UTs factsheets and also, districts level factsheets for selected key indicators. I hope that the information given in this compendium will provide inputs for policy makers and planners to make informed decisions for managing effectively health and family welfare programmes with an emphasis on issues related to maternal and child health.

Rjena

December, 2020

(Ratna Anjan Jena)

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Additional Secretary & Mission Director (NHM)

PROLOGUE

I am delighted to note that the NFHS-5 fact sheets presenting key indicators on Population, Health, and Nutrition for 22 States/UTs included in Phase 1 are available for the use of States/UTs and Ministry of Health & Family welfare. As with previous rounds, the much-awaited NFHS-5 estimates will help understand the current levels and track the key indicators' progress. These results will be crucial to assess the performance of the various flagship programmes launched by the Government in recent years and will help to adapt and frame new policies and plans for the future.

The findings from NFHS have always provided valuable pointers to assess the extent of utilization of various services extended by the Government, particularly in the field of Maternal and Child Health (MCH) services. Also, the findings from previous rounds were instrumental in framing several policies and programmes to tackle various issues in MCH, adolescent health, child protection etc. Likewise, NFHS-5 results, with information on several new aspects including, expanded domains of child immunization, components of micro-nutrients to children, frequency of alcohol and tobacco use and additional components of Non-communicable diseases (NCD) and expanded age ranges for measuring hypertension and diabetes among all aged 15 years or above etc., will give direction to strengthen the existing programmes and identify areas for launching new schemes.

Another significant contribution of NFHS-5 is to provide recent estimates of over 30 SDG health indicators for tracking the progress made and would help the government to plan towards achieving the SDGs by the year 2030.

I want to congratulate the NFHS team at MoHFW and IIPS for making this valuable contribution to the development of the community and country at large.

Vandana Gurnani

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Capacity Building for a Better Future

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ACKNOWLEDGEMENTS

The first phase of the National Family Health Survey (NFHS-5) has been completed in 22 States/UTs with joint efforts and involvements of numerous organizations and individuals at different survey stages. At the outset, we are grateful to the Ministry of Health and Family Welfare, Government of India, New Delhi, for their overall guidance and support.

I wish to place on record our sincere thanks to Shri Rajesh Bhushan, Secretary Health and Family Welfare, Ms Vandana Gurnani, Additional Secretay and Mission Director, Dr. D.S Gangawar, Additional Secretary and Financial Adviser and former Secretaries Ms. Preeti Sudan, and Shri C.K. Mishra and Ms. Vijaya Srivastava, Special Secretary and Financial Advisor and Mr. Manoj Jhalani, Special Secretary & MD, NHM, for their guidance, support, and contribution to the survey.

I want to place our deep sense of gratitude to Ms. Ratna Jena, DG (Stat), Ms. Nivedita Gupta, CD (Stat), Mr. P.K. Srivastava, JD (Stat), and Ms. Nidhi Satia, J.D (Stat.) for their unwavering support and guidance at different stages and in various activities of NFHS-5. We also express our gratitude to Ms. Shalini Ashok Bhoyar, former Director-General (Stats.), Dr. V. K. Srivastava, Chief Director (Stats.), Mr. Janardan Yadav, DDG (Stats.), Mr. Biswajit Das, Director (Stats.), and Ms. A. P. Meera Dy. Director (Stats.) for their constant support at every stage of the survey.

I express our sincere gratitude to all the Steering Committee, Administrative & Financial Management Committee, Project Management Committee, and the Technical Advisory Committee, especaily the Chaiperson, Dr. N.S. Sastry and Co-Chair, Dr. Arvind Pandey for their contribution and for providing valuable guidance for implementing the project.

I congratulate all the Principal Investigators (Profs Balram Paswan, S K Singh, Hemkothang Lhungdim, Chander Shekhar, Dr. Laxmi Kant Dwivedi and Dr. Sarang Pedgaonkar) at the Institute for their dedication, enthusiasm and unstinting efforts in bring out the factsheet on time. I appreciate and acknowledge the untiring efforts and initiative taken by Dr. Fred Arnold, Dr. Sunita Kishor, and other staff members/consultants of ICF, the USA at every stage of the project. We also acknowledge the contribution of NFHS-5 Senior Project Officers, Project Officers, and other staff members for their constant support to the project.

I sincerely thank the Heads and staff of Field Agencies (FAs) for successfully carrying out the task of data collection in their respective states. This acknowledgment cannot be completed without expressing our appreciation for the hard work put in by the field teams in data collection and maintaining the quality of data.

Finally, credit goes to all the eligible women, men, and children who spared their valuable time to participate in the survey.

Dr. K S James
Director and Senior Professor

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

ANDHRA PRADESH

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

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Andhra Pradesh. NFHS-5 fieldwork for Andhra Pradesh was conducted from 2 July, 2019 to 14 November, 2019 by Sigma Research and Consulting Pvt. Ltd. Information was gathered from 11,346 households, 10,975 women, and 1,558 men. Fact sheets for each district in Andhra Pradesh are also available separately.

Andhra Pradesh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	75.5	61.2	65.6	62.0
2. Population below age 15 years (%)	21.3	22.6	22.2	23.7
3. Sex ratio of the total population (females per 1,000 males)	1,024	1,055	1,045	1,021
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	877	957	934	914
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.8	91.6	92.2	82.7
6. Deaths in the last 3 years registered with the civil authority (%)	89.4	76.6	80.2	na
7. Population living in households with electricity (%)	99.6	99.4	99.5	99.2
8. Population living in households with an improved drinking-water source[1] (%)	99.4	95.4	96.7	95.6
9. Population living in households that use an improved sanitation facility[2] (%)	89.1	72.1	77.3	54.4
10. Households using clean fuel for cooking[3] (%)	96.6	77.9	83.6	62.0
11. Households using iodized salt (%)	89.3	80.4	83.1	81.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	62.2	73.7	70.2	74.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.2	9.8	9.9	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	79.0	63.8	68.6	na
15. Men who are literate[4] (%)	86.4	76.3	79.5	na
16. Women with 10 or more years of schooling (%)	51.2	34.3	39.6	34.3
17. Men with 10 or more years of schooling (%)	59.5	42.5	47.9	51.3
18. Women who have ever used the internet (%)	33.9	15.4	21.0	na
19. Men who have ever used the internet (%)	65.1	41.5	48.8	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	21.7	32.9	29.3	33.0
21. Men age 25-29 years married before age 21 years (%)	13.1	15.2	14.5	15.8
22. Total fertility rate (children per woman)	1.5	1.8	1.7	1.8
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.3	14.1	12.6	11.8
24. Adolescent fertility rate for women age 15-19 years[5]	40	80	67	83
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	14.4	22.1	19.9	23.6
26. Infant mortality rate (IMR)	29.8	30.4	30.3	34.9
27. Under-five mortality rate (U5MR)	33.7	35.8	35.2	40.8
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	70.8	71.2	71.1	69.5
29. Any modern method[6] (%)	70.3	71.1	70.8	69.4
30. Female sterilization (%)	68.3	70.2	69.6	68.3
31. Male sterilization (%)	0.6	0.4	0.4	0.6
32. IUD/PPIUD (%)	0.2	0.1	0.2	0.2
33. Pill (%)	0.1	0.1	0.1	0.2
34. Condom (%)	0.9	0.3	0.5	0.2
35. Injectables (%)	0.0	0.0	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	5.2	4.4	4.7	4.7
37. Unmet need for spacing[7] (%)	2.3	2.8	2.6	3.1
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	18.6	18.6	18.6	19.7
39. Current users ever told about side effects of current method[8] (%)	33.6	27.1	28.9	25.0

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Andhra Pradesh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	82.7	81.3	81.7	82.3
41. Mothers who had at least 4 antenatal care visits (%)	67.2	67.6	67.5	76.3
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.5	92.9	92.8	94.9
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	76.7	67.6	70.3	56.1
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	45.6	39.3	41.1	30.6
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.2	97.5	96.5	92.6
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.2	90.1	90.7	79.7
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,659	3,248	3,105	2,322
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(14.2)	17.2	9.3
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.9	92.1	92.3	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	98.6	95.7	96.5	91.5
51. Institutional births in public facility (%)	41.8	53.7	50.4	38.3
52. Home births that were conducted by skilled health personnel[10] (%)	1.0	1.4	1.3	3.7
53. Births attended by skilled health personnel[10] (%)	98.3	95.2	96.1	92.1
54. Births delivered by caesarean section (%)	50.5	39.3	42.4	40.1
55. Births in a private health facility that were delivered by caesarean section (%)	66.1	61.4	63.0	57.0
56. Births in a public health facility that were delivered by caesarean section (%)	30.9	25.2	26.6	25.5
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	69.3	74.7	73.0	65.3
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	89.1	87.5	88.0	79.9
59. Children age 12-23 months who have received BCG (%)	92.4	95.6	94.6	97.3
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	70.6	76.9	75.0	72.3
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.8	89.9	88.4	89.0
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.7	88.6	87.1	89.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.1	31.3	30.0	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	72.0	77.0	75.5	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.0	86.4	85.3	68.8
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	81.7	79.4	80.0	72.1
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	86.4	97.4	94.2	91.6
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	11.5	1.3	4.3	8.4
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.2	7.6	7.2	6.6
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(64.2)	61.9	62.5	47.6
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(32.8)	44.7	41.8	30.1
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(77.6)	73.3	74.3	72.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.0	2.5	2.4	0.5
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	69.2	70.6	70.2	77.3

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

Andhra Pradesh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	51.6	52.2	52.0	40.0
76. Children under age 6 months exclusively breastfed[16] (%)	61.4	70.4	68.0	70.2
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(67.3)	45.4	50.8	56.1
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	15.2	5.8	8.2	6.5
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	19.5	7.8	12.1	11.9
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	16.7	6.3	9.3	7.6
81. Children under 5 years who are stunted (height-for-age)[18] (%)	23.1	34.2	31.2	31.4
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.6	15.5	16.1	17.2
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.4	5.8	6.0	4.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.1	31.4	29.6	31.9
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.0	2.6	2.7	1.2
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] (%)	11.9	16.2	14.8	17.6
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	15.0	17.2	16.5	14.8
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	44.4	32.6	36.3	33.2
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	37.7	28.0	31.1	33.5
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.7	47.2	48.9	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	53.8	52.6	53.0	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	58.7	65.0	63.2	58.6
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	57.8	59.5	59.0	60.2
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	56.2	52.7	53.7	52.9
95. All women age 15-49 years who are anaemic[22] (%)	57.8	59.3	58.8	60.0
96. All women age 15-19 years who are anaemic[22] (%)	62.3	59.1	60.1	61.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	13.8	17.3	16.2	27.0
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	12.8	21.4	18.7	29.3
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.8	7.0	7.3	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	13.2	9.2	10.4	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	23.2	17.9	19.5	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.2	8.1	8.4	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	13.7	10.4	11.4	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	24.9	20.5	21.8	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.4	13.2	13.6	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.2	5.8	5.9	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.5	24.3	25.3	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.2	16.9	17.6	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	7.4	6.9	7.1	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	32.2	27.6	29.0	na

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

Andhra Pradesh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	4.3	4.8	4.7	na
112. Ever undergone a breast examination for breast cancer (%)	0.7	0.8	0.8	na
113. Ever undergone an oral cavity examination for oral cancer (%)	8.3	6.8	7.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	7.3	5.9	6.3	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	29.1	22.6	24.6	29.0
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	47.1	34.7	38.6	55.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	70.8	59.7	63.0	57.5
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	88.4	80.0	82.6	83.4
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	83.4	84.3	84.1	79.9
120. Women who worked in the last 12 months and were paid in cash (%)	36.5	44.5	42.1	42.1
121. Women owning a house and/or land (alone or jointly with others) (%)	41.4	50.6	47.8	44.7
122. Women having a bank or savings account that they themselves use (%)	86.7	79.6	81.8	66.3
123. Women having a mobile phone that they themselves use (%)	67.4	40.9	48.9	36.2
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	90.6	82.5	85.1	67.5
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	28.8	30.5	30.0	43.4
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	3.5	3.9	3.8	4.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	3.8	3.7	3.7	6.8
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	1.9	4.7	3.8	na
129. Men age 15 years and above who use any kind of tobacco (%)	15.8	25.6	22.6	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.6	0.5	na
131. Men age 15 years and above who consume alcohol (%)	20.5	24.5	23.3	na

[24]Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

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

[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Assam

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

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Assam. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. Information was gathered from 30,119 households, 34,979 women, and 4,973 men. Fact sheets for each district in Assam are also available separately.

Assam - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	87.9	76.5	78.2	75.0
2. Population below age 15 years (%)	21.3	29.5	28.3	30.3
3. Sex ratio of the total population (females per 1,000 males)	982	1,017	1,012	993
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	916	970	964	929
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.0	96.2	96.3	94.2
6. Deaths in the last 3 years registered with the civil authority (%)	80.5	62.8	65.5	na
7. Population living in households with electricity (%)	99.0	91.5	92.6	78.3
8. Population living in households with an improved drinking-water source[1] (%)	92.3	85.0	86.0	84.2
9. Population living in households that use an improved sanitation facility[2] (%)	69.7	68.4	68.6	49.0
10. Households using clean fuel for cooking[3] (%)	85.5	33.7	42.1	25.1
11. Households using iodized salt (%)	99.6	98.6	98.8	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	50.1	61.9	60.0	10.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.1	4.4	4.4	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	87.5	75.4	77.2	na
15. Men who are literate[4] (%)	92.6	82.8	84.3	na
16. Women with 10 or more years of schooling (%)	49.0	26.2	29.6	26.2
17. Men with 10 or more years of schooling (%)	53.2	32.2	35.5	33.2
18. Women who have ever used the internet (%)	49.0	24.4	28.2	na
19. Men who have ever used the internet (%)	67.4	37.8	42.3	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	22.3	33.4	31.8	30.8
21. Men age 25-29 years married before age 21 years (%)	18.3	22.5	21.8	15.0
22. Total fertility rate (children per woman)	1.5	1.9	1.9	2.2
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.8	12.5	11.7	13.6
24. Adolescent fertility rate for women age 15-19 years[5]	41	64	61	72
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	15.2	23.4	22.5	32.8
26. Infant mortality rate (IMR)	22.7	33.1	31.9	47.6
27. Under-five mortality rate (U5MR)	33.0	39.9	39.1	56.5
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	61.4	60.7	60.8	52.4
29. Any modern method[6] (%)	42.3	45.8	45.3	37.0
30. Female sterilization (%)	9.3	8.9	9.0	9.5
31. Male sterilization (%)	0.1	0.1	0.1	0.1
32. IUD/PPIUD (%)	3.4	2.9	2.9	2.2
33. Pill (%)	21.2	28.6	27.5	22.0
34. Condom (%)	7.6	4.4	4.9	2.7
35. Injectables (%)	0.3	0.6	0.5	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	9.9	11.1	11.0	14.2
37. Unmet need for spacing[7] (%)	3.1	4.3	4.1	5.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	18.0	22.1	21.4	17.2
39. Current users ever told about side effects of current method[8] (%)	67.4	70.3	70.0	55.3

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Assam - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	72.7	62.7	63.8	55.1
41. Mothers who had at least 4 antenatal care visits (%)	62.6	49.2	50.7	46.4
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.2	94.3	94.5	89.8
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.4	46.6	47.5	32.0
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.6	18.0	18.5	5.6
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.9	98.7	98.7	96.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.8	63.8	65.3	54.0
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,651	5,269	5,415	3,821
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.8	1.9	2.0	1.9
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.7	68.5	69.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	93.5	82.9	84.1	70.6
51. Institutional births in public facility (%)	66.3	75.4	74.4	60.0
52. Home births that were conducted by skilled health personnel[10] (%)	2.2	2.6	2.6	3.9
53. Births attended by skilled health personnel[10] (%)	94.9	85.1	86.1	74.3
54. Births delivered by caesarean section (%)	39.2	15.6	18.1	13.4
55. Births in a private health facility that were delivered by caesarean section (%)	78.8	66.9	70.6	53.3
56. Births in a public health facility that were delivered by caesarean section (%)	26.7	13.9	15.2	12.9
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	63.2	66.9	66.4	47.1
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	70.6	72.0	71.8	67.8
59. Children age 12-23 months who have received BCG (%)	92.6	92.5	92.5	82.3
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	69.3	74.0	73.4	56.0
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.7	82.0	81.7	66.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	77.3	83.6	82.8	71.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	12.5	20.3	19.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	44.8	45.5	45.4	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	72.7	75.4	75.1	52.0
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	63.3	57.0	57.7	51.3
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.4	96.6	95.6	93.3
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	9.2	1.3	2.3	5.3
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.7	5.8	5.5	2.9
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(81.0)	68.4	69.1	51.9
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(27.0)	28.0	28.0	22.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(61.8)	53.0	53.5	50.8
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	2.5	2.5	1.0
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	55.0	50.8	51.2	46.8

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Assam - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	48.5	49.2	49.1	64.4
76. Children under age 6 months exclusively breastfed[16] (%)	67.3	63.0	63.6	63.5
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(57.6)	51.2	51.7	49.9
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.3	8.1	8.1	8.7
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	5.9	5.4	10.8
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.9	8.0	8.0	8.9
81. Children under 5 years who are stunted (height-for-age)[18] (%)	29.8	36.0	35.3	36.4
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.1	22.1	21.7	17.0
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.0	9.2	9.1	6.2
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.9	33.6	32.8	29.8
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	8.0	4.5	4.9	2.3
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] (%)	13.9	18.3	17.6	25.7
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.3	13.8	13.4	20.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	23.8	13.6	15.2	13.2
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	25.4	14.5	16.2	12.9
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.6	67.3	67.2	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	54.2	43.2	44.9	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	66.4	68.6	68.4	35.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	66.0	66.4	66.4	46.1
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	41.4	55.9	54.2	44.8
95. All women age 15-49 years who are anaemic[22] (%)	65.2	66.0	65.9	46.0
96. All women age 15-19 years who are anaemic[22] (%)	67.4	67.0	67.0	42.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	27.6	37.5	36.0	25.4
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	34.6	40.4	39.6	23.5
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.4	6.6	6.9	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.0	4.5	4.9	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.6	12.1	12.8	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.8	8.3	8.4	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.5	5.6	6.2	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	20.4	15.2	16.0	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	10.8	11.0	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.1	4.7	4.8	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.5	18.5	19.1	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.8	12.7	12.9	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.3	4.2	4.4	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.8	19.6	20.3	na

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

Assam - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.6	0.1	0.2	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.2	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.2	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.0	1.6	1.4	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	24.1	18.3	19.2	9.4
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	29.0	24.6	25.3	22.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	76.3	70.6	71.5	44.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	86.9	84.9	85.2	70.6
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	93.9	91.8	92.1	87.4
120. Women who worked in the last 12 months and were paid in cash (%)	17.2	19.3	19.0	17.0
121. Women owning a house and/or land (alone or jointly with others) (%)	36.3	43.9	42.7	52.3
122. Women having a bank or savings account that they themselves use (%)	81.9	77.9	78.5	45.4
123. Women having a mobile phone that they themselves use (%)	75.4	53.9	57.2	46.0
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	82.9	63.8	66.3	44.8
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	26.6	32.9	32.0	24.5
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.2	2.3	2.3	2.0
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	7.4	8.1	8.0	5.8
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	16.2	23.2	22.1	na
129. Men age 15 years and above who use any kind of tobacco (%)	43.9	53.3	51.8	na
130. Women age 15 years and above who consume alcohol (%)	2.6	8.2	7.3	na
131. Men age 15 years and above who consume alcohol (%)	21.3	25.9	25.1	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Bihar

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Bihar. NFHS-5 fieldwork for Bihar was conducted from 9 July, 2019 to 2 February, 2020 by Development and Research Services Pvt. Ltd. (DRS). Information was gathered from 35,834 households, 42,483 women, and 4,897 men. Fact sheets for each district in Bihar are also available separately.

Bihar - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	74.2	58.7	61.1	56.9
2. Population below age 15 years (%)	31.6	37.2	36.4	39.3
3. Sex ratio of the total population (females per 1,000 males)	982	1,111	1,090	1,062
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	940	903	908	934
5. Children under age 5 years whose birth was registered with the civil authority (%)	75.4	75.7	75.6	60.7
6. Deaths in the last 3 years registered with the civil authority (%)	47.7	35.5	37.1	na
7. Population living in households with electricity (%)	96.2	96.3	96.3	60.0
8. Population living in households with an improved drinking-water source[1] (%)	99.5	99.2	99.2	98.4
9. Population living in households that use an improved sanitation facility[2] (%)	69.2	45.7	49.4	26.5
10. Households using clean fuel for cooking[3] (%)	78.6	30.3	37.8	17.8
11. Households using iodized salt (%)	96.2	92.8	93.3	93.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	11.6	15.1	14.6	12.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	18.5	10.5	11.5	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	74.9	54.5	57.8	na
15. Men who are literate[4] (%)	84.0	77.0	78.5	na
16. Women with 10 or more years of schooling (%)	48.0	25.2	28.8	22.8
17. Men with 10 or more years of schooling (%)	57.1	38.9	42.8	42.5
18. Women who have ever used the internet (%)	38.4	17.0	20.6	na
19. Men who have ever used the internet (%)	58.4	39.4	43.6	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	27.9	43.4	40.8	42.5
21. Men age 25-29 years married before age 21 years (%)	18.3	34.3	30.5	35.3
22. Total fertility rate (children per woman)	2.4	3.1	3.0	3.4
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.4	11.6	11.0	12.2
24. Adolescent fertility rate for women age 15-19 years[5]	60	80	77	77
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	29.5	35.2	34.5	36.7
26. Infant mortality rate (IMR)	43.1	47.3	46.8	48.1
27. Under-five mortality rate (U5MR)	50.0	57.4	56.4	58.1
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	62.3	54.6	55.8	24.1
29. Any modern method[6] (%)	47.0	43.9	44.4	23.3
30. Female sterilization (%)	31.8	35.3	34.8	20.7
31. Male sterilization (%)	0.2	0.1	0.1	0.0
32. IUD/PPIUD (%)	1.3	0.7	0.8	0.5
33. Pill (%)	3.6	1.8	2.0	0.8
34. Condom (%)	7.3	3.4	4.0	1.0
35. Injectables (%)	1.1	1.1	1.1	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	11.5	13.9	13.6	21.2
37. Unmet need for spacing[7] (%)	5.0	6.3	6.1	9.4
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	17.5	20.7	20.2	12.0
39. Current users ever told about side effects of current method[8] (%)	49.3	50.0	49.9	34.4

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available

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

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

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

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

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

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

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

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

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

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

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

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

Bihar - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	59.8	51.9	52.9	34.6
41. Mothers who had at least 4 antenatal care visits (%)	32.4	24.0	25.2	14.4
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.5	89.4	89.5	89.6
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	26.0	16.7	18.0	9.7
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	15.3	8.3	9.3	2.3
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	85.0	90.2	89.5	79.9
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.6	56.5	57.3	42.3
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,511	2,771	2,848	1,784
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	3.1	2.9	2.9	1.8
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	66.1	58.2	59.3	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	84.1	75.0	76.2	63.8
51. Institutional births in public facility (%)	47.4	58.3	56.9	47.6
52. Home births that were conducted by skilled health personnel[10] (%)	3.6	6.5	6.1	8.2
53. Births attended by skilled health personnel[10] (%)	83.1	78.3	79.0	70.0
54. Births delivered by caesarean section (%)	15.7	8.8	9.7	6.2
55. Births in a private health facility that were delivered by caesarean section (%)	36.7	40.6	39.6	31.0
56. Births in a public health facility that were delivered by caesarean section (%)	4.7	3.5	3.6	2.6
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	66.7	71.6	71.0	61.7
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	77.4	83.4	82.7	77.1
59. Children age 12-23 months who have received BCG (%)	95.3	95.6	95.5	91.6
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	71.1	76.2	75.5	72.9
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	83.0	85.3	85.0	80.1
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	84.2	86.0	85.7	79.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.1	29.1	29.9	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	4.9	3.1	3.4	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.2	82.6	82.3	65.5
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	52.5	56.5	56.0	62.3
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.1	97.4	96.6	95.5
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	7.4	1.4	2.2	3.9
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	12.6	13.9	13.7	10.4
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	56.7	58.4	58.2	45.2
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	25.3	25.6	25.6	20.1
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	63.2	64.9	64.7	54.9
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.0	3.6	3.5	2.5
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	67.8	69.6	69.4	59.8

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

Bihar - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	35.1	30.5	31.1	34.9
76. Children under age 6 months exclusively breastfed[16] (%)	55.8	59.4	58.9	53.4
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	38.8	39.0	39.0	30.8
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.2	11.2	10.8	7.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.8	11.1	11.5	9.2
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.2	11.2	10.9	7.5
81. Children under 5 years who are stunted (height-for-age)[18] (%)	36.8	43.9	42.9	48.3
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.6	23.1	22.9	20.8
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.7	9.0	8.8	7.0
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.8	41.8	41.0	43.9
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.2	2.4	2.4	1.2
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] (%)	18.7	26.9	25.6	30.4
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	12.9	23.8	21.5	25.4
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	25.2	14.2	15.9	11.7
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	18.7	13.6	14.7	12.6
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	68.4	58.8	60.3	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	54.8	45.9	47.7	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	67.9	69.7	69.4	63.5
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	66.0	63.1	63.6	60.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	56.1	63.9	63.1	58.3
95. All women age 15-49 years who are anaemic[22] (%)	65.6	63.1	63.5	60.3
96. All women age 15-19 years who are anaemic[22] (%)	67.2	65.4	65.7	61.0
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	27.1	30.1	29.5	32.3
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	33.0	35.2	34.8	37.8
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.2	6.3	6.4	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.0	4.9	5.4	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.3	12.0	12.7	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	10.2	7.8	8.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.2	6.5	7.0	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	20.3	15.4	16.2	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) (%)	9.0	8.6	8.7	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.2	3.7	3.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.6	15.8	15.9	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.7	11.0	11.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.2	4.3	4.3	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.5	18.1	18.4	na

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

Bihar - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.6	0.9	0.8	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.3	0.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.3	0.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.3	0.8	0.9	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	13.5	9.7	10.3	10.1
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	33.1	23.0	25.2	26.3
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	66.6	55.6	57.4	33.5
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	82.7	79.8	80.4	67.1
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	84.0	87.0	86.5	75.2
120. Women who worked in the last 12 months and were paid in cash (%)	11.7	12.8	12.6	12.5
121. Women owning a house and/or land (alone or jointly with others) (%)	53.4	55.7	55.3	58.8
122. Women having a bank or savings account that they themselves use (%)	79.1	76.2	76.7	26.4
123. Women having a mobile phone that they themselves use (%)	61.8	49.3	51.4	40.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	74.7	56.0	58.8	31.0
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	40.6	39.9	40.0	43.7
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.9	3.0	2.8	4.8
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	7.1	8.5	8.3	14.2
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 (%)	3.6	5.3	5.0	na
129. Men age 15 years and above who use any kind of tobacco (%)	40.3	50.7	48.8	na
130. Women age 15 years and above who consume alcohol (%)	0.5	0.4	0.4	na
131. Men age 15 years and above who consume alcohol (%)	14.0	15.8	15.5	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Goa

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Goa. NFHS-5 fieldwork for Goa was conducted from 30 August, 2019 to 26 November, 2019 by Nielsen India Pvt. Ltd. Information was gathered from 1,856 households, 2,030 women, and 313 men. Fact sheets for each district in Goa are also available separately.

Goa - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	90.2	87.2	89.0	85.0
2. Population below age 15 years (%)	19.8	18.1	19.1	23.2
3. Sex ratio of the total population (females per 1,000 males)	985	1,092	1,027	1,018
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	822	864	838	966
5. Children under age 5 years whose birth was registered with the civil authority (%)	100.0	100.0	100.0	98.9
6. Deaths in the last 3 years registered with the civil authority (%)	100.0	100.0	100.0	na
7. Population living in households with electricity (%)	100.0	100.0	100.0	99.8
8. Population living in households with an improved drinking-water source[1] (%)	99.0	97.8	98.5	96.7
9. Population living in households that use an improved sanitation facility[2] (%)	89.0	86.4	87.9	78.7
10. Households using clean fuel for cooking[3] (%)	98.8	93.1	96.5	84.1
11. Households using iodized salt (%)	97.7	97.4	97.6	95.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	65.1	67.5	66.0	15.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	19.5	(18.2)	19.0	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	92.6	93.4	93.0	na
15. Men who are literate[4] (%)	94.9	98.5	96.3	na
16. Women with 10 or more years of schooling (%)	73.0	69.3	71.5	58.2
17. Men with 10 or more years of schooling (%)	75.0	79.4	76.6	63.6
18. Women who have ever used the internet (%)	78.1	68.3	73.7	na
19. Men who have ever used the internet (%)	86.1	76.6	82.9	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	7.7	3.2	5.8	9.8
21. Men age 25-29 years married before age 21 years (%)	(12.1)	*	(8.9)	8.4
22. Total fertility rate (children per woman)	1.3	1.4	1.3	1.7
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.8	2.7	2.8	2.9
24. Adolescent fertility rate for women age 15-19 years[5]	17	11	14	16
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	*	*	(5.6)	(12.9)
26. Infant mortality rate (IMR)	*	*	(5.6)	(12.9)
27. Under-five mortality rate (U5MR)	*	*	(10.6)	(12.9)
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	72.3	61.1	67.9	26.3
29. Any modern method[6] (%)	65.0	52.4	60.1	24.8
30. Female sterilization (%)	33.2	24.9	29.9	16.3
31. Male sterilization (%)	0.0	0.0	0.0	0.0
32. IUD/PPIUD (%)	2.5	2.2	2.4	0.9
33. Pill (%)	3.4	1.7	2.7	0.3
34. Condom (%)	24.6	21.1	23.2	7.1
35. Injectables (%)	0.0	0.0	0.0	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	7.3	10.1	8.4	17.5
37. Unmet need for spacing[7] (%)	3.5	4.7	4.0	8.3
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	27.2	28.4	27.7	44.2
39. Current users ever told about side effects of current method[8] (%)	86.4	(83.1)	85.5	(76.0)

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
For all indicators other than 26, 27, 28: ( ) Based on 25-49 unweighted cases; * Percentage not shown; based on fewer than 25 unweighted case;
For indicators 26, 27 and 28: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death; * Based on fewer than 250 unweighted person-years of exposure to the risk of death

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

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

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

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

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Goa - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	66.5	76.2	70.3	84.4
41. Mothers who had at least 4 antenatal care visits (%)	92.9	93.1	93.0	89.0
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	98.0	94.2	96.5	96.2
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	87.0	88.2	87.5	67.4
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	61.4	70.5	65.0	52.8
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.7	100.0	99.8	96.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	96.5	93.7	95.4	92.1
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,875	3,706	3,804	5,012
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	*
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	97.4	95.7	96.7	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	99.6	100.0	99.7	96.9
51. Institutional births in public facility (%)	53.1	61.1	56.2	58.2
52. Home births that were conducted by skilled health personnel[10] (%)	0.0	0.0	0.0	1.8
53. Births attended by skilled health personnel[10] (%)	98.6	100.0	99.1	97.5
54. Births delivered by caesarean section (%)	39.1	40.1	39.5	31.4
55. Births in a private health facility that were delivered by caesarean section (%)	46.6	56.6	50.0	51.3
56. Births in a public health facility that were delivered by caesarean section (%)	32.9	29.6	31.5	19.9
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(77.9)	(88.1)	81.9	88.4
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(87.7)	*	91.0	95.8
59. Children age 12-23 months who have received BCG (%)	(96.5)	(100.0)	97.9	100.0
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(83.8)	(95.1)	88.4	92.9
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(89.3)	(92.9)	90.8	94.2
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(92.9)	(92.9)	92.9	96.5
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(23.2)	(19.5)	21.7	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(2.3)	(12.3)	6.3	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(95.2)	(89.2)	92.8	85.2
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	94.4	88.1	91.9	89.5
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(90.8)	(95.6)	92.7	77.2
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(9.2)	(4.5)	7.3	22.8
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.1	5.0	3.2	3.8
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration 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 provider (%)	*	*	*	*
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.0	2.4	0.9	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 (%)	(82.2)	*	86.6	89.0

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Goa - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	60.7	62.9	61.6	73.3
76. Children under age 6 months exclusively breastfed[16] (%)	*	*	(61.4)	(60.9)
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*	*	*
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	18.9	(21.8)	20.2	9.1
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*	*	(15.1)
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	21.1	(22.2)	21.5	10.4
81. Children under 5 years who are stunted (height-for-age)[18] (%)	24.3	28.2	25.8	20.1
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.7	21.5	19.1	21.9
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.4	9.4	7.5	9.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	22.5	26.6	24.0	23.8
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.2	3.6	2.8	3.7
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] (%)	13.1	15.0	13.8	14.7
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	9.3	18.4	12.5	10.8
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	38.1	33.1	36.1	33.5
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	32.5	32.8	32.6	32.6
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.1	51.0	51.1	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	34.2	37.8	35.4	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	53.3	53.1	53.2	48.3
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	39.9	37.5	38.9	31.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(46.1)	*	(41.0)	(26.7)
95. All women age 15-49 years who are anaemic[22] (%)	40.0	37.4	39.0	31.3
96. All women age 15-19 years who are anaemic[22] (%)	43.5	45.7	44.5	30.5
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	13.3	9.5	12.0	11.0
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	(11.9)	*	(15.8)	6.6
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.2	9.1	8.6	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.7	9.5	9.6	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	20.6	21.1	20.8	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	10.3	10.3	10.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	10.8	12.9	11.6	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	23.0	25.9	24.1	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) (%)	12.6	11.5	12.1	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.5	3.8	3.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.6	27.4	27.5	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.4	15.5	14.8	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.7	4.7	4.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.9	28.2	26.8	na

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

Goa - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	1.6	0.6	1.2	na
112. Ever undergone a breast examination for breast cancer (%)	1.3	1.2	1.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.8	0.4	0.6	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.6	2.1	1.1	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	47.7	50.6	49.0	34.6
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	62.8	74.7	67.2	41.9
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	89.4	90.8	90.1	77.4
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	98.0	97.5	97.8	89.2
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	89.3	98.6	93.1	93.8
120. Women who worked in the last 12 months and were paid in cash (%)	35.2	27.9	31.9	23.6
121. Women owning a house and/or land (alone or jointly with others) (%)	22.4	24.1	23.2	33.9
122. Women having a bank or savings account that they themselves use (%)	85.1	92.4	88.3	82.8
123. Women having a mobile phone that they themselves use (%)	94.5	87.1	91.2	80.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	96.2	97.6	96.8	89.3
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	6.0	11.4	8.3	12.9
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.9	2.7	1.6	1.6
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.6	8.8	4.6	1.3
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 (%)	2.4	2.8	2.6	na
129. Men age 15 years and above who use any kind of tobacco (%)	19.5	16.3	18.2	na
130. Women age 15 years and above who consume alcohol (%)	5.6	5.3	5.5	na
131. Men age 15 years and above who consume alcohol (%)	38.2	34.9	36.9	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

GUJARAT

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	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.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	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 personnel within 2 days of delivery (%)	91.8	86.6	88.7	na
Delivery Care (for births in the 5 years before the survey)				
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 personnel[10] (%)	1.1	1.9	1.6	2.2
53. Births attended by skilled health personnel[10] (%)	96.8	91.1	93.2	87.1
54. Births delivered by caesarean section (%)	30.7	15.3	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				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	77.0	75.9	76.3	50.4
58. Children age 12-23 months fully vaccinated based on information from vaccination card 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 9-59 months who received a vitamin A dose in the last 6 months (%)	86.6	84.5	85.3	71.2
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	83.4	97.4	92.1	87.1
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	16.4	2.3	7.6	12.6
Treatment of Childhood Diseases (children under age 5 years)				
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 salts (ORS) (%)	69.8	65.4	66.5	46.2
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	31.7	36.8	35.4	17.4
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health 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 (%)	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 (%)	76.0	74.8	75.2	70.2

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	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/m^2)[21] (%)	30.4	17.0	22.6	23.7
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	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)				
Women				
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] (%)	7.6	6.1	6.7	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.6	14.6	15.8	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.5	8.5	9.0	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.3	6.9	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 medicine to control blood pressure (%)	20.3	20.3	20.3	na

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

Gujarat - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	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 knowledge[24] 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
126. 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 (%)	3.0	4.0	3.6	5.2
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

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

HIMACHAL PRADESH

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

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Himachal Pradesh. NFHS-5 fieldwork for Himachal Pradesh was conducted from 16 July, 2019 to 5 November, 2019 by Population Research Centre, Himachal Pradesh University, Shimla. Information was gathered from 10,698 households, 10,368 women, and 1,477 men. Fact sheets for each district in Himachal Pradesh are also available separately.

Himachal Pradesh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	92.4	79.3	81.0	79.0
2. Population below age 15 years (%)	20.7	22.0	21.8	24.6
3. Sex ratio of the total population (females per 1,000 males)	936	1,057	1,040	1,078
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	843	880	875	937
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.9	97.9	97.9	95.3
6. Deaths in the last 3 years registered with the civil authority (%)	95.8	93.7	94.0	na
7. Population living in households with electricity (%)	99.0	99.5	99.5	99.5
8. Population living in households with an improved drinking-water source[1] (%)	98.4	95.9	96.2	94.9
9. Population living in households that use an improved sanitation facility[2] (%)	85.0	81.3	81.8	72.3
10. Households using clean fuel for cooking[3] (%)	94.7	44.5	51.7	36.7
11. Households using iodized salt (%)	99.0	99.1	99.1	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	37.1	34.1	34.5	25.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.3	3.4	4.6	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	95.0	91.2	91.7	na
15. Men who are literate[4] (%)	91.7	95.4	94.9	na
16. Women with 10 or more years of schooling (%)	79.8	63.8	65.9	59.4
17. Men with 10 or more years of schooling (%)	78.7	70.1	71.3	71.2
18. Women who have ever used the internet (%)	78.9	45.2	49.7	na
19. Men who have ever used the internet (%)	83.7	65.1	67.9	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	7.2	5.1	5.4	8.6
21. Men age 25-29 years married before age 21 years (%)	*	4.1	4.6	7.3
22. Total fertility rate (children per woman)	1.4	1.7	1.7	1.9
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.5	3.3	3.4	2.6
24. Adolescent fertility rate for women age 15-19 years[5]	21	22	22	25
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	*	21.3	20.5	25.5
26. Infant mortality rate (IMR)	*	27.1	25.6	34.3
27. Under-five mortality rate (U5MR)	*	30.9	28.9	37.6
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	75.2	74.1	74.2	57.0
29. Any modern method[6] (%)	59.3	64.0	63.4	52.1
30. Female sterilization (%)	21.7	40.2	37.7	34.5
31. Male sterilization (%)	2.5	3.5	3.3	2.4
32. IUD/PPIUD (%)	0.9	1.2	1.1	0.9
33. Pill (%)	2.0	1.4	1.5	1.5
34. Condom (%)	31.9	17.3	19.2	12.7
35. Injectables (%)	0.0	0.1	0.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	9.3	7.7	7.9	15.7
37. Unmet need for spacing[7] (%)	3.7	2.6	2.8	4.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	17.3	19.5	19.3	15.8
39. Current users ever told about side effects of current method[8] (%)	(67.2)	57.1	58.1	40.1

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
For all indicators other than 26, 27, 28: * Percentage not shown; based on fewer than 25 unweighted cases
For indicators 26, 27 and 28: * Based on fewer than 250 unweighted person-years of exposure to the risk of death
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Himachal Pradesh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	81.6	71.2	72.4	70.5
41. Mothers who had at least 4 antenatal care visits (%)	77.3	69.3	70.3	69.1
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	86.7	90.5	90.0	86.2
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	72.9	66.4	67.2	49.4
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	44.4	42.8	43.0	22.7
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.8	98.8	98.7	95.4
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	88.8	86.0	86.3	70.2
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	9,411	3,138	3,760	3,329
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	8.2	7.6	1.5
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.5	85.5	86.0	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	93.1	87.6	88.2	76.4
51. Institutional births in public facility (%)	64.2	72.7	71.7	61.6
52. Home births that were conducted by skilled health personnel[10] (%)	0.8	1.8	1.7	3.4
53. Births attended by skilled health personnel[10] (%)	90.3	86.6	87.1	78.9
54. Births delivered by caesarean section (%)	26.2	20.3	21.0	16.7
55. Births in a private health facility that were delivered by caesarean section (%)	46.7	52.6	51.4	44.4
56. Births in a public health facility that were delivered by caesarean section (%)	19.8	17.2	17.4	16.4
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(94.1)	88.5	89.3	69.5
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(100.0)	95.8	96.4	85.4
59. Children age 12-23 months who have received BCG (%)	(97.7)	98.2	98.2	94.8
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(95.4)	89.3	90.1	82.4
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(94.1)	96.4	96.1	85.0
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(96.4)	95.9	95.9	87.5
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(30.6)	44.2	42.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(73.4)	90.0	87.9	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(94.1)	96.6	96.3	74.1
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	71.6	77.9	77.1	64.3
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(93.6)	98.1	97.5	97.9
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(5.1)	1.3	1.8	1.9
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.6	4.9	4.7	6.6
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	74.6	73.7	62.7
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	19.8	19.5	15.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	69.5	67.9	67.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.0	1.1	1.5	1.6
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(67.3)	77.9	76.2	78.4

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

Himachal Pradesh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	43.8	45.3	45.1	41.1
76. Children under age 6 months exclusively breastfed[16] (%)	*	71.3	69.9	67.2
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	69.5	68.3	52.9
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(15.1)	18.5	18.0	11.2
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	23.2	21.6	10.0
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	14.4	19.7	19.0	10.9
81. Children under 5 years who are stunted (height-for-age)[18] (%)	27.0	31.3	30.8	26.3
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.2	17.6	17.4	13.7
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.3	7.0	6.9	3.9
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	24.6	25.6	25.5	21.2
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.4	5.7	5.7	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] (%)	9.8	14.5	13.9	16.2
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	6.6	12.7	11.8	18.0
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	38.3	29.2	30.4	28.6
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	35.7	29.8	30.6	22.0
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.3	62.1	61.9	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	61.2	50.8	52.3	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	58.2	55.0	55.4	53.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	51.6	53.6	53.4	53.6
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	43.9	42.2	50.4
95. All women age 15-49 years who are anaemic[22] (%)	51.0	53.3	53.0	53.5
96. All women age 15-19 years who are anaemic[22] (%)	59.8	52.3	53.2	52.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	8.6	20.3	18.6	20.1
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	*	22.4	22.1	25.0
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.8	6.3	6.4	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.1	6.3	6.4	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.4	13.7	13.9	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.9	6.6	6.8	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.7	6.5	6.7	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	18.3	14.2	14.7	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) (%)	9.5	12.2	11.9	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.9	5.1	5.1	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.1	22.2	22.2	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.0	16.2	16.5	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.0	4.7	4.9	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.1	23.6	24.4	na

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

Himachal Pradesh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	3.4	0.5	0.9	na
112. Ever undergone a breast examination for breast cancer (%)	1.5	0.3	0.4	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.0	0.3	0.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	2.6	0.8	1.1	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	46.1	34.7	36.2	30.9
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	46.9	39.8	40.8	44.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	92.7	74.1	76.6	68.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	90.4	84.6	85.5	89.0
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	93.8	93.9	93.9	90.8
120. Women who worked in the last 12 months and were paid in cash (%)	36.3	17.7	20.2	17.0
121. Women owning a house and/or land (alone or jointly with others) (%)	21.1	23.4	23.1	11.3
122. Women having a bank or savings account that they themselves use (%)	88.8	82.2	83.1	68.8
123. Women having a mobile phone that they themselves use (%)	90.9	77.8	79.5	73.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	96.3	90.8	91.5	84.3
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	6.0	8.7	8.3	5.9
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.0	0.7	0.6	1.5
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.0	2.8	2.5	2.8
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	1.2	1.7	1.7	na
129. Men age 15 years and above who use any kind of tobacco (%)	25.4	33.4	32.3	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.7	0.6	na
131. Men age 15 years and above who consume alcohol (%)	30.4	32.1	31.9	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Karnataka

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Karnataka. NFHS-5 fieldwork for Karnataka was conducted from 10 July, 2019 to 11 December, 2019 by Nielsen India Pvt. Ltd. Information was gathered from 26,574 households, 30,455 women, and 4,516 men. Fact sheets for each district in Karnataka are also available separately.

Karnataka - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	82.0	67.0	73.0	70.7
2. Population below age 15 years (%)	22.4	23.2	22.9	24.4
3. Sex ratio of the total population (females per 1,000 males)	1,034	1,035	1,034	979
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,063	931	978	910
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.8	96.8	97.5	94.9
6. Deaths in the last 3 years registered with the civil authority (%)	88.7	85.5	86.6	na
7. Population living in households with electricity (%)	99.3	99.0	99.1	98.3
8. Population living in households with an improved drinking-water source[1] (%)	97.3	94.1	95.3	95.3
9. Population living in households that use an improved sanitation facility[2] (%)	84.4	68.5	74.8	57.8
10. Households using clean fuel for cooking[3] (%)	94.5	69.3	79.7	54.7
11. Households using iodized salt (%)	97.7	89.4	92.8	86.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	28.2	28.0	28.1	28.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	18.9	16.3	17.3	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	85.1	71.0	76.7	na
15. Men who are literate[4] (%)	90.5	87.0	88.5	na
16. Women with 10 or more years of schooling (%)	62.3	42.0	50.2	45.5
17. Men with 10 or more years of schooling (%)	64.8	50.6	56.5	55.2
18. Women who have ever used the internet (%)	50.1	24.8	35.0	na
19. Men who have ever used the internet (%)	71.5	55.6	62.4	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	16.1	24.7	21.3	21.4
21. Men age 25-29 years married before age 21 years (%)	4.5	7.2	6.1	9.1
22. Total fertility rate (children per woman)	1.5	1.8	1.7	1.8
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.4	6.6	5.4	7.8
24. Adolescent fertility rate for women age 15-19 years[5]	27	47	40	51
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	15.1	16.2	15.8	18.5
26. Infant mortality rate (IMR)	21.4	27.8	25.4	26.9
27. Under-five mortality rate (U5MR)	24.5	32.5	29.5	31.5
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	69.6	68.2	68.7	51.8
29. Any modern method[6] (%)	68.8	67.7	68.2	51.3
30. Female sterilization (%)	55.2	58.9	57.4	48.6
31. Male sterilization (%)	0.0	0.0	0.0	0.1
32. IUD/PPIUD (%)	3.4	2.5	2.9	0.8
33. Pill (%)	2.1	2.1	2.1	0.4
34. Condom (%)	6.0	2.9	4.1	1.3
35. Injectables (%)	0.7	0.4	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	7.3	5.9	6.5	10.4
37. Unmet need for spacing[7] (%)	4.2	3.4	3.8	6.0
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	36.6	35.2	35.8	19.8
39. Current users ever told about side effects of current method[8] (%)	79.7	68.7	72.9	41.6

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Karnataka - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	73.7	69.3	71.0	65.9
41. Mothers who had at least 4 antenatal care visits (%)	71.2	70.6	70.9	70.1
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.9	92.8	93.6	88.1
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	50.7	40.9	44.7	45.2
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	31.5	23.7	26.7	32.6
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.8	98.2	97.6	89.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.4	87.4	87.4	65.5
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,042	4,911	4,954	4,824
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.5)	15.3	12.3	5.6
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.4	84.9	85.5	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	98.3	96.2	97.0	94.0
51. Institutional births in public facility (%)	56.0	70.0	64.8	61.2
52. Home births that were conducted by skilled health personnel[10] (%)	1.1	2.0	1.6	3.1
53. Births attended by skilled health personnel[10] (%)	96.2	92.5	93.8	93.7
54. Births delivered by caesarean section (%)	35.2	29.4	31.5	23.6
55. Births in a private health facility that were delivered by caesarean section (%)	52.3	52.8	52.5	40.3
56. Births in a public health facility that were delivered by caesarean section (%)	23.3	22.2	22.6	16.9
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	80.0	86.5	84.1	62.6
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	88.3	88.3	88.3	72.7
59. Children age 12-23 months who have received BCG (%)	96.6	97.5	97.2	92.5
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	82.5	90.5	87.6	74.6
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.3	92.5	92.1	77.9
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.0	92.5	91.2	82.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.4	32.9	33.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	7.6	4.9	5.9	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.6	90.1	88.8	58.9
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	86.7	85.9	86.2	78.7
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	81.9	97.4	91.7	88.2
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	18.0	2.0	7.9	11.4
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.6	5.6	5.3	4.5
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	79.1	67.5	71.3	52.8
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	47.2	44.7	45.5	34.3
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	74.4	72.9	73.4	69.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.2	1.7	1.5	1.2
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	60.8	67.8	65.7	76.9

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Karnataka - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	51.8	47.5	49.1	56.3
76. Children under age 6 months exclusively breastfed[16] (%)	56.7	63.0	61.0	54.2
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	50.4	43.6	45.8	46.0
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.0	12.1	11.0	5.8
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	19.6	19.4	19.5	14.4
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	11.4	13.7	12.8	8.2
81. Children under 5 years who are stunted (height-for-age)[18] (%)	32.2	37.2	35.4	36.2
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.5	20.1	19.5	26.1
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.6	8.3	8.4	10.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.4	34.9	32.9	35.2
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.8	2.9	3.2	2.6
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] (%)	12.9	19.9	17.2	20.7
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.5	16.2	14.3	16.5
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	37.1	25.6	30.1	23.3
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	39.4	25.0	30.9	22.1
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	46.8	43.9	45.1	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	41.2	37.4	38.9	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	62.8	67.1	65.5	60.9
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	44.1	50.3	47.8	44.8
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	37.3	50.6	45.7	45.4
95. All women age 15-49 years who are anaemic[22] (%)	43.9	50.3	47.8	44.8
96. All women age 15-19 years who are anaemic[22] (%)	48.0	50.2	49.4	45.3
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	17.3	21.2	19.6	18.3
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	26.4	26.5	26.5	24.5
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.4	5.3	5.7	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.0	6.1	6.8	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.2	12.6	14.0	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.7	6.0	6.6	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.6	7.0	7.6	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	18.0	14.1	15.6	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.3	13.8	14.8	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.1	6.2	6.2	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.4	23.4	25.0	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.5	16.5	17.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.8	6.6	6.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.2	25.5	26.9	na

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

Karnataka - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.6	0.5	0.5	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.3	0.4	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.5	0.4	0.5	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.3	0.4	0.3	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	30.0	20.8	24.5	9.5
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	28.0	25.6	26.6	26.4
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	84.2	76.1	79.4	50.0
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	88.6	87.3	87.8	65.9
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	86.2	80.5	82.7	80.4
120. Women who worked in the last 12 months and were paid in cash (%)	30.5	41.4	37.0	29.1
121. Women owning a house and/or land (alone or jointly with others) (%)	64.5	69.7	67.6	51.8
122. Women having a bank or savings account that they themselves use (%)	90.2	87.7	88.7	59.4
123. Women having a mobile phone that they themselves use (%)	74.2	53.4	61.8	47.1
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	90.9	79.8	84.2	70.3
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	44.5	44.4	44.4	20.6
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	4.9	6.4	5.8	6.5
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	10.9	11.2	11.0	10.3
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 (%)	4.6	11.1	8.5	na
129. Men age 15 years and above who use any kind of tobacco (%)	21.5	30.8	27.1	na
130. Women age 15 years and above who consume alcohol (%)	0.9	1.0	0.9	na
131. Men age 15 years and above who consume alcohol (%)	15.3	17.4	16.5	na

[24]Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

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

[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Kerala

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

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

Kerala - Key Indicators

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

Note: Major indicators are highlighted in grey. The decrease in 4 or more antenatal care visits (Indicator 41) in some districts in Kerala should be interpreted with caution. The decline may be due to flooding, in-migration, or other reasons in recent years.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kerala - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	93.9	93.3	93.6	95.1
41. Mothers who had at least 4 antenatal care visits (%)	79.3	78.0	78.6	90.1
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.7	95.7	95.2	96.4
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	80.5	79.5	80.0	67.1
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	66.2	67.7	67.0	47.4
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	89.9	92.5	91.3	84.2
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.1	93.4	93.3	88.7
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,602	6,789	6,710	6,901
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	*
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.4	92.0	91.2	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	99.7	99.8	99.8	99.8
51. Institutional births in public facility (%)	30.2	37.7	34.1	38.3
52. Home births that were conducted by skilled health personnel[10] (%)	0.1	0.2	0.2	0.1
53. Births attended by skilled health personnel[10] (%)	99.9	100.0	100.0	99.9
54. Births delivered by caesarean section (%)	39.1	38.7	38.9	35.8
55. Births in a private health facility that were delivered by caesarean section (%)	39.4	40.4	39.9	38.6
56. Births in a public health facility that were delivered by caesarean section (%)	38.8	36.1	37.2	31.4
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	77.6	78.0	77.8	82.1
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	83.3	87.1	85.2	88.3
59. Children age 12-23 months who have received BCG (%)	98.2	97.0	97.6	98.1
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	85.8	82.5	84.1	88.5
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.1	84.3	85.2	90.4
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.4	90.1	88.3	89.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	16.9	14.2	15.5	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	10.0	9.1	9.5	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.3	80.9	83.0	82.4
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	84.9	83.0	83.9	74.4
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	83.9	90.4	87.3	77.6
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	16.1	8.7	12.3	22.4
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.2	4.3	4.3	3.4
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(65.9)	56.8	61.1	49.4
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(35.4)	10.6	22.4	14.1
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(90.0)	84.1	86.9	76.3
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.9	2.8	2.4	0.8
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	85.7	86.7	86.2	90.1

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

Kerala - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	66.8	66.6	66.7	64.3
76. Children under age 6 months exclusively breastfed[16] (%)	50.3	59.5	55.5	53.3
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	73.1	69.5	71.3	63.1
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	22.2	25.0	23.6	21.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(14.3)	(30.0)	22.2	22.3
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	21.5	25.4	23.5	21.4
81. Children under 5 years who are stunted (height-for-age)[18] (%)	20.1	26.4	23.4	19.7
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.0	15.5	15.8	15.7
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.0	4.6	5.8	6.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	19.4	19.9	19.7	16.1
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.8	4.2	4.0	3.4
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	9.7	10.4	10.1	9.7
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	6.9	12.7	10.0	8.5
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	40.4	36.0	38.1	32.4
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	40.1	33.2	36.4	28.5
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	71.1	70.2	70.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	57.2	56.5	56.8	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	38.9	39.8	39.4	35.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	37.0	36.1	36.5	34.7
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	35.4	27.1	31.4	22.6
95. All women age 15-49 years who are anaemic[22] (%)	37.0	35.8	36.3	34.3
96. All women age 15-19 years who are anaemic[22] (%)	33.6	31.6	32.5	37.8
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	19.5	16.4	17.8	11.8
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	24.0	30.7	27.4	14.3
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.2	8.4	8.3	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	13.0	13.1	13.1	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	24.8	24.8	24.8	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	10.1	9.6	9.8	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	14.1	13.6	13.8	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	27.4	26.7	27.0	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.4	15.5	15.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.2	7.0	6.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	30.7	31.0	30.9	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.1	19.3	19.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.0	7.3	6.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	32.6	32.9	32.8	na

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

Kerala - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	3.8	3.2	3.5	na
112. Ever undergone a breast examination for breast cancer (%)	2.8	2.0	2.4	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.8	0.6	0.7	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.0	0.9	0.5	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	35.5	34.2	34.8	43.1
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	44.2	46.4	45.4	50.8
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	73.5	74.7	74.1	74.2
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	82.2	86.5	84.5	84.8
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	93.6	94.6	94.1	92.1
120. Women who worked in the last 12 months and were paid in cash (%)	25.8	25.8	25.8	20.4
121. Women owning a house and/or land (alone or jointly with others) (%)	25.3	29.2	27.3	34.9
122. Women having a bank or savings account that they themselves use (%)	78.9	78.2	78.5	70.6
123. Women having a mobile phone that they themselves use (%)	86.2	86.9	86.6	81.2
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	94.9	91.4	93.0	90.0
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	9.9	9.9	9.9	14.3
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.5	0.5	0.5	1.2
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.8	1.3	1.6	5.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	1.3	3.0	2.2	na
129. Men age 15 years and above who use any kind of tobacco (%)	14.0	19.6	16.9	na
130. Women age 15 years and above who consume alcohol (%)	0.2	0.3	0.2	na
131. Men age 15 years and above who consume alcohol (%)	18.7	21.0	19.9	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Maharashtra

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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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 41 (percentage of mothers who received 4 or more antenatal care check-ups).

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

Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	87.2	73.1	79.6	77.4
2. Population below age 15 years (%)	21.9	23.6	22.8	24.5
3. Sex ratio of the total population (females per 1,000 males)	954	977	966	952
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	878	941	913	924
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.5	96.1	96.3	95.1
6. Deaths in the last 3 years registered with the civil authority (%)	92.9	87.6	89.7	na
7. Population living in households with electricity (%)	99.1	96.7	97.8	93.5
8. Population living in households with an improved drinking-water source[1] (%)	99.3	88.5	93.5	92.5
9. Population living in households that use an improved sanitation facility[2] (%)	75.1	69.4	72.0	52.3
10. Households using clean fuel for cooking[3] (%)	95.6	65.4	79.7	59.9
11. Households using iodized salt (%)	98.3	94.2	96.2	96.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.1	19.9	20.0	15.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	29.9	27.3	28.4	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	90.2	79.5	84.6	na
15. Men who are literate[4] (%)	94.6	91.5	93.0	na
16. Women with 10 or more years of schooling (%)	61.1	40.7	50.4	42.0
17. Men with 10 or more years of schooling (%)	68.3	54.3	61.0	53.6
18. Women who have ever used the internet (%)	54.3	23.7	38.0	na
19. Men who have ever used the internet (%)	76.8	47.2	61.5	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	15.7	27.6	21.9	26.3
21. Men age 25-29 years married before age 21 years (%)	9.6	11.3	10.5	11.4
22. Total fertility rate (children per woman)	1.5	1.9	1.7	1.9
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.9	10.6	7.6	8.3
24. Adolescent fertility rate for women age 15-19 years[5]	29	63	47	59
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	15.1	17.6	16.5	16.2
26. Infant mortality rate (IMR)	22.6	23.7	23.2	23.7
27. Under-five mortality rate (U5MR)	28.2	27.9	28.0	28.7
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	65.8	66.5	66.2	64.8
29. Any modern method[6] (%)	62.7	64.7	63.8	62.6
30. Female sterilization (%)	44.0	53.3	49.1	50.7
31. Male sterilization (%)	0.1	0.6	0.4	0.4
32. IUD/PPIUD (%)	2.2	1.6	1.9	1.6
33. Pill (%)	1.9	1.7	1.8	2.4
34. Condom (%)	14.1	7.1	10.2	7.1
35. Injectables (%)	0.2	0.2	0.2	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	9.9	9.3	9.6	9.7
37. Unmet need for spacing[7] (%)	4.0	3.8	3.9	4.3
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	21.7	22.1	21.9	18.5
39. Current users ever told about side effects of current method[8] (%)	51.2	52.8	52.1	36.3

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available

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

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

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

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

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

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

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

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

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

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

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

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

Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	69.5	72.0	70.9	67.6
41. Mothers who had at least 4 antenatal care visits (%)	72.2	68.7	70.3	72.2
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.2	89.3	90.1	90.4
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	51.4	45.7	48.2	40.6
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.6	28.8	30.9	28.0
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.8	96.8	95.5	90.9
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.3	83.8	85.4	78.5
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,390	2,675	2,966	3,578
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	5.6	7.2	6.8	6.4
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.2	87.4	89.1	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	96.7	93.1	94.7	90.3
51. Institutional births in public facility (%)	50.8	59.5	55.8	48.9
52. Home births that were conducted by skilled health personnel[10] (%)	1.1	2.6	2.0	3.6
53. Births attended by skilled health personnel[10] (%)	95.9	92.2	93.8	91.1
54. Births delivered by caesarean section (%)	30.6	21.5	25.4	20.1
55. Births in a private health facility that were delivered by caesarean section (%)	40.9	37.3	39.1	33.1
56. Births in a public health facility that were delivered by caesarean section (%)	23.2	15.1	18.3	13.1
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	71.7	74.7	73.5	56.2
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	81.6	81.7	81.7	78.4
59. Children age 12-23 months who have received BCG (%)	92.0	95.1	93.8	90.0
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	76.4	80.9	79.0	67.0
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.5	84.8	83.4	74.9
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.7	86.2	84.7	82.8
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.5	29.1	26.3	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	7.2	8.9	8.2	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	74.3	76.6	75.6	60.8
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	72.2	71.7	71.9	70.5
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	82.2	94.6	89.5	86.2
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	17.3	4.8	10.0	13.6
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.6	10.7	8.9	8.5
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	64.3	57.3	59.5	60.5
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	25.7	28.1	27.3	13.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	73.9	71.6	72.3	77.6
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4	3.8	3.2	2.4
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	81.2	75.1	77.5	84.7

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

Maharashtra - Key Indicators

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

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

Maharashtra - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	2.5	2.1	2.3	na
112. Ever undergone a breast examination for breast cancer (%)	1.6	1.0	1.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	1.7	0.9	1.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.5	0.6	0.6	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	39.2	30.1	34.4	30.0
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	50.7	35.1	42.6	44.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	76.3	68.5	72.1	67.9
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	89.6	79.8	84.5	86.4
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	90.7	89.2	89.8	89.3
120. Women who worked in the last 12 months and were paid in cash (%)	29.1	39.6	34.7	28.9
121. Women owning a house and/or land (alone or jointly with others) (%)	21.1	24.5	22.9	34.3
122. Women having a bank or savings account that they themselves use (%)	75.0	70.9	72.8	45.3
123. Women having a mobile phone that they themselves use (%)	68.2	43.1	54.8	45.6
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	90.2	80.1	84.8	66.1
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	21.0	28.6	25.2	21.3
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.5	4.0	3.3	2.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	4.5	7.6	6.2	2.9
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	6.6	14.7	10.9	na
129. Men age 15 years and above who use any kind of tobacco (%)	26.2	40.6	33.8	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.5	0.4	na
131. Men age 15 years and above who consume alcohol (%)	13.0	14.7	13.9	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019 -20

State Fact Sheet

Manipur

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

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Manipur. NFHS-5 fieldwork for Manipur was conducted from 25 July, 2019 to 27 January, 2020 by Research and Development Initiative (RDI) Pvt. Ltd. Information was gathered from 7,881 households, 8,042 women, and 1,162 men. Fact sheets for each district in Manipur are also available separately.

Manipur - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	88.4	81.2	84.0	81.7
2. Population below age 15 years (%)	25.5	29.5	28.0	29.9
3. Sex ratio of the total population (females per 1,000 males)	1,077	1,060	1,066	1,049
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,010	947	967	962
5. Children under age 5 years whose birth was registered with the civil authority (%)	88.2	87.1	87.4	64.8
6. Deaths in the last 3 years registered with the civil authority (%)	42.5	41.8	42.1	na
7. Population living in households with electricity (%)	99.1	97.5	98.1	92.8
8. Population living in households with an improved drinking-water source[1] (%)	90.4	68.9	77.1	63.9
9. Population living in households that use an improved sanitation facility[2] (%)	60.6	67.5	64.9	52.6
10. Households using clean fuel for cooking[3] (%)	86.4	60.7	70.4	42.1
11. Households using iodized salt (%)	99.2	99.3	99.3	99.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.3	15.3	14.2	3.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	31.3	21.8	25.0	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	92.1	84.8	87.6	na
15. Men who are literate[4] (%)	96.9	94.0	95.2	na
16. Women with 10 or more years of schooling (%)	60.0	40.6	48.1	45.9
17. Men with 10 or more years of schooling (%)	66.9	52.7	58.7	54.9
18. Women who have ever used the internet (%)	50.8	40.4	44.8	na
19. Men who have ever used the internet (%)	81.5	68.2	73.9	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	14.2	17.6	16.3	13.7
21. Men age 25-29 years married before age 21 years (%)	11.9	17.8	15.3	15.1
22. Total fertility rate (children per woman)	1.8	2.4	2.2	2.6
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.6	9.1	8.6	7.4
24. Adolescent fertility rate for women age 15-19 years[5]	43	43	43	43
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	5.7	22.7	17.2	15.6
26. Infant mortality rate (IMR)	12.2	31.1	25.0	21.7
27. Under-five mortality rate (U5MR)	17.1	36.2	30.0	25.9
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	61.5	61.2	61.3	23.6
29. Any modern method[6] (%)	19.3	17.5	18.2	12.7
30. Female sterilization (%)	4.4	3.2	3.7	3.1
31. Male sterilization (%)	0.0	0.1	0.0	0.1
32. IUD/PPIUD (%)	5.5	4.5	4.9	3.7
33. Pill (%)	3.0	5.2	4.4	4.2
34. Condom (%)	6.1	4.0	4.8	1.3
35. Injectables (%)	0.1	0.2	0.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	12.7	12.0	12.2	30.1
37. Unmet need for spacing[7] (%)	5.3	4.4	4.7	12.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	7.0	5.2	6.0	8.7
39. Current users ever told about side effects of current method[8] (%)	45.1	45.5	45.4	46.7

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Manipur - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	84.0	77.7	79.9	77.0
41. Mothers who had at least 4 antenatal care visits (%)	88.8	74.5	79.4	69.0
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.8	87.4	88.9	88.8
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	63.0	46.8	52.3	39.2
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	36.0	27.4	30.3	16.3
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	74.9	71.9	72.9	32.8
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.2	66.8	73.4	64.6
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	16,197	13,564	14,518	10,348
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	0.6	0.5	0.4
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.6	63.9	70.3	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	92.5	73.9	79.9	69.1
51. Institutional births in public facility (%)	64.5	56.9	59.4	45.7
52. Home births that were conducted by skilled health personnel[10] (%)	3.1	7.1	5.8	8.0
53. Births attended by skilled health personnel[10] (%)	95.6	80.8	85.6	77.2
54. Births delivered by caesarean section (%)	38.0	19.7	25.6	21.1
55. Births in a private health facility that were delivered by caesarean section (%)	57.8	49.6	53.2	46.2
56. Births in a public health facility that were delivered by caesarean section (%)	33.9	19.7	24.7	22.6
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	75.1	65.9	68.8	65.8
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	79.6	73.9	75.7	78.0
59. Children age 12-23 months who have received BCG (%)	95.2	95.5	95.4	91.2
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	80.7	73.3	75.6	76.6
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.8	78.4	81.4	77.8
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.7	73.3	76.6	74.2
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.1	14.1	15.3	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	9.6	5.5	6.8	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.5	76.5	80.0	69.8
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	48.4	42.5	44.4	32.1
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.6	94.0	92.3	92.9
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	11.4	2.9	5.6	6.1
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.5	5.6	5.6	5.8
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(66.7)	71.2	69.8	60.2
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(28.2)	25.1	26.1	14.1
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(45.9)	49.2	48.2	31.2
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4	1.5	1.8	1.7
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	44.8	39.3	41.2	39.1

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

Manipur - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	48.9	56.0	53.7	65.4
76. Children under age 6 months exclusively breastfed[16] (%)	65.7	73.4	70.7	73.6
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(83.5)	77.4	78.9	78.8
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	19.6	19.1	19.3	19.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	21.4	22.4	14.0
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	20.0	19.4	19.6	18.8
81. Children under 5 years who are stunted (height-for-age)[18] (%)	20.1	25.1	23.4	28.9
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	9.8	10.0	9.9	6.8
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	2.6	3.8	3.4	2.2
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	12.9	13.5	13.3	13.8
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.9	3.6	3.4	3.1
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	6.1	7.9	7.2	8.8
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	7.6	8.3	8.0	11.1
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	39.0	31.0	34.1	26.0
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	33.4	27.9	30.3	19.8
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.7	63.1	65.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	53.4	45.2	48.7	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	44.0	42.2	42.8	23.9
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	30.5	28.6	29.3	26.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	31.7	32.7	32.4	26.0
95. All women age 15-49 years who are anaemic[22] (%)	30.5	28.8	29.4	26.4
96. All women age 15-19 years who are anaemic[22] (%)	30.4	26.7	27.9	21.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	5.3	6.5	6.0	9.5
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	(8.5)	7.4	7.8	9.2
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.9	5.7	6.2	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.4	5.5	6.3	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.0	12.1	13.6	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.3	6.8	7.0	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	10.6	6.8	8.3	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.2	14.7	16.5	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.9	12.1	13.6	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.4	6.1	5.9	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.0	21.1	23.0	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	22.7	19.6	20.8	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	10.3	8.6	9.3	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	37.5	30.4	33.2	na

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

Manipur - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	2.5	1.9	2.1	na
112. Ever undergone a breast examination for breast cancer (%)	2.2	1.1	1.6	na
113. Ever undergone an oral cavity examination for oral cancer (%)	2.0	0.3	1.0	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.1	0.6	0.8	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	54.8	47.5	50.6	40.7
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	61.6	51.6	55.9	57.9
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	91.3	85.2	87.8	79.0
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	94.1	94.4	94.3	87.3
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	94.4	95.0	94.8	96.2
120. Women who worked in the last 12 months and were paid in cash (%)	39.5	44.0	42.1	40.9
121. Women owning a house and/or land (alone or jointly with others) (%)	57.6	58.9	58.4	69.9
122. Women having a bank or savings account that they themselves use (%)	78.6	70.7	74.0	34.8
123. Women having a mobile phone that they themselves use (%)	77.8	68.2	72.2	63.1
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	88.6	79.8	82.9	76.1
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	35.0	42.8	39.6	53.2
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.6	3.8	2.9	3.4
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.0	8.4	5.4	14.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	37.7	46.6	43.1	na
129. Men age 15 years and above who use any kind of tobacco (%)	51.4	62.4	58.1	na
130. Women age 15 years and above who consume alcohol (%)	1.0	0.8	0.9	na
131. Men age 15 years and above who consume alcohol (%)	34.6	39.2	37.5	na

[24]Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

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

[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

MEGHALAYA

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

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Meghalaya. NFHS-5 fieldwork for Meghalaya was conducted from 8 July, 2019 to 15 November, 2019 by IQVIA Consulting and Information Services India Pvt. Ltd. Information was gathered from 10,148 households, 13,089 women, and 1,824 men. Fact sheets for each district in Meghalaya are also available separately.

Meghalaya - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	94.7	83.4	85.9	83.0
2. Population below age 15 years (%)	29.7	39.2	37.3	36.5
3. Sex ratio of the total population (females per 1,000 males)	1,118	1,020	1,039	1,005
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	915	1,001	989	1,009
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.5	81.2	82.1	79.8
6. Deaths in the last 3 years registered with the civil authority (%)	60.9	52.8	54.4	na
7. Population living in households with electricity (%)	97.3	90.6	91.9	91.8
8. Population living in households with an improved drinking-water source[1] (%)	93.6	75.6	79.2	70.3
9. Population living in households that use an improved sanitation facility[2] (%)	81.3	83.3	82.9	61.4
10. Households using clean fuel for cooking[3] (%)	76.7	21.7	33.7	21.8
11. Households using iodized salt (%)	97.5	88.7	90.6	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	52.8	66.5	63.5	34.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	36.3	30.3	31.2	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	97.1	85.5	88.2	na
15. Men who are literate[4] (%)	92.9	81.5	83.7	na
16. Women with 10 or more years of schooling (%)	61.4	27.3	35.1	33.6
17. Men with 10 or more years of schooling (%)	63.9	27.7	34.7	34.5
18. Women who have ever used the internet (%)	57.8	28.0	34.7	na
19. Men who have ever used the internet (%)	59.2	38.5	42.1	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	9.1	19.1	16.9	16.9
21. Men age 25-29 years married before age 21 years (%)	(4.8)	20.8	17.9	13.6
22. Total fertility rate (children per woman)	1.6	3.3	2.9	3.0
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.2	8.4	7.2	8.6
24. Adolescent fertility rate for women age 15-19 years[5]	18	58	49	48
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	(14.2)	20.6	19.8	18.3
26. Infant mortality rate (IMR)	(23.4)	33.6	32.3	29.9
27. Under-five mortality rate (U5MR)	23.4	42.6	40.0	39.6
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	25.9	27.8	27.4	24.3
29. Any modern method[6] (%)	21.0	22.9	22.5	21.9
30. Female sterilization (%)	7.1	5.2	5.6	6.2
31. Male sterilization (%)	0.0	0.0	0.0	0.0
32. IUD/PPIUD (%)	2.9	4.7	4.4	2.1
33. Pill (%)	6.0	8.9	8.3	11.7
34. Condom (%)	3.9	2.4	2.7	1.3
35. Injectables (%)	0.7	1.2	1.1	0.6
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	21.9	28.2	26.9	21.2
37. Unmet need for spacing[7] (%)	13.3	19.5	18.3	15.3
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	18.7	30.4	27.4	24.2
39. Current users ever told about side effects of current method[8] (%)	61.4	68.4	67.2	61.3

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
* Percentage not shown; based on fewer than 25 unweighted cases
For all indicators other than 26, 27, 28: ( ) Based on 25-49 unweighted cases
For indicators 26, 27 and 28: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death

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

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

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

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

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

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

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

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

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

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

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

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

Meghalaya - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	63.2	52.3	53.9	53.3
41. Mothers who had at least 4 antenatal care visits (%)	67.5	49.6	52.2	50.0
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	84.8	81.6	82.1	79.2
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	47.5	42.3	43.1	36.2
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.7	19.2	20.6	13.0
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	87.5	94.3	93.3	93.6
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	54.8	42.0	43.9	47.5
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,353	3,190	3,219	3,319
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	1.6	1.6	1.4
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	59.1	42.5	44.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	82.7	54.3	58.1	51.4
51. Institutional births in public facility (%)	57.4	47.9	49.1	39.5
52. Home births that were conducted by skilled health personnel[10] (%)	2.2	7.3	6.6	2.6
53. Births attended by skilled health personnel[10] (%)	82.4	61.2	64.0	53.8
54. Births delivered by caesarean section (%)	21.6	6.1	8.2	7.6
55. Births in a private health facility that were delivered by caesarean section (%)	51.0	34.6	40.8	31.4
56. Births in a public health facility that were delivered by caesarean section (%)	15.2	8.1	9.2	9.8
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	58.3	64.7	63.8	61.4
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	76.0	80.5	80.0	81.3
59. Children age 12-23 months who have received BCG (%)	93.1	88.7	89.3	85.9
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	63.5	69.3	68.5	71.0
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	69.6	73.7	73.1	73.9
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	70.4	72.8	72.5	71.8
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	12.2	14.5	14.2	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	5.5	3.9	4.1	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	56.0	67.3	65.7	62.8
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	69.3	59.7	60.9	54.4
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	78.3	96.1	93.6	92.4
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	17.0	1.3	3.5	4.9
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.8	10.2	10.4	10.6
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	60.9	75.5	73.2	77.4
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	42.2	40.2	40.5	57.8
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	69.1	69.2	69.2	69.9
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.8	4.7	4.8	5.8
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	66.6	74.0	72.9	74.9

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

Meghalaya - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	70.8	79.9	78.8	60.6
76. Children under age 6 months exclusively breastfed[16] (%)	(64.5)	39.2	42.7	35.8
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	66.2	66.8	67.4
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	37.5	28.0	29.0	24.2
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(43.7)	30.1	32.5	19.5
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	39.5	28.4	29.8	23.5
81. Children under 5 years who are stunted (height-for-age)[18] (%)	35.1	48.2	46.5	43.8
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.0	12.0	12.1	15.3
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.6	4.7	4.7	6.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	22.2	27.3	26.6	28.9
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.2	4.0	4.0	3.9
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] (%)	10.2	11.0	10.8	12.1
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	8.6	9.1	9.0	11.6
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	17.9	9.7	11.5	12.2
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	30.2	10.6	13.9	10.1
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	55.7	61.9	60.6	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	28.5	24.0	24.7	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	38.8	46.0	45.1	48.0
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	52.4	54.9	54.4	56.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	40.2	45.9	45.0	53.3
95. All women age 15-49 years who are anaemic[22] (%)	51.8	54.3	53.8	56.2
96. All women age 15-19 years who are anaemic[22] (%)	44.6	54.6	52.5	52.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	16.1	27.4	25.5	32.4
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	(7.4)	35.0	30.1	25.2
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.0	5.5	5.0	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.8	2.5	3.0	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.3	9.3	9.5	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.6	9.0	8.6	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.6	3.5	4.2	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.0	13.4	13.9	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) (%)	13.6	9.0	10.0	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.9	3.6	3.9	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.6	17.1	18.7	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.8	13.3	14.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.8	3.4	3.8	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.5	19.9	21.4	na

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

Meghalaya - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.6	0.6	0.6	na
112. Ever undergone a breast examination for breast cancer (%)	1.3	0.2	0.5	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.4	0.4	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	2.3	0.9	1.2	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	23.8	11.8	14.5	13.3
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	32.5	11.9	15.9	14.2
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	60.6	52.2	54.1	47.0
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	70.6	60.8	62.7	52.1
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	93.3	92.0	92.3	91.4
120. Women who worked in the last 12 months and were paid in cash (%)	43.1	39.1	40.0	35.9
121. Women owning a house and/or land (alone or jointly with others) (%)	47.8	70.1	65.0	57.3
122. Women having a bank or savings account that they themselves use (%)	78.0	68.2	70.4	54.4
123. Women having a mobile phone that they themselves use (%)	78.2	64.3	67.5	64.3
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	85.0	59.1	64.9	63.7
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	23.2	14.2	16.0	28.8
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.5	1.4	1.6	0.4
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	7.9	6.4	6.7	5.1
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 (%)	27.2	28.5	28.2	na
129. Men age 15 years and above who use any kind of tobacco (%)	47.0	60.6	57.7	na
130. Women age 15 years and above who consume alcohol (%)	1.0	1.6	1.5	na
131. Men age 15 years and above who consume alcohol (%)	28.5	33.5	32.4	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Mizoram

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Mizoram. NFHS-5 fieldwork for Mizoram was conducted from 8 July, 2019 to 17 November, 2019 by IQVIA Consulting and Information Services India Pvt. Ltd. Information was gathered from 7,257 households, 7,279 women, and 1,105 men. Fact sheets for each district in Mizoram are also available separately.

Mizoram - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	97.6	87.5	93.2	91.2
2. Population below age 15 years (%)	24.7	30.5	27.3	30.0
3. Sex ratio of the total population (females per 1,000 males)	1,043	988	1,018	1,012
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	907	1,038	969	949
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.4	99.4	99.4	97.9
6. Deaths in the last 3 years registered with the civil authority (%)	90.4	85.2	88.4	na
7. Population living in households with electricity (%)	99.6	96.4	98.2	96.0
8. Population living in households with an improved drinking-water source[1] (%)	98.4	92.6	95.8	93.8
9. Population living in households that use an improved sanitation facility[2] (%)	97.1	93.2	95.3	84.4
10. Households using clean fuel for cooking[3] (%)	97.9	66.4	83.8	66.1
11. Households using iodized salt (%)	99.1	98.9	99.0	99.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	41.2	52.8	46.4	45.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.9	3.2	5.0	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	99.1	87.7	94.4	na
15. Men who are literate[4] (%)	99.2	94.2	97.1	na
16. Women with 10 or more years of schooling (%)	62.3	32.7	50.0	39.9
17. Men with 10 or more years of schooling (%)	59.1	35.9	49.1	43.2
18. Women who have ever used the internet (%)	83.8	48.0	67.6	na
19. Men who have ever used the internet (%)	92.7	63.9	79.7	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	3.2	14.0	8.0	10.9
21. Men age 25-29 years married before age 21 years (%)	8.9	15.0	11.0	14.3
22. Total fertility rate (children per woman)	1.6	2.2	1.9	2.3
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.1	6.9	4.1	7.2
24. Adolescent fertility rate for women age 15-19 years[5]	9	42	22	38
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	14.4	8.4	11.4	11.2
26. Infant mortality rate (IMR)	20.6	22.0	21.3	40.1
27. Under-five mortality rate (U5MR)	21.8	26.2	24.0	46.0
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	29.1	33.5	31.2	35.3
29. Any modern method[6] (%)	28.6	33.2	30.8	35.2
30. Female sterilization (%)	13.7	12.3	13.0	17.4
31. Male sterilization (%)	0.0	0.0	0.0	0.0
32. IUD/PPIUD (%)	2.4	3.2	2.8	3.4
33. Pill (%)	10.9	15.2	12.9	13.2
34. Condom (%)	1.5	2.3	1.9	1.3
35. Injectables (%)	0.0	0.2	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	21.4	16.1	18.9	20.0
37. Unmet need for spacing[7] (%)	14.2	11.4	12.8	12.4
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	11.8	18.5	14.5	14.2
39. Current users ever told about side effects of current method[8] (%)	48.4	67.5	58.4	52.8

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mizoram - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	81.0	63.9	72.7	65.6
41. Mothers who had at least 4 antenatal care visits (%)	70.3	45.0	58.0	61.4
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	84.6	75.1	80.0	82.5
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	65.0	58.6	61.9	53.6
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.6	7.3	10.5	2.7
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.0	96.3	96.1	96.6
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.9	59.6	68.0	64.5
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	8,840	4,901	7,008	4,298
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	1.2	2.0	2.4
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	39.7	33.9	36.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	98.8	72.5	85.8	79.7
51. Institutional births in public facility (%)	79.8	67.7	73.8	63.7
52. Home births that were conducted by skilled health personnel[10] (%)	0.3	6.7	3.5	3.9
53. Births attended by skilled health personnel[10] (%)	99.1	76.0	87.7	83.6
54. Births delivered by caesarean section (%)	16.8	4.8	10.8	12.7
55. Births in a private health facility that were delivered by caesarean section (%)	30.7	29.4	30.4	30.1
56. Births in a public health facility that were delivered by caesarean section (%)	13.7	5.0	9.8	12.3
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	69.6	75.2	72.5	50.7
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	82.2	85.1	83.7	71.3
59. Children age 12-23 months who have received BCG (%)	81.5	85.2	83.4	75.3
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	73.9	78.2	76.2	61.8
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.6	80.0	80.7	61.9
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.9	81.9	80.9	61.3
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.0	17.4	25.8	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	14.4	0.6	7.2	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	74.6	78.1	76.4	57.0
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	69.3	61.1	65.3	68.6
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.8	98.7	96.9	92.4
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.2	0.0	2.4	7.0
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.8	3.7	4.3	7.6
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(59.9)	(86.5)	71.4	70.0
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(26.0)	(34.9)	29.8	29.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(49.8)	(37.7)	44.6	42.0
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.9	0.2	0.6	2.2
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	56.8	45.8	53.0	50.1

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Mizoram - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	61.5	58.6	60.1	70.3
76. Children under age 6 months exclusively breastfed[16] (%)	74.3	62.2	67.9	61.1
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(63.6)	46.6	56.9	68.2
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	16.2	8.3	12.5	14.6
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(13.9)	22.3	18.5	13.3
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	15.9	10.8	13.4	14.5
81. Children under 5 years who are stunted (height-for-age)[18] (%)	25.5	31.9	28.9	28.1
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	8.3	11.2	9.8	6.1
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	3.6	6.1	4.9	2.3
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	9.3	15.8	12.7	12.0
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	12.1	8.1	10.0	4.2
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] (%)	4.2	6.8	5.3	8.4
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	2.6	8.0	5.1	7.3
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	29.7	16.9	24.2	21.0
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	38.3	24.2	31.9	20.9
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	47.8	47.3	47.6	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	30.1	25.6	28.1	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	42.8	49.6	46.4	19.3
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	30.8	40.1	34.8	24.7
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	31.9	35.9	34.0	27.0
95. All women age 15-49 years who are anaemic[22] (%)	30.8	39.9	34.8	24.8
96. All women age 15-19 years who are anaemic[22] (%)	30.3	40.8	34.9	21.3
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	13.3	18.3	15.6	12.1
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	23.8	18.9	21.5	14.4
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.9	6.9	6.9	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.7	4.6	5.7	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.0	12.3	13.8	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.3	8.3	7.8	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.7	5.2	6.0	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.4	14.3	15.4	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) (%)	12.3	8.7	10.7	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.3	3.0	3.2	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.0	13.5	17.7	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.0	15.2	16.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.4	4.2	5.4	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.7	21.1	25.2	na

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

Mizoram - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	9.4	3.3	6.9	na
112. Ever undergone a breast examination for breast cancer (%)	3.6	1.3	2.7	na
113. Ever undergone an oral cavity examination for oral cancer (%)	1.4	0.3	0.9	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.2	2.4	1.2	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	70.8	56.0	64.1	66.2
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	66.6	64.3	65.6	68.3
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	95.7	86.0	91.3	91.2
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	98.6	90.5	95.1	94.0
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	99.6	98.0	98.8	96.0
120. Women who worked in the last 12 months and were paid in cash (%)	29.4	29.0	29.2	29.4
121. Women owning a house and/or land (alone or jointly with others) (%)	14.5	28.4	20.8	19.6
122. Women having a bank or savings account that they themselves use (%)	85.4	75.0	80.7	57.1
123. Women having a mobile phone that they themselves use (%)	91.8	70.6	82.3	77.0
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	93.6	84.6	89.8	93.4
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	11.3	10.3	10.9	17.1
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.9	0.4	0.7	2.1
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.4	2.7	2.0	4.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	56.6	68.5	61.6	na
129. Men age 15 years and above who use any kind of tobacco (%)	69.5	77.4	72.9	na
130. Women age 15 years and above who consume alcohol (%)	1.0	0.8	0.9	na
131. Men age 15 years and above who consume alcohol (%)	22.8	25.2	23.8	na

[24]Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

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

[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Nagaland

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Nagaland. NFHS-5 fieldwork for Nagaland was conducted from 15 July, 2019 to 6 December, 2019 by Research and Development Initiative (RDI) Pvt. Ltd. Information was gathered from 10,112 households, 9,694 women, and 1,456 men. Fact sheets for each district in Nagaland are also available separately.

Nagaland - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	92.1	81.9	85.2	81.0
2. Population below age 15 years (%)	22.1	25.9	24.7	32.1
3. Sex ratio of the total population (females per 1,000 males)	980	1,020	1,007	968
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	949	943	945	953
5. Children under age 5 years whose birth was registered with the civil authority (%)	79.9	70.8	73.2	68.5
6. Deaths in the last 3 years registered with the civil authority (%)	59.3	33.8	40.3	na
7. Population living in households with electricity (%)	99.6	98.0	98.6	96.7
8. Population living in households with an improved drinking-water source[1] (%)	93.5	89.8	91.0	82.4
9. Population living in households that use an improved sanitation facility[2] (%)	82.2	90.4	87.7	76.7
10. Households using clean fuel for cooking[3] (%)	81.1	24.9	43.0	32.8
11. Households using iodized salt (%)	99.3	98.8	99.0	99.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.0	23.1	20.5	6.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.5	6.3	6.1	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	91.5	82.7	85.8	na
15. Men who are literate[4] (%)	97.7	90.7	93.3	na
16. Women with 10 or more years of schooling (%)	63.7	34.1	44.4	33.3
17. Men with 10 or more years of schooling (%)	75.6	39.8	53.1	37.7
18. Women who have ever used the internet (%)	66.5	40.3	49.9	na
19. Men who have ever used the internet (%)	81.0	55.2	64.6	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	2.4	7.3	5.6	13.4
21. Men age 25-29 years married before age 21 years (%)	8.7	2.8	5.0	8.0
22. Total fertility rate (children per woman)	1.2	2.0	1.7	2.7
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.5	4.4	3.8	5.7
24. Adolescent fertility rate for women age 15-19 years[5]	10	23	19	42
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	8.4	10.8	10.2	16.5
26. Infant mortality rate (IMR)	17.0	25.8	23.4	29.5
27. Under-five mortality rate (U5MR)	22.5	36.8	33.0	37.5
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	61.0	55.7	57.4	26.5
29. Any modern method[6] (%)	48.5	43.8	45.3	21.3
30. Female sterilization (%)	13.6	14.8	14.4	9.1
31. Male sterilization (%)	0.0	0.0	0.0	0.0
32. IUD/PPIUD (%)	20.1	19.7	19.8	6.7
33. Pill (%)	9.1	5.1	6.4	4.0
34. Condom (%)	4.2	2.8	3.3	1.3
35. Injectables (%)	0.2	0.4	0.3	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	9.3	9.1	9.1	22.3
37. Unmet need for spacing[7] (%)	4.3	4.5	4.5	11.3
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	8.9	10.2	9.7	6.4
39. Current users ever told about side effects of current method[8] (%)	55.3	62.4	60.2	32.0

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Nagaland - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	64.5	43.6	49.5	24.7
41. Mothers who had at least 4 antenatal care visits (%)	39.9	13.1	20.7	15.0
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	89.3	78.1	81.3	63.7
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	16.5	7.7	10.2	4.4
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.7	3.1	4.1	2.2
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	91.8	92.7	92.4	73.6
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.9	36.3	43.9	22.3
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	7,035	5,175	5,778	5,880
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.6	0.6	0.6	0.1
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	59.2	34.9	41.8	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	65.0	38.8	45.7	32.8
51. Institutional births in public facility (%)	41.5	33.7	35.8	25.1
52. Home births that were conducted by skilled health personnel[10] (%)	11.6	9.9	10.4	8.8
53. Births attended by skilled health personnel[10] (%)	75.4	48.2	55.3	41.3
54. Births delivered by caesarean section (%)	9.8	3.6	5.2	5.8
55. Births in a private health facility that were delivered by caesarean section (%)	19.7	30.1	23.6	31.5
56. Births in a public health facility that were delivered by caesarean section (%)	12.5	6.1	8.0	13.4
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	68.9	53.7	57.9	35.4
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	77.0	68.8	71.3	61.9
59. Children age 12-23 months who have received BCG (%)	88.8	84.3	85.5	68.1
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	72.0	63.0	65.4	52.1
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.6	68.1	71.5	51.6
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.6	70.1	73.8	50.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	25.2	18.7	20.5	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	11.4	4.6	6.5	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.5	62.6	66.4	45.3
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	56.0	40.1	44.4	27.2
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.2	94.8	93.2	91.6
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	10.0	1.8	4.1	7.9
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.5	4.1	3.4	5.1
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	54.4	54.5	40.3
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	6.5	9.1	16.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	29.2	31.5	21.8
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.0	1.1	1.1	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 (%)	46.0	24.4	30.9	31.3

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Nagaland - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	54.3	59.2	57.9	53.1
76. Children under age 6 months exclusively breastfed[16] (%)	(43.2)	43.2	43.2	44.3
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(67.6)	70.0	69.4	70.7
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.8	13.4	12.6	17.5
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	23.5	15.4	18.0	21.9
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	15.8	14.1	14.5	18.8
81. Children under 5 years who are stunted (height-for-age)[18] (%)	27.1	34.7	32.7	28.6
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.7	18.2	19.1	11.3
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	11.0	6.8	7.9	4.2
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	24.5	27.7	26.9	16.7
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.8	4.9	4.9	3.8
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] (%)	11.6	10.8	11.1	12.3
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	7.4	7.5	7.5	11.5
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	17.1	13.0	14.4	16.2
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	31.0	19.8	23.9	13.9
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.6	63.4	62.0	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	32.7	27.5	29.4	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	46.4	41.4	42.7	26.4
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	27.5	30.3	29.3	27.7
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	22.3	22.1	22.2	32.7
95. All women age 15-49 years who are anaemic[22] (%)	27.3	29.8	28.9	27.9
96. All women age 15-19 years who are anaemic[22] (%)	34.0	33.9	33.9	26.3
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	10.8	9.5	10.0	11.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	(15.5)	21.6	19.6	12.2
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.3	5.2	5.2	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.8	3.7	3.8	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.3	9.2	9.3	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9	6.9	6.6	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.9	4.7	5.5	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.4	11.9	12.4	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) (%)	12.0	14.7	13.8	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.8	7.9	7.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.9	23.6	22.4	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7	20.3	19.1	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	8.0	9.3	8.9	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.0	30.1	28.7	na

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

Nagaland - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.3	0.3	0.3	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.2	0.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.6	0.3	0.4	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.1	0.3	0.2	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	25.5	25.7	25.6	12.5
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	30.7	45.6	40.1	24.1
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	62.9	60.5	61.4	39.9
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	56.1	75.8	68.5	63.6
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	98.1	99.8	99.2	97.4
120. Women who worked in the last 12 months and were paid in cash (%)	28.6	20.7	23.6	22.7
121. Women owning a house and/or land (alone or jointly with others) (%)	23.4	28.9	26.9	35.2
122. Women having a bank or savings account that they themselves use (%)	77.9	55.4	63.7	38.8
123. Women having a mobile phone that they themselves use (%)	93.0	76.3	82.5	70.4
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	87.1	76.6	80.2	72.4
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	5.2	7.0	6.4	13.1
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.0	0.6	0.4	1.5
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	2.4	1.3	1.6	7.6
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 (%)	16.0	12.6	13.7	na
129. Men age 15 years and above who use any kind of tobacco (%)	47.4	48.9	48.4	na
130. Women age 15 years and above who consume alcohol (%)	1.5	0.7	0.9	na
131. Men age 15 years and above who consume alcohol (%)	26.8	22.5	24.0	na

[24]Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

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

[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Sikkim

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Sikkim. NFHS-5 fieldwork for Sikkim was conducted from 1 August, 2019 to 28 December, 2019 by Karvy Data Management Services Ltd. Information was gathered from 3,516 households, 3,271 women, and 469 men. Fact sheets for each district in Sikkim are also available separately.

Sikkim - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	90.3	79.5	83.7	79.7
2. Population below age 15 years (%)	19.2	19.7	19.5	23.1
3. Sex ratio of the total population (females per 1,000 males)	1,033	964	990	942
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	(1,520)	746	969	809
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.4	97.2	96.5	98.5
6. Deaths in the last 3 years registered with the civil authority (%)	(64.6)	79.7	75.5	na
7. Population living in households with electricity (%)	99.5	99.1	99.3	99.4
8. Population living in households with an improved drinking-water source[1] (%)	97.6	89.9	92.8	97.8
9. Population living in households that use an improved sanitation facility[2] (%)	84.0	89.3	87.3	89.7
10. Households using clean fuel for cooking[3] (%)	97.5	64.4	78.4	59.1
11. Households using iodized salt (%)	97.9	98.5	98.3	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	31.2	21.6	25.7	30.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	*	41.6	41.2	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	92.8	86.2	88.9	na
15. Men who are literate[4] (%)	96.9	90.3	93.0	na
16. Women with 10 or more years of schooling (%)	60.2	41.2	49.0	40.7
17. Men with 10 or more years of schooling (%)	70.7	44.2	55.0	45.1
18. Women who have ever used the internet (%)	90.0	68.1	76.7	na
19. Men who have ever used the internet (%)	(94.2)	69.5	78.2	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	8.5	12.5	10.8	15.0
21. Men age 25-29 years married before age 21 years (%)	*	11.7	5.1	10.7
22. Total fertility rate (children per woman)	0.7	1.3	1.1	1.2
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.9	4.3	3.1	2.8
24. Adolescent fertility rate for women age 15-19 years[5]	19	24	22	22
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	*	7.8	5.0	20.8
26. Infant mortality rate (IMR)	*	17.8	11.2	29.5
27. Under-five mortality rate (U5MR)	*	17.8	11.2	32.2
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	55.5	77.3	69.1	46.7
29. Any modern method[6] (%)	43.6	61.8	54.9	45.9
30. Female sterilization (%)	14.3	14.6	14.5	17.6
31. Male sterilization (%)	0.4	2.5	1.7	3.4
32. IUD/PPIUD (%)	4.6	7.1	6.2	6.3
33. Pill (%)	9.7	23.4	18.2	11.6
34. Condom (%)	10.7	8.4	9.3	5.2
35. Injectables (%)	3.9	3.2	3.5	1.9
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	18.2	8.2	11.9	21.7
37. Unmet need for spacing[7] (%)	8.4	2.9	4.9	8.9
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	17.2	20.7	18.9	19.6
39. Current users ever told about side effects of current method[8] (%)	(63.2)	59.7	60.8	57.9

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases; *For all indicators other than 26, 27, 28:* * Percentage not shown; based on fewer than 25 unweighted cases
For indicators 26, 27 and 28: * Based on fewer than 250 unweighted person-years of exposure to the risk of death
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sikkim - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	58.5	66.5	63.7	76.2
41. Mothers who had at least 4 antenatal care visits (%)	51.4	62.3	58.4	74.7
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.2	91.8	92.0	97.2
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	48.4	58.2	54.7	52.8
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	29.6	32.5	31.5	26.8
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.1	93.8	94.6	99.1
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	58.9	75.0	69.3	74.2
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(9,015)	8,028	8,334	3,993
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	(0.0)
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	56.2	71.7	66.2	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	92.0	96.3	94.7	94.7
51. Institutional births in public facility (%)	66.6	85.6	78.6	82.7
52. Home births that were conducted by skilled health personnel[10] (%)	4.0	1.9	2.6	2.4
53. Births attended by skilled health personnel[10] (%)	93.5	98.2	96.5	97.1
54. Births delivered by caesarean section (%)	43.1	26.9	32.8	20.9
55. Births in a private health facility that were delivered by caesarean section (%)	*	44.0	55.4	49.3
56. Births in a public health facility that were delivered by caesarean section (%)	40.4	25.9	30.4	18.1
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	*	83.2	80.6	83.0
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*	88.7	87.6	94.2
59. Children age 12-23 months who have received BCG (%)	*	95.3	96.6	98.9
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	*	89.9	89.0	87.7
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	88.0	91.4	93.0
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	91.9	90.5	93.3
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	*	34.2	29.0	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	*	0.0	0.0	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	*	86.8	89.1	84.1
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	(92.6)	82.2	85.6	84.3
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	100.0	100.0	94.1
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	0.0	0.0	5.9
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.3	3.3	5.5	1.8
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*	(64.2)	*
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*	(50.0)	*
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*	(56.6)	*
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.8	0.7	0.7	0.3
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	57.4	59.5	(63.8)

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

Sikkim - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	(32.9)	33.1	33.0	66.5
76. Children under age 6 months exclusively breastfed[16] (%)	*	29.7	28.3	54.6
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(58.2)	(57.4)	61.8
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	29.0	23.0	23.1
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*	(35.0)	*
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	*	31.9	24.7	23.1
81. Children under 5 years who are stunted (height-for-age)[18] (%)	15.1	25.6	22.3	29.6
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.2	13.9	13.7	14.2
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.4	6.7	6.6	5.9
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	9.0	14.9	13.1	14.2
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.5	12.2	9.6	8.6
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] (%)	6.1	5.6	5.8	6.4
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	5.8	4.4	4.9	2.4
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	41.0	30.8	34.7	26.7
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	40.1	33.9	36.3	34.8
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	71.9	78.0	75.6	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	36.6	69.3	56.7	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	54.8	57.1	56.4	55.1
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	42.2	42.0	42.1	35.2
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	34.0	40.7	23.6
95. All women age 15-49 years who are anaemic[22] (%)	42.4	41.9	42.1	34.9
96. All women age 15-19 years who are anaemic[22] (%)	(53.0)	43.7	46.7	48.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	15.0	21.0	18.7	15.8
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	*	(23.1)	17.6	16.7
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.6	5.5	6.2	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.9	4.5	4.7	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.6	10.9	12.2	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.9	7.7	7.5	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.1	6.4	7.0	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.2	15.5	15.7	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) (%)	16.7	19.5	18.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	10.7	12.4	11.8	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	32.3	35.8	34.5	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	24.5	25.2	25.0	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	11.1	15.2	13.9	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	38.6	43.1	41.6	na

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

Sikkim - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.7	0.5	0.6	na
112. Ever undergone a breast examination for breast cancer (%)	0.0	0.2	0.1	na
113. Ever undergone an oral cavity examination for oral cancer (%)	1.4	0.4	0.8	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	(7.1)	2.3	4.0	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	34.1	17.2	23.9	25.5
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	23.4	15.2	18.5	36.1
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.1	67.1	72.2	62.7
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.0	86.2	83.7	72.9
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	(80.5)	93.9	89.7	95.3
120. Women who worked in the last 12 months and were paid in cash (%)	38.1	29.3	32.7	19.9
121. Women owning a house and/or land (alone or jointly with others) (%)	56.9	50.6	53.1	24.8
122. Women having a bank or savings account that they themselves use (%)	76.0	76.7	76.4	63.5
123. Women having a mobile phone that they themselves use (%)	96.9	83.3	88.6	79.8
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	87.1	85.7	86.3	84.6
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	(13.1)	11.7	12.1	2.6
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	(0.4)	2.4	1.9	0.4
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	(3.2)	3.1	3.2	1.4
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 (%)	7.9	14.1	11.7	na
129. Men age 15 years and above who use any kind of tobacco (%)	38.0	43.3	41.3	na
130. Women age 15 years and above who consume alcohol (%)	12.7	18.4	16.2	na
131. Men age 15 years and above who consume alcohol (%)	37.6	41.1	39.8	na

[24]Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

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

[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

TELANGANA

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Telangana. NFHS-5 fieldwork for Telangana was conducted from 30 June, 2019 to 14 November, 2019 by Karvy Data Management Services Ltd. Information was gathered from 27,351 households, 27,518 women, and 3,863 men. Fact sheets for each district in Telangana are also available separately.

Telangana - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	75.9	52.4	60.9	62.6
2. Population below age 15 years (%)	23.4	22.0	22.5	25.1
3. Sex ratio of the total population (females per 1,000 males)	1,015	1,070	1,049	1,007
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	873	907	894	872
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.9	88.0	90.0	83.1
6. Deaths in the last 3 years registered with the civil authority (%)	79.0	71.3	73.5	na
7. Population living in households with electricity (%)	99.8	99.4	99.6	98.9
8. Population living in households with an improved drinking-water source[1] (%)	99.4	98.4	98.7	97.7
9. Population living in households that use an improved sanitation facility[2] (%)	81.8	72.9	76.2	52.3
10. Households using clean fuel for cooking[3] (%)	98.2	88.3	91.8	67.3
11. Households using iodized salt (%)	97.8	94.8	95.8	95.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	52.9	65.0	60.8	66.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.7	14.3	15.3	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	81.0	58.1	66.6	na
15. Men who are literate[4] (%)	90.2	81.3	84.8	na
16. Women with 10 or more years of schooling (%)	60.9	36.3	45.5	43.6
17. Men with 10 or more years of schooling (%)	71.0	54.6	61.2	54.5
18. Women who have ever used the internet (%)	43.9	15.8	26.5	na
19. Men who have ever used the internet (%)	72.3	46.7	57.4	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	16.7	27.4	23.5	26.2
21. Men age 25-29 years married before age 21 years (%)	9.1	21.1	16.3	17.8
22. Total fertility rate (children per woman)	1.8	1.7	1.8	1.8
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.1	7.4	5.8	10.6
24. Adolescent fertility rate for women age 15-19 years[5]	34	56	48	67
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	13.8	18.8	16.8	20.0
26. Infant mortality rate (IMR)	22.0	29.3	26.4	27.7
27. Under-five mortality rate (U5MR)	24.7	32.4	29.4	31.7
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	69.0	67.6	68.1	57.2
29. Any modern method[6] (%)	66.9	66.5	66.7	57.0
30. Female sterilization (%)	61.3	62.2	61.9	54.2
31. Male sterilization (%)	1.4	2.3	2.0	1.6
32. IUD/PPIUD (%)	1.0	0.2	0.5	0.4
33. Pill (%)	1.2	0.5	0.8	0.3
34. Condom (%)	1.3	0.5	0.8	0.5
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] (%)	7.1	6.1	6.4	7.4
37. Unmet need for spacing[7] (%)	3.1	2.6	2.8	3.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	17.2	16.9	17.0	9.6
39. Current users ever told about side effects of current method[8] (%)	52.4	47.2	49.2	25.1

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
* Percentage not shown; based on fewer than 25 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Telangana - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	89.8	87.6	88.5	83.1
41. Mothers who had at least 4 antenatal care visits (%)	71.1	70.0	70.4	74.9
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	89.5	89.7	89.6	88.8
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	63.2	54.6	57.9	52.7
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	37.0	32.7	34.4	28.8
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.8	97.8	96.7	89.1
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	88.0	87.3	87.6	81.7
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,594	3,966	3,846	4,218
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	14.6	15.6	9.0
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.5	88.9	90.0	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	97.7	96.6	97.0	91.5
51. Institutional births in public facility (%)	43.4	53.6	49.7	30.5
52. Home births that were conducted by skilled health personnel[10] (%)	0.7	1.7	1.3	2.8
53. Births attended by skilled health personnel[10] (%)	94.6	92.9	93.6	91.3
54. Births delivered by caesarean section (%)	64.3	58.4	60.7	57.7
55. Births in a private health facility that were delivered by caesarean section (%)	82.7	80.6	81.5	74.5
56. Births in a public health facility that were delivered by caesarean section (%)	44.8	44.3	44.5	40.3
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	74.7	81.5	79.1	67.5
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	85.7	88.3	87.4	79.1
59. Children age 12-23 months who have received BCG (%)	90.4	95.3	93.5	97.4
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.0	84.0	81.6	75.2
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.3	91.9	89.2	87.9
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.7	92.7	90.6	90.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.7	40.1	36.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	3.9	6.1	5.3	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.0	89.9	86.4	70.5
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	68.6	74.9	72.4	76.0
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.8	96.9	94.1	83.6
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	8.5	2.4	4.5	16.2
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.5	8.6	7.4	8.2
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	61.8	54.1	56.3	56.8
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	39.3	38.2	38.5	31.6
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	71.1	72.2	71.9	74.1
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.9	2.4	2.2	2.0
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	76.8	73.7	74.8	76.3

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

Telangana - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	38.8	36.0	37.1	36.9
76. Children under age 6 months exclusively breastfed[16] (%)	59.1	73.4	68.2	67.0
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	53.1	50.1	51.3	57.5
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.3	8.3	8.3	9.9
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.9	22.1	15.3	11.2
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.4	9.7	9.2	10.1
81. Children under 5 years who are stunted (height-for-age)[18] (%)	28.1	35.7	33.1	28.0
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.0	22.6	21.7	18.1
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.2	8.2	8.5	4.8
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.8	35.0	31.8	28.4
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.2	3.0	3.4	0.7
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] (%)	13.5	21.6	18.8	22.9
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	15.2	16.8	16.2	21.5
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	41.7	23.8	30.1	28.6
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	40.2	28.1	32.3	24.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	47.5	42.3	44.1	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	47.6	45.3	46.1	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	64.7	72.8	70.0	60.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	55.4	59.1	57.8	56.9
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	50.4	54.4	53.2	48.2
95. All women age 15-49 years who are anaemic[22] (%)	55.2	58.9	57.6	56.6
96. All women age 15-19 years who are anaemic[22] (%)	63.6	65.2	64.7	59.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	13.2	16.5	15.3	15.3
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	25.8	24.7	25.1	19.2
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	5.7	5.8	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.3	6.0	7.0	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	18.4	13.0	14.7	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.3	6.7	6.9	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	11.4	8.4	9.3	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	21.4	16.6	18.1	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.3	13.2	13.6	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.3	6.3	6.3	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.1	24.7	26.1	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.5	17.5	18.5	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	9.1	7.6	8.1	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	36.8	28.9	31.4	na

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

Telangana - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	2.3	3.9	3.3	na
112. Ever undergone a breast examination for breast cancer (%)	0.3	0.4	0.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	3.2	2.1	2.5	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.9	3.0	2.6	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	36.9	26.9	30.7	29.5
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	33.0	28.9	30.5	50.1
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	74.7	65.4	68.9	59.1
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	78.0	73.5	75.3	81.5
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	88.9	86.2	87.2	81.0
120. Women who worked in the last 12 months and were paid in cash (%)	28.2	55.5	45.1	44.7
121. Women owning a house and/or land (alone or jointly with others) (%)	53.9	74.5	66.6	50.3
122. Women having a bank or savings account that they themselves use (%)	83.0	85.2	84.4	59.5
123. Women having a mobile phone that they themselves use (%)	75.2	50.6	60.0	47.4
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	95.2	90.3	92.1	76.6
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	27.3	42.3	36.9	42.9
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.1	5.1	4.0	5.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	3.1	6.0	5.0	7.4
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 (%)	2.6	7.2	5.6	na
129. Men age 15 years and above who use any kind of tobacco (%)	15.2	26.5	22.3	na
130. Women age 15 years and above who consume alcohol (%)	2.6	9.0	6.7	na
131. Men age 15 years and above who consume alcohol (%)	33.9	49.0	43.3	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

TRIPURA

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Tripura. NFHS-5 fieldwork for Tripura was conducted from 4 July, 2019 to 10 November, 2019 by Indian Institute of Health Management Research (IIHMR). Information was gathered from 7,209 households, 7,314 women, and 990 men. Fact sheets for each district in Tripura are also available separately.

Tripura - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	89.1	78.9	81.8	81.9
2. Population below age 15 years (%)	19.6	25.4	23.7	24.5
3. Sex ratio of the total population (females per 1,000 males)	956	1,033	1,011	998
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,024	1,029	1,028	969
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.6	93.2	93.8	91.6
6. Deaths in the last 3 years registered with the civil authority (%)	86.0	77.1	79.5	na
7. Population living in households with electricity (%)	99.4	97.7	98.2	92.8
8. Population living in households with an improved drinking-water source[1] (%)	98.2	84.0	88.0	86.4
9. Population living in households that use an improved sanitation facility[2] (%)	78.5	71.6	73.6	63.7
10. Households using clean fuel for cooking[3] (%)	75.4	32.6	45.3	31.9
11. Households using iodized salt (%)	99.6	99.4	99.5	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	24.9	36.5	33.0	58.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	29.8	22.1	24.2	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	89.9	76.9	80.6	na
15. Men who are literate[4] (%)	93.5	86.0	88.2	na
16. Women with 10 or more years of schooling (%)	36.6	17.9	23.2	23.4
17. Men with 10 or more years of schooling (%)	39.7	25.1	29.4	35.5
18. Women who have ever used the internet (%)	36.6	17.7	22.9	na
19. Men who have ever used the internet (%)	47.0	45.2	45.7	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	33.7	42.4	40.1	33.1
21. Men age 25-29 years married before age 21 years (%)	*	23.9	20.4	16.2
22. Total fertility rate (children per woman)	1.4	1.8	1.7	1.7
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	14.4	24.3	21.9	18.8
24. Adolescent fertility rate for women age 15-19 years[5]	58	102	91	82
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	(13.9)	25.5	22.9	13.2
26. Infant mortality rate (IMR)	(23.2)	41.8	37.6	26.7
27. Under-five mortality rate (U5MR)	(24.4)	49.0	43.3	32.7
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	76.9	68.9	71.2	64.1
29. Any modern method[6] (%)	53.4	47.4	49.1	42.8
30. Female sterilization (%)	14.2	9.1	10.5	13.9
31. Male sterilization (%)	0.0	0.0	0.0	0.0
32. IUD/PPIUD (%)	0.0	0.6	0.4	0.6
33. Pill (%)	33.0	32.6	32.8	26.3
34. Condom (%)	5.0	2.6	3.3	1.9
35. Injectables (%)	0.2	0.3	0.3	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	4.7	9.6	8.2	10.7
37. Unmet need for spacing[7] (%)	1.1	3.1	2.5	4.1
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	9.7	10.3	10.2	8.2
39. Current users ever told about side effects of current method[8] (%)	40.4	42.5	41.9	39.5

Note: Major indicators are highlighted in grey. The decrease in health insurance/financing scheme (Indicator 12) and 4 or more antenatal care visits (Indicator 41) in Tripura should be interpreted with caution. The decline may be due to many factors, including compositional changes of the population in the newly formed districts.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
* Percentage not shown; based on fewer than 25 unweighted cases
For all indicators other than 26, 27, 28: ( ) Based on 25-49 unweighted cases
For indicators 26, 27 and 28: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:
- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Tripura - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	71.8	60.5	63.2	66.4
41. Mothers who had at least 4 antenatal care visits (%)	64.2	49.1	52.7	64.3
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.7	94.0	94.9	93.0
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	28.7	26.0	26.7	13.4
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.2	9.1	8.9	1.6
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.1	92.0	93.0	83.0
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.6	68.3	71.9	62.1
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,223	6,774	6,640	4,784
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	2.7	3.6	0.0
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.0	69.6	72.8	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	94.8	87.5	89.2	79.9
51. Institutional births in public facility (%)	78.2	78.9	78.7	69.1
52. Home births that were conducted by skilled health personnel[10] (%)	1.6	1.1	1.2	1.2
53. Births attended by skilled health personnel[10] (%)	96.8	87.0	89.2	80.9
54. Births delivered by caesarean section (%)	47.5	18.6	25.1	20.5
55. Births in a private health facility that were delivered by caesarean section (%)	(95.7)	54.7	69.3	73.7
56. Births in a public health facility that were delivered by caesarean section (%)	40.4	17.6	22.7	18.1
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	82.4	65.5	69.5	54.5
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(88.2)	73.5	77.1	77.3
59. Children age 12-23 months who have received BCG (%)	97.9	93.7	94.7	82.4
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	85.3	69.7	73.4	70.1
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.1	84.6	85.9	71.1
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.5	84.7	86.3	69.7
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.0	19.9	21.9	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	66.0	57.6	59.6	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.1	80.7	82.5	54.4
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	77.6	67.4	69.7	62.8
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.8	97.4	97.3	97.4
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.2	0.8	1.4	2.0
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.9	6.9	6.2	4.9
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	63.3	67.2	46.3
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	15.2	16.7	19.1
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	61.2	63.1	65.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.8	1.5	1.3	2.6
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(67.8)	63.5	64.2	73.0

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Tripura - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	38.3	35.9	36.4	44.4
76. Children under age 6 months exclusively breastfed[16] (%)	*	64.8	62.1	70.7
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	45.6	53.1	13.6
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.5	13.3	13.3	5.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*	(16.3)	*
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	14.7	13.1	13.5	5.9
81. Children under 5 years who are stunted (height-for-age)[18] (%)	27.1	33.9	32.3	24.3
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.1	18.6	18.2	16.8
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.2	8.0	7.3	6.3
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	16.4	28.3	25.6	24.1
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	9.3	7.8	8.2	3.0
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	14.6	16.9	16.2	18.9
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	13.2	12.1	12.4	15.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	29.2	18.4	21.5	16.0
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	28.3	21.4	23.4	15.9
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.7	60.4	62.5	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	46.3	40.2	42.0	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	57.3	66.5	64.3	48.3
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	66.2	67.8	67.4	54.5
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(62.1)	61.3	61.5	54.4
95. All women age 15-49 years who are anaemic[22] (%)	66.1	67.6	67.2	54.5
96. All women age 15-19 years who are anaemic[22] (%)	61.7	69.8	67.9	52.2
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	41.7	34.9	36.9	24.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	*	24.7	27.2	22.0
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.0	8.7	8.8	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	10.8	6.8	8.0	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	21.1	16.3	17.7	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.8	9.6	9.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	10.8	8.1	8.9	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	21.2	18.5	19.3	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) (%)	13.3	10.1	11.0	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.5	4.4	5.0	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.4	18.6	20.9	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.4	12.5	13.4	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.2	4.8	5.2	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.3	20.6	22.7	na

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

Tripura - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	1.2	0.4	0.7	na
112. Ever undergone a breast examination for breast cancer (%)	0.8	0.2	0.4	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.8	0.5	0.6	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.0	0.3	0.2	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	19.7	13.7	15.4	28.0
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	40.6	25.6	30.0	36.8
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	62.8	58.3	59.5	57.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	89.4	83.6	85.3	81.5
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	94.9	89.5	90.9	91.7
120. Women who worked in the last 12 months and were paid in cash (%)	15.8	25.9	23.1	26.3
121. Women owning a house and/or land (alone or jointly with others) (%)	16.8	17.3	17.2	57.3
122. Women having a bank or savings account that they themselves use (%)	74.9	77.7	76.9	59.2
123. Women having a mobile phone that they themselves use (%)	66.2	48.0	53.1	43.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	83.4	63.8	68.8	43.5
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	14.0	23.4	20.7	28.1
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.1	2.9	2.1	2.3
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	3.5	8.4	7.0	10.2
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 (%)	46.1	52.2	50.4	na
129. Men age 15 years and above who use any kind of tobacco (%)	51.6	59.3	56.9	na
130. Women age 15 years and above who consume alcohol (%)	0.8	8.4	6.2	na
131. Men age 15 years and above who consume alcohol (%)	26.9	35.9	33.1	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

WEST BENGAL

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for West Bengal. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). Information was gathered from 18,187 households, 21,408 women, and 3,021 men. Fact sheets for each district in West Bengal are also available separately.

West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	84.1	73.3	76.8	74.0
2. Population below age 15 years (%)	20.2	25.1	23.5	25.4
3. Sex ratio of the total population (females per 1,000 males)	1,016	1,065	1,049	1,011
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	921	993	973	960
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.1	98.3	98.2	96.9
6. Deaths in the last 3 years registered with the civil authority (%)	88.0	74.6	78.6	na
7. Population living in households with electricity (%)	99.3	96.6	97.5	94.3
8. Population living in households with an improved drinking-water source[1] (%)	98.6	96.9	97.5	97.2
9. Population living in households that use an improved sanitation facility[2] (%)	75.0	64.7	68.0	52.8
10. Households using clean fuel for cooking[3] (%)	80.3	20.5	40.2	27.8
11. Households using iodized salt (%)	97.1	93.2	94.5	94.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	25.9	31.0	29.3	33.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	20.8	19.9	20.1	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	83.4	72.5	76.1	na
15. Men who are literate[4] (%)	89.8	77.8	81.6	na
16. Women with 10 or more years of schooling (%)	47.6	25.9	32.9	26.5
17. Men with 10 or more years of schooling (%)	51.4	26.9	34.7	33.8
18. Women who have ever used the internet (%)	48.1	14.0	25.5	na
19. Men who have ever used the internet (%)	64.6	38.3	46.7	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	26.2	48.1	41.6	41.6
21. Men age 25-29 years married before age 21 years (%)	8.4	25.3	20.0	17.3
22. Total fertility rate (children per woman)	1.4	1.7	1.6	1.8
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.5	19.6	16.4	18.3
24. Adolescent fertility rate for women age 15-19 years[5]	51	93	81	90
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	16.1	15.3	15.5	22.0
26. Infant mortality rate (IMR)	21.0	22.4	22.0	27.5
27. Under-five mortality rate (U5MR)	23.0	26.2	25.4	31.8
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	77.5	73.0	74.4	70.9
29. Any modern method[6] (%)	61.0	60.6	60.7	57.0
30. Female sterilization (%)	26.8	30.5	29.4	29.3
31. Male sterilization (%)	0.1	0.1	0.1	0.1
32. IUD/PPIUD (%)	2.0	2.3	2.2	1.2
33. Pill (%)	20.1	20.4	20.3	20.0
34. Condom (%)	10.1	5.6	7.0	5.9
35. Injectables (%)	0.8	0.7	0.7	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	5.2	7.8	7.0	7.5
37. Unmet need for spacing[7] (%)	2.0	3.4	3.0	3.0
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	16.4	18.1	17.5	12.3
39. Current users ever told about side effects of current method[8] (%)	54.0	53.4	53.6	49.6

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

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

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

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

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

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

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

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

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

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

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

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

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

West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	74.9	71.8	72.6	54.9
41. Mothers who had at least 4 antenatal care visits (%)	81.2	73.8	75.8	76.4
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.0	94.2	94.6	95.4
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	64.4	61.8	62.5	28.0
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.6	29.7	30.8	6.0
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.7	99.1	98.4	97.4
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.1	65.7	68.0	61.1
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,675	2,686	2,683	7,919
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.6	10.4	8.8	4.6
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.1	75.9	76.8	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	92.3	91.6	91.7	75.2
51. Institutional births in public facility (%)	62.8	75.8	72.4	56.6
52. Home births that were conducted by skilled health personnel[10] (%)	2.7	2.6	2.6	6.8
53. Births attended by skilled health personnel[10] (%)	95.2	93.7	94.1	81.6
54. Births delivered by caesarean section (%)	43.5	28.6	32.6	23.8
55. Births in a private health facility that were delivered by caesarean section (%)	80.2	84.4	82.7	70.9
56. Births in a public health facility that were delivered by caesarean section (%)	31.7	20.3	22.9	18.8
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	83.6	89.3	87.8	84.4
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	88.1	91.8	90.8	92.5
59. Children age 12-23 months who have received BCG (%)	97.5	99.0	98.6	97.5
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	85.3	92.7	90.8	87.9
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.1	95.6	95.0	92.7
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.4	95.1	94.4	92.8
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.8	47.5	44.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	3.0	1.4	1.8	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.3	92.6	92.0	86.4
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	64.7	68.4	67.4	68.4
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	90.2	98.5	96.3	96.6
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	8.7	0.3	2.5	3.2
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.9	6.7	6.5	5.9
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	76.9	74.8	75.3	64.7
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	36.0	35.9	36.0	20.8
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	78.1	74.3	75.2	74.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.1	3.1	2.8	3.3
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	77.3	69.5	71.3	73.5

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

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

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

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

[13]Not including polio vaccination given at birth.

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

West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	60.7	59.0	59.4	47.4
76. Children under age 6 months exclusively breastfed[16] (%)	51.2	54.0	53.3	52.3
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	75.6	65.5	67.8	52.0
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	25.4	23.5	24.0	19.1
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(19.5)	16.0	17.0	25.7
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	24.9	22.9	23.4	19.6
81. Children under 5 years who are stunted (height-for-age)[18] (%)	32.1	34.4	33.8	32.5
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.2	20.4	20.3	20.3
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.9	6.9	7.1	6.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.7	33.5	32.2	31.6
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	6.0	3.6	4.3	2.1
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	9.5	17.4	14.8	21.3
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.5	16.8	15.1	19.9
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	27.9	20.3	22.7	19.9
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	20.0	14.5	16.2	14.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	80.1	72.1	74.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	60.5	55.7	57.2	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	63.0	71.3	69.0	54.2
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	65.2	74.8	71.7	62.8
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	60.3	63.0	62.3	53.6
95. All women age 15-49 years who are anaemic[22] (%)	65.1	74.4	71.4	62.5
96. All women age 15-19 years who are anaemic[22] (%)	64.7	73.2	70.8	62.2
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	30.9	42.4	38.9	30.3
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	27.6	42.8	38.7	31.7
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.7	8.5	8.9	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.6	7.2	7.7	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.4	16.5	17.5	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	11.2	10.6	10.8	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	10.6	9.0	9.5	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	23.1	20.4	21.3	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) (%)	12.3	11.1	11.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.9	5.5	5.3	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.5	19.9	20.5	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5	12.3	13.1	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.2	4.2	4.2	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.3	19.0	20.1	na

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

West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.1	0.2	0.2	na
112. Ever undergone a breast examination for breast cancer (%)	0.2	0.1	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.2	0.1	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.8	0.7	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	30.8	12.3	18.5	18.6
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	21.3	12.8	15.5	25.9
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	73.3	53.8	60.4	53.9
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	81.8	68.4	72.7	82.6
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	96.1	85.8	88.9	89.9
120. Women who worked in the last 12 months and were paid in cash (%)	20.2	20.2	20.2	22.8
121. Women owning a house and/or land (alone or jointly with others) (%)	24.7	22.5	23.2	23.8
122. Women having a bank or savings account that they themselves use (%)	82.9	73.2	76.5	43.5
123. Women having a mobile phone that they themselves use (%)	71.9	39.1	50.1	41.8
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	91.2	79.7	83.0	54.9
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	22.9	28.7	27.0	33.1
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.3	4.0	3.5	5.0
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	6.7	10.9	9.7	8.9
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	8.0	12.3	10.8	na
129. Men age 15 years and above who use any kind of tobacco (%)	44.7	49.9	48.1	na
130. Women age 15 years and above who consume alcohol (%)	0.8	1.3	1.1	na
131. Men age 15 years and above who consume alcohol (%)	18.9	17.7	18.1	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

Union Territory Fact Sheet

Andaman & Nicobar Islands

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

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Andaman & Nicobar Islands. NFHS-5 fieldwork for Andaman & Nicobar Islands was conducted from 17 October, 2019 to 2 February, 2020 by Sigma Research and Consulting Pvt. Ltd. Information was gathered from 2,624 households, 2,397 women, and 367 men. Fact sheets for each district in Andaman & Nicobar Islands are also available separately.

Andaman & Nicobar Islands - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	86.5	81.8	83.5	84.7
2. Population below age 15 years (%)	22.7	19.7	20.8	23.9
3. Sex ratio of the total population (females per 1,000 males)	1,023	929	963	977
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	941	891	914	859
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.9	97.8	97.4	97.9
6. Deaths in the last 3 years registered with the civil authority (%)	(94.8)	88.8	90.9	na
7. Population living in households with electricity (%)	99.5	96.5	97.6	97.2
8. Population living in households with an improved drinking-water source[1] (%)	98.0	95.3	96.3	95.0
9. Population living in households that use an improved sanitation facility[2] (%)	88.0	88.0	88.0	75.4
10. Households using clean fuel for cooking[3] (%)	95.6	71.0	79.8	63.5
11. Households using iodized salt (%)	99.7	99.7	99.7	99.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	1.4	1.6	1.6	5.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	*	33.7	42.6	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	86.6	85.6	86.0	na
15. Men who are literate[4] (%)	89.3	94.7	92.5	na
16. Women with 10 or more years of schooling (%)	59.7	47.6	52.5	49.1
17. Men with 10 or more years of schooling (%)	59.4	47.7	52.3	52.6
18. Women who have ever used the internet (%)	44.1	27.9	34.8	na
19. Men who have ever used the internet (%)	54.6	41.1	46.5	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	17.4	15.3	16.2	16.4
21. Men age 25-29 years married before age 21 years (%)	*	(5.8)	(7.1)	9.7
22. Total fertility rate (children per woman)	1.4	1.2	1.3	1.4
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.5	4.0	3.0	4.7
24. Adolescent fertility rate for women age 15-19 years[5]	36	13	22	28
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	*	(2.8)	(12.3)	7.3
26. Infant mortality rate (IMR)	*	(8.4)	(20.6)	9.8
27. Under-five mortality rate (U5MR)	*	(9.5)	(24.5)	13.0
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	54.4	73.4	65.8	50.8
29. Any modern method[6] (%)	48.5	63.9	57.7	48.3
30. Female sterilization (%)	31.0	44.6	39.2	39.9
31. Male sterilization (%)	0.0	0.3	0.2	0.0
32. IUD/PPIUD (%)	2.2	5.0	3.9	2.1
33. Pill (%)	2.2	4.5	3.6	2.2
34. Condom (%)	12.1	8.2	9.8	4.2
35. Injectables (%)	0.5	0.1	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	18.3	10.3	13.5	15.5
37. Unmet need for spacing[7] (%)	8.8	4.3	6.1	8.1
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	30.1	31.0	30.6	37.2
39. Current users ever told about side effects of current method[8] (%)	(88.0)	80.5	83.4	66.4

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
For all indicators other than 26, 27, 28: ( ) Based on 25-49 unweighted cases; * Percentage not shown; based on fewer than 25 unweighted cases;
For indicators 26, 27 and 28: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death; * Based on fewer than 250 unweighted person-years of exposure to the risk of death

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

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

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

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

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

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

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

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

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

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

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

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

Andaman & Nicobar Islands - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	81.2	73.5	77.1	68.4
41. Mothers who had at least 4 antenatal care visits (%)	86.0	81.0	83.4	92.1
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.8	89.0	90.8	91.8
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	81.2	80.7	80.9	58.4
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	64.8	41.0	52.1	33.7
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	97.9	98.9	97.7
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.4	88.5	88.9	75.0
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,230	2,089	2,924	1,278
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	*
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.0	91.8	91.0	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	99.2	98.7	99.0	96.4
51. Institutional births in public facility (%)	81.8	92.1	87.3	92.0
52. Home births that were conducted by skilled health personnel[10] (%)	0.0	0.4	0.2	1.0
53. Births attended by skilled health personnel[10] (%)	96.7	97.8	97.3	97.2
54. Births delivered by caesarean section (%)	40.8	20.2	29.9	19.3
55. Births in a private health facility that were delivered by caesarean section (%)	*	*	(79.2)	*
56. Births in a public health facility that were delivered by caesarean section (%)	33.6	15.8	23.6	16.9
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(72.1)	84.8	77.8	73.2
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*	96.8	96.0	84.8
59. Children age 12-23 months who have received BCG (%)	(100.0)	95.9	98.2	87.4
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(75.7)	87.4	80.9	83.9
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(93.1)	92.1	92.6	83.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(79.3)	85.5	82.1	76.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(34.6)	28.6	31.9	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(0.0)	0.7	0.3	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(83.0)	88.4	85.4	83.1
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	84.3	87.0	85.8	69.3
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(90.9)	100.0	94.9	94.4
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(5.7)	0.0	3.2	5.6
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.2	5.1	5.6	5.3
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*	(65.0)	(65.0)
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*	(44.1)	(8.3)
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*	(83.3)	(53.5)
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.0	3.1	1.7	1.5
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(81.0)	64.6	72.7	75.8

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

Andaman & Nicobar Islands - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	45.8	47.8	46.9	41.9
76. Children under age 6 months exclusively breastfed[16] (%)	*	*	(73.3)	66.8
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*	*	(45.1)
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(24.3)	12.4	18.5	13.5
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*	*	(17.6)
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(27.7)	10.6	19.5	14.2
81. Children under 5 years who are stunted (height-for-age)[18] (%)	18.2	26.4	22.5	23.3
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	12.8	19.0	16.0	18.9
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.1	4.6	4.8	7.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	15.1	31.1	23.7	21.6
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.7	5.2	5.4	3.0
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] (%)	11.3	8.2	9.4	13.1
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	7.8	1.6	4.0	8.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	41.7	35.7	38.1	31.8
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	37.0	50.6	45.3	38.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	72.2	80.7	77.3	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	61.3	53.7	56.6	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	47.8	33.3	40.0	49.0
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	57.4	57.7	57.6	65.8
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	(55.5)	(53.7)	61.4
95. All women age 15-49 years who are anaemic[22] (%)	57.2	57.6	57.5	65.7
96. All women age 15-19 years who are anaemic[22] (%)	44.1	45.5	44.9	68.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	9.2	20.4	16.1	30.8
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	*	(25.6)	(27.1)	43.0
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.6	6.7	7.4	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.4	7.3	8.1	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.6	16.2	17.5	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.5	9.1	9.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.6	6.6	7.3	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.4	17.1	17.9	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) (%)	12.6	16.9	15.3	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.0	4.8	4.9	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.4	26.4	25.3	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.6	22.1	20.6	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.5	6.4	6.5	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.2	31.2	30.2	na

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

Andaman & Nicobar Islands - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	1.7	2.8	2.4	na
112. Ever undergone a breast examination for breast cancer (%)	0.0	2.6	1.6	na
113. Ever undergone an oral cavity examination for oral cancer (%)	10.0	10.2	10.1	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	3.5	4.0	3.8	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	10.1	18.4	14.9	29.3
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	36.8	33.4	34.7	44.0
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	81.4	72.5	76.3	59.5
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	67.5	62.2	64.3	75.3
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	93.0	95.5	94.5	92.6
120. Women who worked in the last 12 months and were paid in cash (%)	34.7	17.1	24.6	21.0
121. Women owning a house and/or land (alone or jointly with others) (%)	10.9	19.4	15.8	29.7
122. Women having a bank or savings account that they themselves use (%)	88.5	89.8	89.2	81.8
123. Women having a mobile phone that they themselves use (%)	80.8	80.9	80.8	66.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	98.5	99.1	98.9	90.3
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	23.2	13.2	17.2	18.4
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	(0.0)	0.5	0.3	3.2
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.4	2.2	1.8	2.9
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	15.0	41.1	31.3	na
129. Men age 15 years and above who use any kind of tobacco (%)	44.7	66.4	58.7	na
130. Women age 15 years and above who consume alcohol (%)	0.7	7.6	5.0	na
131. Men age 15 years and above who consume alcohol (%)	33.8	41.9	39.1	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

Union Territory Fact Sheet

Dadra & Nagar Haveli and Daman & Diu

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

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Dadra & Nagar Haveli and Daman & Diu. NFHS-5 fieldwork for Dadra & Nagar Haveli and Daman & Diu was conducted from 27 July, 2019 to 30 November, 2019 by Centre for Operations Research and Training (CORT). Information was gathered from 2,676 households, 2,713 women, and 427 men. Fact sheets for each district in Dadra & Nagar Haveli and Daman & Diu are also available separately.

Dadra & Nagar Haveli and Daman & Diu - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	85.8	65.0	74.4	73.0
2. Population below age 15 years (%)	24.4	26.4	25.4	26.5
3. Sex ratio of the total population (females per 1,000 males)	775	875	827	813
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	705	940	817	983
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.6	99.5	98.1	93.0
6. Deaths in the last 3 years registered with the civil authority (%)	91.5	99.6	95.4	na
7. Population living in households with electricity (%)	99.9	99.5	99.7	98.3
8. Population living in households with an improved drinking-water source[1] (%)	97.9	93.2	95.4	94.8
9. Population living in households that use an improved sanitation facility[2] (%)	68.5	63.3	65.8	44.4
10. Households using clean fuel for cooking[3] (%)	95.2	62.6	79.9	63.1
11. Households using iodized salt (%)	98.1	78.4	89.1	80.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	39.5	66.3	52.0	25.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.2	1.3	3.7	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	87.7	67.9	77.3	na
15. Men who are literate[4] (%)	95.4	91.6	93.4	na
16. Women with 10 or more years of schooling (%)	48.6	24.2	35.8	40.3
17. Men with 10 or more years of schooling (%)	58.8	40.7	49.4	52.6
18. Women who have ever used the internet (%)	49.4	23.8	36.7	na
19. Men who have ever used the internet (%)	76.2	61.3	68.3	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	26.7	26.2	26.4	26.8
21. Men age 25-29 years married before age 21 years (%)	(20.6)	(7.4)	12.6	29.9
22. Total fertility rate (children per woman)	1.7	1.9	1.8	2.1
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.9	5.8	4.3	8.5
24. Adolescent fertility rate for women age 15-19 years[5]	32	45	40	54
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	(20.3)	(22.5)	21.4	13.9
26. Infant mortality rate (IMR)	(33.3)	(30.4)	31.8	33.4
27. Under-five mortality rate (U5MR)	(43.8)	(30.4)	37.0	39.9
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	63.5	72.4	68.0	36.2
29. Any modern method[6] (%)	53.6	66.0	59.8	35.8
30. Female sterilization (%)	30.9	52.4	41.6	29.7
31. Male sterilization (%)	0.0	0.3	0.2	0.0
32. IUD/PPIUD (%)	3.0	1.5	2.2	1.7
33. Pill (%)	3.5	2.8	3.1	1.2
34. Condom (%)	15.6	7.8	11.7	3.2
35. Injectables (%)	0.7	1.1	0.9	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	15.4	8.5	11.9	19.5
37. Unmet need for spacing[7] (%)	7.4	3.2	5.3	10.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	27.6	23.2	25.3	15.5
39. Current users ever told about side effects of current method[8] (%)	66.9	72.2	69.9	43.4

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
* Percentage not shown; based on fewer than 25 unweighted cases
For all indicators other than 26, 27, 28: ( ) Based on 25-49 unweighted cases
For indicators 26, 27 and 28: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death

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

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

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

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

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

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

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

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

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

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

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

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

Dadra & Nagar Haveli and Daman & Diu - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	71.8	84.0	77.7	66.9
41. Mothers who had at least 4 antenatal care visits (%)	77.9	94.8	86.2	71.9
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	78.7	90.8	84.6	82.3
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.0	63.7	59.8	42.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	35.2	37.2	36.2	26.2
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.8	99.9	98.8	89.8
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.5	91.7	91.6	64.8
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,132	329	677	692
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	6.1
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.1	89.8	91.0	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	96.4	96.7	96.5	88.5
51. Institutional births in public facility (%)	60.4	82.9	71.9	60.0
52. Home births that were conducted by skilled health personnel[10] (%)	0.9	1.9	1.4	1.7
53. Births attended by skilled health personnel[10] (%)	97.0	98.5	97.8	86.1
54. Births delivered by caesarean section (%)	29.9	16.1	22.9	16.1
55. Births in a private health facility that were delivered by caesarean section (%)	44.5	37.3	42.5	33.2
56. Births in a public health facility that were delivered by caesarean section (%)	23.0	13.3	17.3	11.1
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	90.0	100.0	94.9	50.5
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	91.9	94.8	93.4	66.4
59. Children age 12-23 months who have received BCG (%)	96.2	100.0	98.1	87.4
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	92.4	100.0	96.1	63.3
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.5	100.0	97.2	73.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.6	100.0	96.2	80.9
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.2	53.7	44.2	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	5.7	1.5	3.7	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	89.0	97.5	93.1	54.8
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	86.0	85.8	85.9	61.8
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.8	100.0	97.3	85.0
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.2	0.0	2.7	15.0
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.3	3.0	2.6	4.1
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*	*	(84.9)
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*	*	(12.9)
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*	*	(86.2)
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.6	0.1	0.3	1.5
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	88.9	(94.8)	90.7	77.5

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Dadra & Nagar Haveli and Daman & Diu - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	19.4	31.8	25.9	50.0
76. Children under age 6 months exclusively breastfed[16] (%)	(64.8)	(93.3)	79.4	67.9
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*	(43.3)	(19.6)
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.8	11.4	10.7	1.8
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*	(4.0)	(2.9)
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.0	11.3	10.2	2.1
81. Children under 5 years who are stunted (height-for-age)[18] (%)	32.9	45.7	39.4	37.2
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	22.1	21.1	21.6	26.7
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.1	3.5	4.3	11.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	33.6	43.5	38.7	35.8
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.2	2.5	1.9	3.9
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] (%)	20.7	29.0	25.1	23.4
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	19.2	17.5	18.3	16.3
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	34.0	20.3	26.8	23.3
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	27.6	16.0	21.4	26.3
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	46.2	44.7	45.4	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	45.7	18.4	31.1	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	75.0	76.8	75.8	82.0
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.4	64.5	62.6	73.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(61.1)	(60.4)	60.7	62.3
95. All women age 15-49 years who are anaemic[22] (%)	60.5	64.4	62.5	72.9
96. All women age 15-19 years who are anaemic[22] (%)	60.1	66.3	63.9	75.9
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	17.9	30.3	24.6	27.6
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	(12.1)	(60.0)	37.0	36.1
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.5	7.5	6.6	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.3	4.8	5.9	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.0	13.3	13.6	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.6	8.3	8.0	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.5	6.9	7.7	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.2	15.7	16.4	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) (%)	8.9	6.7	7.7	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.3	4.5	4.0	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.5	13.6	14.9	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.9	7.8	9.8	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.1	4.3	3.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.0	13.9	15.4	na

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

Dadra & Nagar Haveli and Daman & Diu - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.9	0.0	0.4	na
112. Ever undergone a breast examination for breast cancer (%)	0.5	0.0	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.5	0.0	0.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	2.1	0.0	1.1	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	31.4	19.0	25.3	16.4
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	35.2	21.5	28.1	11.3
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	75.8	51.7	63.8	45.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	81.3	77.1	79.1	47.1
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	95.7	87.4	91.9	81.5
120. Women who worked in the last 12 months and were paid in cash (%)	23.5	39.5	31.5	19.2
121. Women owning a house and/or land (alone or jointly with others) (%)	51.9	59.7	55.8	23.8
122. Women having a bank or savings account that they themselves use (%)	78.0	89.3	83.6	46.5
123. Women having a mobile phone that they themselves use (%)	75.4	45.5	60.5	46.0
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	91.0	95.6	93.6	62.1
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	21.8	10.8	16.8	30.0
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.3	7.8	4.3	5.4
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	4.4	4.1	4.3	6.4
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 (%)	2.4	3.3	2.9	na
129. Men age 15 years and above who use any kind of tobacco (%)	39.6	37.5	38.6	na
130. Women age 15 years and above who consume alcohol (%)	0.5	1.6	1.1	na
131. Men age 15 years and above who consume alcohol (%)	29.1	26.5	27.8	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

Union Territory Fact Sheet

Jammu & Kashmir

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Jammu & Kashmir. NFHS-5 fieldwork for Jammu & Kashmir was conducted from 1 July, 2019 to 30 January, 2020 by Karvy Data Management Services Ltd. Information was gathered from 18,086 households, 23,037 women, and 3,087 men. Fact sheets for each district in Jammu & Kashmir are also available separately.

Jammu & Kashmir - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	76.0	67.9	70.1	65.7
2. Population below age 15 years (%)	21.1	25.2	24.1	27.4
3. Sex ratio of the total population (females per 1,000 males)	961	944	948	971
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	978	976	976	923
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.8	94.6	95.3	77.4
6. Deaths in the last 3 years registered with the civil authority (%)	83.4	73.9	76.2	na
7. Population living in households with electricity (%)	99.9	99.0	99.3	97.2
8. Population living in households with an improved drinking-water source[1] (%)	98.3	89.6	91.9	89.1
9. Population living in households that use an improved sanitation facility[2] (%)	85.6	72.3	75.7	53.8
10. Households using clean fuel for cooking[3] (%)	95.8	58.9	69.2	57.5
11. Households using iodized salt (%)	99.0	97.7	98.1	95.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	19.2	10.2	12.7	4.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.0	0.9	1.6	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	84.3	74.7	77.3	na
15. Men who are literate[4] (%)	91.8	91.4	91.5	na
16. Women with 10 or more years of schooling (%)	65.1	46.2	51.3	37.1
17. Men with 10 or more years of schooling (%)	73.8	66.0	68.2	49.0
18. Women who have ever used the internet (%)	55.0	38.9	43.3	na
19. Men who have ever used the internet (%)	79.4	68.8	72.0	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	2.0	5.3	4.5	8.7
21. Men age 25-29 years married before age 21 years (%)	9.6	8.2	8.5	10.5
22. Total fertility rate (children per woman)	1.2	1.5	1.4	2.0
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.5	1.1	1.0	3.0
24. Adolescent fertility rate for women age 15-19 years[5]	5	10	9	19
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	7.5	10.5	9.8	23.1
26. Infant mortality rate (IMR)	14.7	16.7	16.3	32.4
27. Under-five mortality rate (U5MR)	15.7	19.4	18.5	37.6
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	59.2	60.0	59.8	57.1
29. Any modern method[6] (%)	53.5	52.1	52.5	45.8
30. Female sterilization (%)	21.6	20.9	21.1	24.4
31. Male sterilization (%)	0.4	0.3	0.3	0.4
32. IUD/PPIUD (%)	7.2	5.4	5.9	2.4
33. Pill (%)	7.7	9.5	9.0	6.3
34. Condom (%)	11.6	11.7	11.7	11.3
35. Injectables (%)	4.0	3.4	3.6	0.9
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	6.1	8.4	7.8	12.4
37. Unmet need for spacing[7] (%)	3.2	4.1	3.9	5.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	11.6	10.9	11.1	9.6
39. Current users ever told about side effects of current method[8] (%)	71.5	61.5	64.0	38.5

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases
[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jammu & Kashmir - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	90.0	85.5	86.6	76.7
41. Mothers who had at least 4 antenatal care visits (%)	83.1	80.2	80.9	81.2
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.4	91.1	91.9	87.3
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	34.0	28.5	29.8	30.2
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.6	14.1	15.9	16.7
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.3	97.3	97.3	88.7
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.4	82.6	84.2	74.7
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,680	4,971	5,145	4,225
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	3.5	3.3	1.0
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.6	80.2	81.5	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	98.6	90.5	92.4	85.5
51. Institutional births in public facility (%)	87.4	86.6	86.8	77.9
52. Home births that were conducted by skilled health personnel[10] (%)	0.6	3.8	3.0	2.2
53. Births attended by skilled health personnel[10] (%)	98.8	94.0	95.1	87.4
54. Births delivered by caesarean section (%)	54.7	37.8	41.7	33.4
55. Births in a private health facility that were delivered by caesarean section (%)	91.0	74.4	82.1	75.5
56. Births in a public health facility that were delivered by caesarean section (%)	50.9	40.2	42.7	35.5
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	83.0	87.2	86.2	75.0
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	99.8	95.6	96.5	84.4
59. Children age 12-23 months who have received BCG (%)	91.0	96.4	95.1	95.6
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	83.0	89.0	87.6	83.8
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.0	93.6	92.8	88.1
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.7	92.6	91.7	86.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	36.5	32.0	33.1	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	4.0	5.7	5.3	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.0	92.4	91.4	70.1
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	85.6	80.9	82.0	64.6
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.8	99.2	99.1	97.5
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.2	0.2	0.4	2.2
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.4	6.3	5.6	7.6
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(81.2)	80.7	80.8	69.1
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(50.5)	50.5	50.5	39.3
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(76.1)	74.7	74.9	74.2
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.9	4.1	3.9	5.5
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	63.7	62.1	62.3	78.5

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Jammu & Kashmir - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	54.9	55.9	55.6	45.7
76. Children under age 6 months exclusively breastfed[16] (%)	68.1	59.9	62.0	65.4
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(44.3)	41.0	41.8	50.2
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	11.9	12.5	12.4	21.8
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(15.0)	24.5	22.2	32.0
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.3	14.0	13.6	23.5
81. Children under 5 years who are stunted (height-for-age)[18] (%)	30.1	25.9	26.9	27.4
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.6	19.4	19.0	12.2
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.6	9.7	9.7	5.6
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	19.4	21.5	21.0	16.6
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	10.8	9.3	9.6	5.7
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] (%)	3.7	5.8	5.2	12.2
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	2.5	5.0	4.3	11.5
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	33.4	27.9	29.3	29.3
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	40.8	28.2	31.6	20.5
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	89.2	87.3	87.8	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	66.0	58.7	60.7	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	70.1	73.5	72.7	53.8
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	62.5	69.0	67.3	49.0
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	44.1	44.1	44.1	46.9
95. All women age 15-49 years who are anaemic[22] (%)	61.4	67.5	65.9	48.9
96. All women age 15-19 years who are anaemic[22] (%)	71.5	77.5	76.2	49.9
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	28.0	40.0	36.7	20.4
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	37.9	60.1	53.5	29.5
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.9	4.3	4.2	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.4	3.0	3.1	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.2	8.6	8.7	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.0	4.4	4.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.9	2.7	2.7	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.1	8.0	8.0	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.4	11.8	11.7	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.0	3.1	3.0	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.2	19.6	20.0	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.5	12.2	12.3	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	2.8	2.7	2.8	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1	18.5	18.9	na

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

Jammu & Kashmir - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.3	0.6	0.5	na
112. Ever undergone a breast examination for breast cancer (%)	0.1	0.4	0.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.1	0.9	0.7	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.1	1.6	1.1	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	17.4	15.2	15.8	18.9
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	27.3	36.0	33.6	24.6
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	72.0	62.7	65.3	68.5
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	65.5	78.1	74.6	83.7
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	81.3	81.7	81.6	84.0
120. Women who worked in the last 12 months and were paid in cash (%)	18.1	18.5	18.4	12.3
121. Women owning a house and/or land (alone or jointly with others) (%)	48.2	60.8	57.3	33.1
122. Women having a bank or savings account that they themselves use (%)	88.5	83.5	84.9	60.0
123. Women having a mobile phone that they themselves use (%)	80.4	73.3	75.2	53.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	85.8	69.6	73.4	66.6
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	5.9	11.0	9.6	9.4
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.3	1.6	1.2	1.3
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.4	5.0	4.0	3.1
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	1.8	4.2	3.6	na
129. Men age 15 years and above who use any kind of tobacco (%)	32.0	40.6	38.3	na
130. Women age 15 years and above who consume alcohol (%)	0.1	0.2	0.2	na
131. Men age 15 years and above who consume alcohol (%)	7.7	9.2	8.8	na

[24]Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

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

[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

UNION TERRITORY FACT SHEET

LADAKH

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

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Ladakh. NFHS-5 fieldwork for Ladakh was conducted from 3 August, 2019 to 26 September, 2019 by Karvy Data Management Services Ltd. Information was gathered from 1,818 households, 2,355 women, and 307 men. Fact sheets for each district in Ladakh are also available separately.

Ladakh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	68.7	67.8	68.0	62.5
2. Population below age 15 years (%)	22.9	22.8	22.8	28.0
3. Sex ratio of the total population (females per 1,000 males)	994	966	971	1,000
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	897	1,193	1,125	823
5. Children under age 5 years whose birth was registered with the civil authority (%)	100.0	98.2	98.6	77.3
6. Deaths in the last 3 years registered with the civil authority (%)	(82.9)	72.4	74.9	na
7. Population living in households with electricity (%)	99.1	99.5	99.5	98.7
8. Population living in households with an improved drinking-water source[1] (%)	97.2	86.7	88.7	83.0
9. Population living in households that use an improved sanitation facility[2] (%)	74.7	34.8	42.3	17.8
10. Households using clean fuel for cooking[3] (%)	97.2	71.3	76.3	67.6
11. Households using iodized salt (%)	99.3	98.7	98.8	98.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	26.7	12.1	14.9	2.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	*	0.0	0.7	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	77.7	76.6	76.8	na
15. Men who are literate[4] (%)	91.9	94.2	93.7	na
16. Women with 10 or more years of schooling (%)	53.8	49.2	50.0	44.6
17. Men with 10 or more years of schooling (%)	64.1	74.8	72.7	57.1
18. Women who have ever used the internet (%)	66.5	54.0	56.4	na
19. Men who have ever used the internet (%)	(82.9)	64.3	67.8	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	0.0	3.1	2.5	4.9
21. Men age 25-29 years married before age 21 years (%)	*	(21.9)	(20.2)	12.4
22. Total fertility rate (children per woman)	1.4	1.3	1.3	2.3
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.0	0.0	0.0	1.0
24. Adolescent fertility rate for women age 15-19 years[5]	0	2	2	9
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	*	(12.1)	11.4	25.7
26. Infant mortality rate (IMR)	*	(17.4)	20.0	35.3
27. Under-five mortality rate (U5MR)	*	(27.4)	29.5	40.6
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	50.6	51.5	51.3	66.6
29. Any modern method[6] (%)	46.0	48.5	48.0	64.7
30. Female sterilization (%)	16.6	16.8	16.7	21.8
31. Male sterilization (%)	0.3	0.4	0.4	0.1
32. IUD/PPIUD (%)	8.1	7.9	7.9	30.1
33. Pill (%)	5.3	6.9	6.6	3.4
34. Condom (%)	8.2	9.1	9.0	7.4
35. Injectables (%)	6.2	6.1	6.2	1.8
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	11.5	7.0	7.9	9.6
37. Unmet need for spacing[7] (%)	5.0	3.8	4.0	5.9
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	11.8	12.4	12.2	8.8
39. Current users ever told about side effects of current method[8] (%)	68.8	57.3	59.4	28.1

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
For all indicators other than 26, 27, 28: ( ) Based on 25-49 unweighted cases; * Percentage not shown; based on fewer than 25 unweighted cases;
For indicators 26, 27 and 28: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death;
* Based on fewer than 250 unweighted person-years of exposure to the risk of death

[1]Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.
[2]Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility.
[3]Electricity, LPG/natural gas, biogas.
[4]Refers to women/men who completed standard 9 or higher and women/men who can read a whole sentence or part of a sentence.
[5]Equivalent to the age-specific fertility rate for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19.
[6]Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.
[7]Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
· At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
· Pregnant with a mistimed pregnancy.
· Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.
Women are considered to have unmet need for limiting if they are:
· At risk of becoming pregnant, not using contraception, and want no (more) children.
· Pregnant with an unwanted pregnancy.
· Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.
Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.
[8]Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Ladakh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	84.5	86.1	85.8	79.5
41. Mothers who had at least 4 antenatal care visits (%)	78.2	78.5	78.4	87.5
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.6	93.9	94.2	91.9
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	13.8	14.5	14.3	29.5
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.1	7.3	7.3	9.8
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.2	97.4	97.8	93.7
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.1	79.5	79.6	83.3
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,911	3,779	3,807	2,669
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	0.0
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.9	75.1	76.7	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	99.1	94.0	95.1	90.8
51. Institutional births in public facility (%)	98.4	93.7	94.7	89.4
52. Home births that were conducted by skilled health personnel[10] (%)	0.9	2.6	2.3	2.0
53. Births attended by skilled health personnel[10] (%)	100.0	96.2	97.0	91.5
54. Births delivered by caesarean section (%)	47.7	35.0	37.6	16.1
55. Births in a private health facility that were delivered by caesarean section (%)	*	*	*	*
56. Births in a public health facility that were delivered by caesarean section (%)	47.8	37.0	39.3	17.1
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	*	91.9	88.2	81.9
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*	100.0	100.0	92.5
59. Children age 12-23 months who have received BCG (%)	*	100.0	99.1	98.4
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	*	91.9	88.2	87.0
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	94.8	95.0	89.7
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	94.8	92.9	92.2
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	*	41.6	43.2	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	*	9.9	10.6	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	*	94.8	94.1	82.2
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	94.2	85.2	87.1	68.4
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	100.0	100.0	100.0
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	0.0	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	13.7	7.1	8.5	3.1
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(88.9)	(78.3)	*
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(53.1)	(54.5)	*
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(79.6)	(75.0)	*
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	10.5	4.0	5.3	1.0
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(53.1)	58.8	57.3	(74.8)

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

Ladakh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	59.2	57.6	57.9	60.0
76. Children under age 6 months exclusively breastfed[16] (%)	*	(66.6)	70.9	64.1
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*	*	(42.2)
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	19.9	20.7	22.0
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*	*	*
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(25.3)	23.6	24.0	23.9
81. Children under 5 years who are stunted (height-for-age)[18] (%)	28.2	31.1	30.5	30.9
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	14.8	18.2	17.5	9.3
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.8	10.0	9.1	5.1
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	17.0	21.2	20.4	18.7
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	17.0	12.4	13.4	4.0
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] (%)	3.7	4.5	4.4	10.5
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	2.7	2.0	2.1	11.2
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	28.5	28.2	28.3	16.3
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	43.4	36.4	37.8	18.8
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	88.6	85.8	86.3	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	63.3	60.2	60.8	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	84.1	95.1	92.5	91.4
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	91.0	94.3	93.7	78.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(67.5)	80.8	78.1	79.3
95. All women age 15-49 years who are anaemic[22] (%)	89.5	93.5	92.8	78.4
96. All women age 15-19 years who are anaemic[22] (%)	92.4	97.8	96.9	81.6
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	72.4	76.4	75.6	41.2
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	*	(95.8)	(93.1)	57.6
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.4	4.0	3.9	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	1.7	1.8	1.8	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	6.4	6.8	6.7	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.3	4.7	4.4	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	0.8	2.9	2.5	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	5.4	8.9	8.3	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) (%)	8.2	10.9	10.4	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	1.6	1.7	1.7	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	13.5	16.3	15.7	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.5	11.9	11.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	1.5	2.5	2.3	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.5	18.1	17.4	na

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

Ladakh - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.4	0.2	0.3	na
112. Ever undergone a breast examination for breast cancer (%)	0.0	0.2	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.0	0.2	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	(0.0)	0.0	0.0	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	15.6	26.4	24.3	26.4
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	54.4	23.7	29.6	12.1
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.1	72.4	73.9	68.8
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	87.8	78.7	80.4	80.6
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	(81.2)	80.3	80.4	87.6
120. Women who worked in the last 12 months and were paid in cash (%)	28.6	28.3	28.3	16.4
121. Women owning a house and/or land (alone or jointly with others) (%)	69.0	73.0	72.2	42.6
122. Women having a bank or savings account that they themselves use (%)	87.2	88.7	88.4	75.9
123. Women having a mobile phone that they themselves use (%)	80.8	81.2	81.2	71.2
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	90.9	75.2	78.2	64.0
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	(11.7)	19.0	18.1	8.5
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	(0.0)	1.2	1.1	0.0
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	(6.1)	9.0	8.7	1.2
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 (%)	3.5	3.1	3.2	na
129. Men age 15 years and above who use any kind of tobacco (%)	39.8	34.8	35.7	na
130. Women age 15 years and above who consume alcohol (%)	5.3	3.4	3.8	na
131. Men age 15 years and above who consume alcohol (%)	21.1	24.2	23.6	na

[24]Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting two common misconceptions about transmission or prevention of HIV/AIDS.

[25]Decisions about health care for herself, making major household purchases, and visits to her family or relatives.

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

[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

Union Territory Fact Sheet

Lakshadweep

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

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Lakshadweep. NFHS-5 fieldwork for Lakshadweep was conducted from 1 December, 2019 to 15 January, 2020 by Society for Promotion of Youth and Masses (SPYM). Information was gathered from 921 households, 1,234 women, and 135 men.

Lakshadweep - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	91.9	96.9	93.0	91.1
2. Population below age 15 years (%)	21.7	24.6	22.3	23.2
3. Sex ratio of the total population (females per 1,000 males)	1,193	1,166	1,187	1,022
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	964	(1,361)	1,051	905
5. Children under age 5 years whose birth was registered with the civil authority (%)	100.0	100.0	100.0	99.1
6. Deaths in the last 3 years registered with the civil authority (%)	98.4	*	96.6	na
7. Population living in households with electricity (%)	99.7	100.0	99.8	100.0
8. Population living in households with an improved drinking-water source[1] (%)	94.6	86.7	92.9	91.1
9. Population living in households that use an improved sanitation facility[2] (%)	99.7	100.0	99.8	99.6
10. Households using clean fuel for cooking[3] (%)	68.5	24.7	59.4	31.8
11. Households using iodized salt (%)	95.8	100.0	96.7	96.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.4	66.7	60.1	2.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	37.4	*	32.0	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	96.4	96.8	96.5	na
15. Men who are literate[4] (%)	100.0	(96.3)	99.1	na
16. Women with 10 or more years of schooling (%)	68.2	66.3	67.8	56.8
17. Men with 10 or more years of schooling (%)	84.9	(69.4)	80.9	76.3
18. Women who have ever used the internet (%)	61.8	(36.0)	56.4	na
19. Men who have ever used the internet (%)	81.5	(77.0)	80.3	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	1.9	(0.0)	1.3	1.9
21. Men age 25-29 years married before age 21 years (%)	*	*	*	(0.0)
22. Total fertility rate (children per woman)	1.4	1.6	1.4	1.8
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.0	(5.1)	1.1	0.0
24. Adolescent fertility rate for women age 15-19 years[5]	2	0	2	8
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	*	*	(0.0)	(23.3)
26. Infant mortality rate (IMR)	*	*	(0.0)	(27.0)
27. Under-five mortality rate (U5MR)	*	*	(0.0)	(30.2)
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	51.8	55.4	52.6	29.7
29. Any modern method[6] (%)	31.0	27.1	30.1	15.7
30. Female sterilization (%)	21.4	18.1	20.7	10.7
31. Male sterilization (%)	0.0	0.0	0.0	0.0
32. IUD/PPIUD (%)	1.3	0.0	1.0	0.7
33. Pill (%)	1.4	0.3	1.2	0.0
34. Condom (%)	4.7	2.2	4.1	4.1
35. Injectables (%)	0.0	0.0	0.0	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	13.6	7.6	12.3	16.9
37. Unmet need for spacing[7] (%)	8.9	4.9	8.0	12.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	15.3	13.0	14.8	23.8
39. Current users ever told about side effects of current method[8] (%)	(88.8)	*	(85.0)	*

Note: Major indicators are highlighted in grey.
LHV = Lady health visitor; ANM = Auxiliary nurse midwife; na = Not available
For all indicators other than 26, 27, 28: ( ) Based on 25-49 unweighted cases; * Percentage not shown; based on fewer than 25 unweighted cases
For indicators 26, 27 and 28: ( ) Based on 250-499 unweighted person-years of exposure to the risk of death; * Based on fewer than 250 unweighted person-years of exposure to the risk of death

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

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

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

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

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

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

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

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

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

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

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

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

Lakshadweep - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	99.5	100.0	99.6	90.6
41. Mothers who had at least 4 antenatal care visits (%)	86.2	94.2	88.3	82.3
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	99.5	99.0	99.4	93.6
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	83.6	70.4	80.1	81.7
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	62.2	60.2	61.7	59.1
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	90.7	41.6	77.8	96.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.7	97.8	92.6	92.7
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,054	1,769	2,533	4,580
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	*
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.4	100.0	93.7	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	99.5	100.0	99.6	99.3
51. Institutional births in public facility (%)	56.3	92.0	65.3	64.3
52. Home births that were conducted by skilled health personnel[10] (%)	0.5	0.0	0.4	0.7
53. Births attended by skilled health personnel[10] (%)	100.0	100.0	100.0	100.0
54. Births delivered by caesarean section (%)	30.7	33.2	31.3	38.4
55. Births in a private health facility that were delivered by caesarean section (%)	36.1	*	37.7	59.9
56. Births in a public health facility that were delivered by caesarean section (%)	26.7	30.7	28.2	27.1
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(87.0)	*	(86.1)	89.0
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(93.0)	*	(91.7)	93.2
59. Children age 12-23 months who have received BCG (%)	(93.9)	*	(94.2)	100.0
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(87.0)	*	(86.1)	92.1
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(93.9)	*	(91.0)	95.1
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(93.9)	*	(91.0)	93.7
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(12.4)	*	(11.7)	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(13.1)	*	(12.7)	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(90.8)	*	(88.9)	88.9
66. Children age 9-59 months who received a vitamin A dose in the last 6 months (%)	44.7	(45.0)	44.8	52.1
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	*	(100.0)	100.0
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	*	(0.0)	0.0
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.0	6.2	2.3	6.3
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration 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 provider (%)	*	*	*	*
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.9	0.0	1.4	0.9
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*	*	(86.5)

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

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

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

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

[13]Not including polio vaccination given at birth.

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

Lakshadweep - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Urban**	**Rural**	**Total**	**Total**
75. Children under age 3 years breastfed within one hour of birth[15] (%)	77.2	(74.0)	76.3	57.7
76. Children under age 6 months exclusively breastfed[16] (%)	(77.3)	*	(67.0)	(54.8)
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*	*	*
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(23.4)	*	20.2	16.8
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*	*	*
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(21.8)	*	19.0	15.9
81. Children under 5 years who are stunted (height-for-age)[18] (%)	30.7	35.6	32.0	26.8
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.5	14.2	17.4	13.7
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.7	8.9	8.7	2.9
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.5	18.4	25.8	23.6
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	10.0	11.8	10.5	1.6
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] (%)	6.7	12.4	8.0	13.5
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	2.4	(14.1)	5.5	8.2
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	34.2	31.0	33.5	40.6
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	42.0	(39.4)	41.3	24.1
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.1	66.2	68.4	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	57.4	(44.0)	53.9	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	45.5	36.1	43.1	53.6
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	26.5	24.1	26.0	46.3
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(22.3)	*	(20.9)	(39.0)
95. All women age 15-49 years who are anaemic[22] (%)	26.4	23.7	25.8	46.0
96. All women age 15-19 years who are anaemic[22] (%)	31.2	(31.9)	31.4	59.0
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	3.5	(11.4)	5.6	11.4
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	*	*	*	*
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.9	6.5	8.4	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.4	11.6	9.9	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.9	18.3	19.5	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	11.1	7.0	10.2	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.0	5.3	8.1	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	22.9	13.0	20.7	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.4	11.8	13.9	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	7.2	3.5	6.5	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.5	18.4	24.8	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.5	13.4	16.6	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.4	4.1	5.1	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.9	20.7	24.7	na

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

Lakshadweep - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	1.8	1.1	1.7	na
112. Ever undergone a breast examination for breast cancer (%)	0.5	0.5	0.5	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.3	0.0	0.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.0	*	0.0	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	50.2	(34.8)	46.9	22.0
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	60.6	(79.6)	65.5	31.2
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	75.7	(72.0)	74.9	46.7
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	96.6	(94.3)	96.0	55.7
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	91.9	*	92.2	82.1
120. Women who worked in the last 12 months and were paid in cash (%)	10.4	(12.9)	10.9	20.9
121. Women owning a house and/or land (alone or jointly with others) (%)	31.1	(29.4)	30.7	42.6
122. Women having a bank or savings account that they themselves use (%)	66.9	(67.0)	66.9	74.4
123. Women having a mobile phone that they themselves use (%)	85.1	(80.1)	84.0	64.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	97.7	100.0	98.3	97.0
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	1.0	*	1.3	8.9
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.0	*	0.0	0.0
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.0	*	0.8	2.5
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 (%)	16.6	21.1	17.5	na
129. Men age 15 years and above who use any kind of tobacco (%)	25.9	37.8	28.5	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.4	0.3	na
131. Men age 15 years and above who consume alcohol (%)	0.4	0.5	0.4	na

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

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