Government of India

Ministry of Health and Family Welfare

Compendium of Fact Sheets

KEY INDICATORS

STATE AND DISTRICTS OF MADHYA PRADESH

**National Family
Health Survey (NFHS-5)**

2019-21

International Institute for Population Sciences
(Deemed University)

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

State Fact Sheet

Madhya Pradesh

सत्यमेव जयते

(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 2019-21 (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 Madhya Pradesh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS) and Indian Institute of Development Management (IIDM). Information was gathered from 43,552 households, 48,410 women, and 7,025 men. Fact sheets for each district in Madhya Pradesh are also available separately.

Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	80.5	62.6	67.5	64.0
2. Population below age 15 years (%)	23.9	27.5	26.5	30.3
3. Sex ratio of the total population (females per 1,000 males)	953	976	970	948
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	948	959	956	927
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.5	93.7	94.1	81.9
6. Deaths in the last 3 years registered with the civil authority (%)	85.1	70.5	74.3	na
7. Population living in households with electricity (%)	99.4	98.0	98.4	90.9
8. Population living in households with an improved drinking-water source[1] (%)	97.9	85.7	89.0	85.2
9. Population living in households that use an improved sanitation facility[2] (%)	81.2	59.2	65.1	34.8
10. Households using clean fuel for cooking[3] (%)	84.3	23.6	40.1	29.6
11. Households using iodized salt (%)	97.5	94.4	95.3	93.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	41.4	36.8	38.1	17.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.2	9.0	10.5	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	81.5	59.2	65.4	na
15. Men who are literate[4] (%)	88.3	78.7	81.3	na
16. Women with 10 or more years of schooling (%)	49.1	21.7	29.3	23.2
17. Men with 10 or more years of schooling (%)	53.1	35.0	39.9	34.3
18. Women who have ever used the internet (%)	46.5	20.1	26.9	na
19. Men who have ever used the internet (%)	72.7	49.3	55.7	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	13.0	26.6	23.1	32.4
21. Men age 25-29 years married before age 21 years (%)	15.8	35.1	30.1	31.2
22. Total fertility rate (children per woman)	1.6	2.1	2.0	2.3
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.5	5.9	5.1	7.3
24. Adolescent fertility rate for women age 15-19 years[5]	19	43	37	53
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	24.0	30.4	29.0	36.9
26. Infant mortality rate (IMR)	33.9	43.5	41.3	51.2
27. Under-five mortality rate (U5MR)	38.2	52.5	49.2	64.6
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	71.4	71.9	71.7	51.4
29. Any modern method[6] (%)	63.8	66.1	65.5	49.6
30. Female sterilization (%)	41.5	55.7	51.9	42.2
31. Male sterilization (%)	0.8	0.7	0.7	0.5
32. IUD/PPIUD (%)	1.4	0.9	1.1	0.5
33. Pill (%)	2.6	1.7	1.9	1.3
34. Condom (%)	15.8	5.3	8.1	4.9
35. Injectables (%)	0.6	0.3	0.4	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	8.4	7.4	7.7	12.1
37. Unmet need for spacing[7] (%)	3.9	3.8	3.9	5.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	26.9	28.7	28.2	20.4
39. Current users ever told about side effects of current method[8] (%)	77.2	67.9	69.9	39.3

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.

Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Maternal and Child Health				
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	78.4	74.4	75.4	53.0
41. Mothers who had at least 4 antenatal care visits (%)	63.3	55.6	57.5	35.7
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.4	94.5	95.0	89.8
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.6	49.1	51.4	23.5
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	36.6	30.3	31.8	9.2
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.5	97.4	96.7	92.2
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.6	82.2	83.5	54.9
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,969	1,523	1,619	1,481
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	11.4	9.2	9.4	2.5
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.0	82.3	83.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	95.8	89.2	90.7	80.8
51. Institutional births in public facility (%)	71.9	82.6	80.2	69.4
52. Home births that were conducted by skilled health personnel[10] (%)	1.2	2.9	2.5	2.3
53. Births attended by skilled health personnel[10] (%)	92.5	88.4	89.3	78.0
54. Births delivered by caesarean section (%)	23.3	8.8	12.1	8.6
55. Births in a private health facility that were delivered by caesarean section (%)	51.4	53.2	52.3	40.8
56. Births in a public health facility that were delivered by caesarean section (%)	15.3	6.5	8.2	5.8
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] (%)	76.5	77.3	77.1	53.6
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	83.5	83.2	83.3	76.3
59. Children age 12-23 months who have received BCG (%)	95.3	95.4	95.4	91.6
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	81.0	81.5	81.4	63.6
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	89.3	86.9	87.4	73.4
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.1	87.7	88.0	79.6
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	32.7	35.9	35.2	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	73.5	70.1	70.9	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.2	84.7	85.0	56.3
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.4	77.9	78.1	66.2
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.1	99.3	98.4	95.7
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.4	0.3	1.2	3.7
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.2	6.2	6.4	9.5
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	67.6	64.4	65.2	55.2
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	36.9	35.1	35.6	26.6
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.6	64.6	65.6	68.2
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.2	2.5	2.6	2.1
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	69.6	62.4	64.3	70.9

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

Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Child Feeding Practices and Nutritional Status of Children				
75. Children under age 3 years breastfed within one hour of birth[15] (%)	36.2	42.8	41.3	34.4
76. Children under age 6 months exclusively breastfed[16] (%)	68.8	75.2	74.0	58.2
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	42.7	38.5	39.5	38.1
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	11.2	8.9	9.4	6.9
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.7	7.6	7.7	4.9
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	10.6	8.7	9.2	6.6
81. Children under 5 years who are stunted (height-for-age)[18] (%)	30.1	37.3	35.7	42.0
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.9	18.7	19.0	25.8
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.0	6.3	6.5	9.2
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.6	34.2	33.0	42.8
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.8	2.1	2.0	1.7
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] (%)	17.1	25.2	23.0	28.4
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	17.7	21.8	20.8	28.4
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	26.0	13.0	16.6	13.6
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	25.7	12.1	15.6	10.9
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	42.0	39.9	40.5	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	39.8	38.8	39.1	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	72.5	72.7	72.7	68.9
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	51.7	55.9	54.7	52.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	45.1	54.9	52.9	54.6
95. All women age 15-49 years who are anaemic[22] (%)	51.5	55.8	54.7	52.5
96. All women age 15-19 years who are anaemic[22] (%)	57.4	58.3	58.1	53.2
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	21.0	22.9	22.4	25.5
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	31.0	30.3	30.5	36.5
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.4	5.2	5.3	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.9	3.6	3.9	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.2	9.4	9.8	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	6.7	6.6	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.9	4.6	4.9	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.1	11.9	12.2	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) (%)	13.9	12.9	13.2	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.2	5.2	5.2	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.5	19.9	20.6	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.9	15.3	16.0	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.9	5.1	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 (%)	25.9	21.5	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.

Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Screening for Cancer among Adults (age 30-49 years)				
Women				
111. Ever undergone a screening test for cervical cancer (%)	1.1	0.7	0.8	na
112. Ever undergone a breast examination for breast cancer (%)	0.8	0.4	0.5	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.9	0.6	0.7	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.9	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 (%)	26.7	16.0	18.7	18.1
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	29.7	25.0	26.3	29.3
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	75.3	61.5	65.1	46.8
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	84.2	76.4	78.5	70.1
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	91.7	84.1	86.0	82.8
120. Women who worked in the last 12 months and were paid in cash (%)	23.2	28.0	26.8	29.9
121. Women owning a house and/or land (alone or jointly with others) (%)	35.8	41.3	39.9	43.5
122. Women having a bank or savings account that they themselves use (%)	78.5	73.3	74.7	37.3
123. Women having a mobile phone that they themselves use (%)	58.8	31.4	38.5	28.7
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	81.9	53.4	60.5	37.6
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	26.4	28.7	28.1	33.0
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.8	2.1	2.3	3.3
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.5	1.2	1.0	1.9
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 (%)	6.5	11.6	10.2	na
129. Men age 15 years and above who use any kind of tobacco (%)	35.3	50.8	46.5	na
130. Women age 15 years and above who consume alcohol (%)	0.5	1.2	1.0	na
131. Men age 15 years and above who consume alcohol (%)	13.2	18.6	17.1	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.

National Family Health Survey - 5

2019-21

District Fact Sheet

Agar Malwa
Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators for Agar Malwa. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Agar Malwa, information was gathered from 712 households, 588 women, and 82 men.

Agar Malwa, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	56.3
2. Population below age 15 years (%)	23.6
3. Sex ratio of the total population (females per 1,000 males)	919
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,212
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.8
6. Deaths in the last 3 years registered with the civil authority (%)	84.0
7. Population living in households with electricity (%)	99.5
8. Population living in households with an improved drinking-water source[1] (%)	81.4
9. Population living in households that use an improved sanitation facility[2] (%)	72.3
10. Households using clean fuel for cooking[3] (%)	39.5
11. Households using iodized salt (%)	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(12.1)
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	55.5
15. Women with 10 or more years of schooling (%)	19.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	35.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	67.6
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	78.2
21. Any modern method[6] (%)	73.0
22. Female sterilization (%)	64.0
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	0.6
25. Pill (%)	1.2
26. Condom (%)	5.8
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	3.4
29. Unmet need for spacing[7] (%)	3.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	24.2
31. Current users ever told about side effects of current method[8] (%)	55.0

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Agar Malwa, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	70.1
33. Mothers who had at least 4 antenatal care visits (%)	76.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	44.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,519
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.9
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	98.9
43. Institutional births in public facility (%)	89.8
44. Home births that were conducted by skilled health personnel[10] (%)	0.0
45. Births attended by skilled health personnel[10] (%)	93.6
46. Births delivered by caesarean section (%)	17.1
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	9.7
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(75.8)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*
51. Children age 12-23 months who have received BCG (%)	(92.8)
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(81.3)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(84.2)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(84.2)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(48.4)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(63.1)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(82.0)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	92.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	0.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*

[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.

Agar Malwa, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total
Child Feeding Practices and Nutritional Status of Children	
67. Children under age 3 years breastfed within one hour of birth[15] (%)	55.6
68. Children under age 6 months exclusively breastfed[16] (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(0.0)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(0.0)
73. Children under 5 years who are stunted (height-for-age)[18] (%)	40.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.0
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	26.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	8.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	40.7
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	(71.6)
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*
84. All women age 15-49 years who are anaemic[22] (%)	59.2
85. All women age 15-19 years who are anaemic[22] (%)	56.4
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	12.2
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.9
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.5
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	12.2
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.3
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	18.9
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.6
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.2
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.2
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.2
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.3
99. Ever undergone a breast examination for breast cancer (%)	0.3
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	2.6
102. Men age 15 years and above who use any kind of tobacco (%)	37.6
103. Women age 15 years and above who consume alcohol (%)	0.5
104. Men age 15 years and above who consume alcohol (%)	8.2

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Alirajpur
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Alirajpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Alirajpur, information was gathered from 974 households, 1,080 women, and 157 men.

Alirajpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	45.4	35.9
2. Population below age 15 years (%)	34.8	40.0
3. Sex ratio of the total population (females per 1,000 males)	1,008	1,023
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	942	950
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.0	55.6
6. Deaths in the last 3 years registered with the civil authority (%)	74.5	na
7. Population living in households with electricity (%)	98.5	92.9
8. Population living in households with an improved drinking-water source[1] (%)	89.6	89.1
9. Population living in households that use an improved sanitation facility[2] (%)	84.7	15.3
10. Households using clean fuel for cooking[3] (%)	17.4	11.7
11. Households using iodized salt (%)	97.1	93.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	42.5	3.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	40.8	na
15. Women with 10 or more years of schooling (%)	17.3	9.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	30.7	37.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.0	9.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.9	13.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	48.5	17.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	75.9	30.9
21. Any modern method[6] (%)	72.2	30.9
22. Female sterilization (%)	61.2	26.7
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	1.1	0.6
25. Pill (%)	3.3	1.8
26. Condom (%)	6.1	1.8
27. Injectables (%)	0.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.8	10.9
29. Unmet need for spacing[7] (%)	3.2	4.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	40.5	27.8
31. Current users ever told about side effects of current method[8] (%)	76.1	55.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Alirajpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	67.0	29.7
33. Mothers who had at least 4 antenatal care visits (%)	54.7	21.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.3	68.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.5	12.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	18.0	6.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.3	59.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.9	44.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	602	795
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(10.7)	2.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.2	50.4
43. Institutional births in public facility (%)	80.0	45.9
44. Home births that were conducted by skilled health personnel[10] (%)	7.5	2.5
45. Births attended by skilled health personnel[10] (%)	87.5	49.9
46. Births delivered by caesarean section (%)	4.2	1.6
47. Births in a private health facility that were delivered by caesarean section (%)	*	(26.7)
48. Births in a public health facility that were delivered by caesarean section (%)	3.3	0.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	84.1	22.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	82.7	*
51. Children age 12-23 months who have received BCG (%)	97.6	82.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	84.1	39.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.5	37.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.3	60.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	70.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.1	24.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	93.3	57.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	97.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.4	7.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	76.5
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	45.7
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	70.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.7	1.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	63.5

[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.

Alirajpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	54.2	25.4
68. Children under age 6 months exclusively breastfed[16] (%)	78.7	58.0
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(37.1)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	2.6	3.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(5.3)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.6	3.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	34.6	48.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.4	32.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.4	11.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.6	52.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.3	1.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	19.6	35.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.9	7.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	76.4	74.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.4	64.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(61.7)	64.1
84. All women age 15-49 years who are anaemic[22] (%)	60.5	64.4
85. All women age 15-19 years who are anaemic[22] (%)	76.5	64.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.2	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	1.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	21.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	10.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.3	na
103. Women age 15 years and above who consume alcohol (%)	7.0	na
104. Men age 15 years and above who consume alcohol (%)	37.4	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Anuppur
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Anuppur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Anuppur, information was gathered from 948 households, 1,020 women, and 187 men.

Anuppur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	65.0	63.8
2. Population below age 15 years (%)	24.1	30.1
3. Sex ratio of the total population (females per 1,000 males)	1,008	996
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	970	829
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.5	84.7
6. Deaths in the last 3 years registered with the civil authority (%)	78.4	na
7. Population living in households with electricity (%)	97.0	80.4
8. Population living in households with an improved drinking-water source[1] (%)	79.8	68.3
9. Population living in households that use an improved sanitation facility[2] (%)	69.4	21.1
10. Households using clean fuel for cooking[3] (%)	21.7	18.2
11. Households using iodized salt (%)	92.9	93.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	52.8	26.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	72.1	na
15. Women with 10 or more years of schooling (%)	28.6	23.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.6	29.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	2.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.8	8.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	56.2	20.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	65.5	49.1
21. Any modern method[6] (%)	57.6	47.5
22. Female sterilization (%)	52.2	43.0
23. Male sterilization (%)	2.1	0.8
24. IUD/PPIUD (%)	0.7	1.0
25. Pill (%)	0.1	0.3
26. Condom (%)	1.2	2.4
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.2	13.5
29. Unmet need for spacing[7] (%)	3.2	7.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.7	14.6
31. Current users ever told about side effects of current method[8] (%)	79.0	24.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Anuppur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	60.2	44.8
33. Mothers who had at least 4 antenatal care visits (%)	63.6	35.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.8	91.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.8	30.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.8	9.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.1	88.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.6	53.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1230	932
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(11.8)	5.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.8	76.7
43. Institutional births in public facility (%)	80.9	69.8
44. Home births that were conducted by skilled health personnel[10] (%)	2.8	3.7
45. Births attended by skilled health personnel[10] (%)	85.3	73.5
46. Births delivered by caesarean section (%)	13.7	5.9
47. Births in a private health facility that were delivered by caesarean section (%)	*	(44.0)
48. Births in a public health facility that were delivered by caesarean section (%)	14.1	4.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	86.6	57.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	90.1	(72.7)
51. Children age 12-23 months who have received BCG (%)	92.3	95.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	90.6	62.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.6	80.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.5	90.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	39.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	81.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.6	61.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.1	69.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	98.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.9	3.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.7	2.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(52.7)

[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.

Anuppur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	23.4	43.6
68. Children under age 6 months exclusively breastfed[16] (%)	(72.2)	(61.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	5.5	9.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.3	10.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	24.0	33.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.4	30.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.3	13.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	30.7	40.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.9	4.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	26.5	26.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.5	10.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	48.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	49.2	67.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	52.5	62.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(53.8)	58.4
84. All women age 15-49 years who are anaemic[22] (%)	52.6	62.3
85. All women age 15-19 years who are anaemic[22] (%)	43.6	65.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	16.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	53.8	na
103. Women age 15 years and above who consume alcohol (%)	3.7	na
104. Men age 15 years and above who consume alcohol (%)	36.2	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Ashoknagar
Madhya Pradesh

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

International Institute for Population Sciences
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Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Ashoknagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Ashoknagar, information was gathered from 827 households, 862 women, and 96 men.

Ashoknagar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	62.4	58.6
2. Population below age 15 years (%)	28.6	32.5
3. Sex ratio of the total population (females per 1,000 males)	935	889
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	915	942
5. Children under age 5 years whose birth was registered with the civil authority (%)	91.6	86.1
6. Deaths in the last 3 years registered with the civil authority (%)	78.7	na
7. Population living in households with electricity (%)	98.6	88.5
8. Population living in households with an improved drinking-water source[1] (%)	90.1	90.8
9. Population living in households that use an improved sanitation facility[2] (%)	53.7	21.2
10. Households using clean fuel for cooking[3] (%)	20.3	15.9
11. Households using iodized salt (%)	96.0	90.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	34.2	19.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	57.0	na
15. Women with 10 or more years of schooling (%)	17.6	12.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.7	35.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.4	4.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.7	9.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	50.6	32.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	76.6	58.3
21. Any modern method[6] (%)	68.2	58.3
22. Female sterilization (%)	57.8	49.2
23. Male sterilization (%)	0.4	0.0
24. IUD/PPIUD (%)	0.5	0.4
25. Pill (%)	0.8	2.9
26. Condom (%)	7.6	5.5
27. Injectables (%)	0.2	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.5	14.2
29. Unmet need for spacing[7] (%)	3.1	5.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	24.8	30.3
31. Current users ever told about side effects of current method[8] (%)	46.2	52.6

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Ashoknagar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	81.8	68.3
33. Mothers who had at least 4 antenatal care visits (%)	57.9	38.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.7	93.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	42.5	18.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.6	7.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.1	94.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.8	70.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,585	868
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.3	82.3
43. Institutional births in public facility (%)	83.6	75.9
44. Home births that were conducted by skilled health personnel[10] (%)	2.4	1.9
45. Births attended by skilled health personnel[10] (%)	92.1	69.7
46. Births delivered by caesarean section (%)	6.2	4.8
47. Births in a private health facility that were delivered by caesarean section (%)	*	(48.0)
48. Births in a public health facility that were delivered by caesarean section (%)	1.3	2.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	69.1	37.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(82.0)	(68.4)
51. Children age 12-23 months who have received BCG (%)	96.5	80.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	72.5	47.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.9	59.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.3	59.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	39.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	78.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.9	43.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.4	69.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	98.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.4	12.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	77.8
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	62.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	75.8
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.4	3.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(72.7)

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

Ashoknagar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	51.8	32.8
68. Children under age 6 months exclusively breastfed[16] (%)	(65.3)	(30.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	3.4	6.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	3.1	6.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	32.6	42.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.7	31.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.5	10.8
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.1	46.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.5	1.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	26.1	30.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.4	10.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	42.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	59.7	60.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	46.3	42.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(42.5)	39.7
84. All women age 15-49 years who are anaemic[22] (%)	46.1	42.3
85. All women age 15-19 years who are anaemic[22] (%)	45.0	46.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.8	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	12.2	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Balaghat
Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Balaghat. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Balaghat, information was gathered from 830 households, 860 women, and 137 men.

Balaghat, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	72.8	73.9
2. Population below age 15 years (%)	23.1	28.0
3. Sex ratio of the total population (females per 1,000 males)	1,037	1,067
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	979	1,038
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.3	84.2
6. Deaths in the last 3 years registered with the civil authority (%)	93.3	na
7. Population living in households with electricity (%)	98.7	89.0
8. Population living in households with an improved drinking-water source[1] (%)	83.3	75.4
9. Population living in households that use an improved sanitation facility[2] (%)	79.6	29.0
10. Households using clean fuel for cooking[3] (%)	31.1	16.4
11. Households using iodized salt (%)	98.0	95.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	68.4	17.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	77.4	na
15. Women with 10 or more years of schooling (%)	39.2	28.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	4.4	8.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.3	2.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.6	2.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	77.3	44.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	75.2	58.2
21. Any modern method[6] (%)	70.1	57.2
22. Female sterilization (%)	60.0	51.5
23. Male sterilization (%)	4.7	2.1
24. IUD/PPIUD (%)	0.3	0.5
25. Pill (%)	0.7	0.6
26. Condom (%)	1.6	2.4
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.5	10.0
29. Unmet need for spacing[7] (%)	3.7	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	49.8	21.5
31. Current users ever told about side effects of current method[8] (%)	96.6	22.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Balaghat, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	55.6	60.2
33. Mothers who had at least 4 antenatal care visits (%)	69.1	37.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.9	94.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	63.5	33.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	46.0	9.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	94.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.1	52.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,400	1,676
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.2)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.1	83.7
43. Institutional births in public facility (%)	88.6	73.4
44. Home births that were conducted by skilled health personnel[10] (%)	2.1	3.9
45. Births attended by skilled health personnel[10] (%)	97.7	83.8
46. Births delivered by caesarean section (%)	18.3	14.7
47. Births in a private health facility that were delivered by caesarean section (%)	*	(57.6)
48. Births in a public health facility that were delivered by caesarean section (%)	14.5	12.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(75.8)	64.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(82.0)	67.9
51. Children age 12-23 months who have received BCG (%)	(94.3)	92.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(89.8)	75.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(78.1)	91.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(91.8)	85.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(24.3)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(78.5)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(80.4)	76.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	94.7	72.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.7	5.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.0	1.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(85.8)

[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.

Balaghat, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	23.0	52.2
68. Children under age 6 months exclusively breastfed[16] (%)	*	(67.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	11.2	8.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.7	7.9
73. Children under 5 years who are stunted (height-for-age)[18] (%)	41.9	32.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.5	32.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.4	8.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	44.9	41.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.0	0.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	30.2	42.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	4.3	7.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	56.8	69.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.0	68.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	(62.2)
84. All women age 15-49 years who are anaemic[22] (%)	60.6	68.6
85. All women age 15-19 years who are anaemic[22] (%)	56.7	64.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.1	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	20.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.9	na
103. Women age 15 years and above who consume alcohol (%)	2.8	na
104. Men age 15 years and above who consume alcohol (%)	27.2	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BARWANI
MADHYA 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Barwani. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Barwani, information was gathered from 981 households, 1,236 women, and 189 men.

Barwani, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	54.1	51.5
2. Population below age 15 years (%)	33.3	36.5
3. Sex ratio of the total population (females per 1,000 males)	997	1,009
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	896	885
5. Children under age 5 years whose birth was registered with the civil authority (%)	89.9	53.4
6. Deaths in the last 3 years registered with the civil authority (%)	79.4	na
7. Population living in households with electricity (%)	99.3	89.9
8. Population living in households with an improved drinking-water source[1] (%)	90.4	84.4
9. Population living in households that use an improved sanitation facility[2] (%)	61.0	19.7
10. Households using clean fuel for cooking[3] (%)	40.5	22.0
11. Households using iodized salt (%)	90.3	97.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	29.2	27.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	49.3	na
15. Women with 10 or more years of schooling (%)	19.3	16.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.6	43.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.8	6.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.0	14.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	51.0	19.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	76.1	50.7
21. Any modern method[6] (%)	73.5	50.3
22. Female sterilization (%)	59.0	45.2
23. Male sterilization (%)	0.3	0.1
24. IUD/PPIUD (%)	0.9	0.2
25. Pill (%)	2.9	0.6
26. Condom (%)	7.9	3.9
27. Injectables (%)	0.3	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.6	8.9
29. Unmet need for spacing[7] (%)	3.5	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	41.3	19.3
31. Current users ever told about side effects of current method[8] (%)	78.7	22.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Barwani, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	88.8	42.7
33. Mothers who had at least 4 antenatal care visits (%)	64.2	26.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.1	73.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.2	20.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.0	12.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.1	91.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.4	42.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,599	930
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	8.6	3.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.1	50.7
43. Institutional births in public facility (%)	82.3	46.1
44. Home births that were conducted by skilled health personnel[10] (%)	5.4	2.8
45. Births attended by skilled health personnel[10] (%)	89.9	52.0
46. Births delivered by caesarean section (%)	10.4	4.1
47. Births in a private health facility that were delivered by caesarean section (%)	*	(25.6)
48. Births in a public health facility that were delivered by caesarean section (%)	10.2	6.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	76.1	41.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	78.3	61.2
51. Children age 12-23 months who have received BCG (%)	96.5	77.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	78.6	53.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.4	55.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.9	62.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	37.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	72.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.8	44.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	75.0	57.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	95.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.0	11.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	54.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	26.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	77.9
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.7	1.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.0)	71.7

[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.

Barwani, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	45.9	34.8
68. Children under age 6 months exclusively breastfed[16] (%)	77.9	71.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(26.1)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.0	3.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(15.6)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	11.1	4.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	45.8	52.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.9	28.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.0	8.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	41.0	55.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.6	0.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	27.1	40.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	8.2	10.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.2	82.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.5	65.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(53.8)	68.9
84. All women age 15-49 years who are anaemic[22] (%)	58.4	65.8
85. All women age 15-19 years who are anaemic[22] (%)	67.0	69.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	1.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.7	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.8	na
103. Women age 15 years and above who consume alcohol (%)	1.4	na
104. Men age 15 years and above who consume alcohol (%)	21.9	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Betul
Madhya Pradesh

International Institute for Population Sciences

(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Betul. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Betul, information was gathered from 911 households, 1,021 women, and 141 men.

Betul, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	71.2	69.0
2. Population below age 15 years (%)	24.3	26.9
3. Sex ratio of the total population (females per 1,000 males)	993	1,010
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,049	933
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.7	77.2
6. Deaths in the last 3 years registered with the civil authority (%)	80.1	na
7. Population living in households with electricity (%)	98.1	93.6
8. Population living in households with an improved drinking-water source[1] (%)	87.1	84.7
9. Population living in households that use an improved sanitation facility[2] (%)	59.8	32.1
10. Households using clean fuel for cooking[3] (%)	36.0	28.0
11. Households using iodized salt (%)	98.2	95.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	51.3	19.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	72.7	na
15. Women with 10 or more years of schooling (%)	38.7	33.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.2	12.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.5	1.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.4	4.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	62.5	37.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	77.2	64.0
21. Any modern method[6] (%)	70.7	59.5
22. Female sterilization (%)	58.7	51.8
23. Male sterilization (%)	1.5	1.2
24. IUD/PPIUD (%)	0.8	0.4
25. Pill (%)	1.2	0.8
26. Condom (%)	5.7	5.4
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.6	8.5
29. Unmet need for spacing[7] (%)	2.2	5.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	34.1	16.4
31. Current users ever told about side effects of current method[8] (%)	59.5	22.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Betul, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	76.9	62.0
33. Mothers who had at least 4 antenatal care visits (%)	74.0	39.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.9	93.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	78.3	26.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	57.8	9.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.9	91.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.4	56.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	454	837
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(29.0)	2.7
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	87.6	76.0
43. Institutional births in public facility (%)	80.8	62.7
44. Home births that were conducted by skilled health personnel[10] (%)	4.6	2.4
45. Births attended by skilled health personnel[10] (%)	83.5	76.1
46. Births delivered by caesarean section (%)	10.8	9.9
47. Births in a private health facility that were delivered by caesarean section (%)	*	(54.5)
48. Births in a public health facility that were delivered by caesarean section (%)	7.8	4.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	80.9	69.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	83.6	(87.1)
51. Children age 12-23 months who have received BCG (%)	94.9	97.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	91.0	72.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.1	90.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.6	96.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	46.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	86.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.4	68.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	93.1	79.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	91.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	6.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.3	13.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(45.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(20.4)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(55.0)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.3	2.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(67.8)	(67.2)

[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.

Betul, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	59.8	49.2
68. Children under age 6 months exclusively breastfed[16] (%)	(65.1)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.9	7.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.9	6.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	30.8	34.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.7	34.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.5	11.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.4	45.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.0	0.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	24.7	27.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	17.7	12.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	36.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	57.8	61.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	55.8	53.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(65.8)	(59.7)
84. All women age 15-49 years who are anaemic[22] (%)	56.2	54.1
85. All women age 15-19 years who are anaemic[22] (%)	56.6	57.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.2	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	45.7	na
103. Women age 15 years and above who consume alcohol (%)	3.1	na
104. Men age 15 years and above who consume alcohol (%)	20.5	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Bhind
Madhya 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

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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.

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

This fact sheet provides information on key indicators and trends for Bhind. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Bhind, information was gathered from 900 households, 956 women, and 133 men.

Bhind, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	66.9	62.7
2. Population below age 15 years (%)	28.5	29.9
3. Sex ratio of the total population (females per 1,000 males)	979	855
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	968	821
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.1	82.4
6. Deaths in the last 3 years registered with the civil authority (%)	79.3	na
7. Population living in households with electricity (%)	98.2	88.2
8. Population living in households with an improved drinking-water source[1] (%)	95.5	93.2
9. Population living in households that use an improved sanitation facility[2] (%)	79.9	32.8
10. Households using clean fuel for cooking[3] (%)	31.0	18.3
11. Households using iodized salt (%)	94.8	93.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	31.0	11.2
13. Children age 5 years who attended pre-primary school during the school year 2019-21 (%)	6.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	70.2	na
15. Women with 10 or more years of schooling (%)	28.9	25.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	25.1	33.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	2.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.5	6.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	75.3	41.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	58.7	55.7
21. Any modern method[6] (%)	48.5	53.6
22. Female sterilization (%)	38.4	44.9
23. Male sterilization (%)	0.2	0.2
24. IUD/PPIUD (%)	1.2	0.8
25. Pill (%)	0.7	2.0
26. Condom (%)	5.7	5.5
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	17.2	13.8
29. Unmet need for spacing[7] (%)	7.6	6.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.8	22.5
31. Current users ever told about side effects of current method[8] (%)	69.7	32.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Bhind, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	82.6	55.3
33. Mothers who had at least 4 antenatal care visits (%)	63.1	28.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.3	92.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	48.1	23.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	29.8	5.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.8	94.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.2	45.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,252	771
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.2)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.5	85.6
43. Institutional births in public facility (%)	82.1	78.3
44. Home births that were conducted by skilled health personnel[10] (%)	2.3	2.0
45. Births attended by skilled health personnel[10] (%)	93.5	86.7
46. Births delivered by caesarean section (%)	11.9	4.9
47. Births in a private health facility that were delivered by caesarean section (%)	(64.9)	(36.3)
48. Births in a public health facility that were delivered by caesarean section (%)	5.4	2.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	70.7	51.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	77.8	69.9
51. Children age 12-23 months who have received BCG (%)	92.2	91.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	74.9	61.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	83.1	78.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.4	82.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	24.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	78.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.7	58.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.1	67.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.5	98.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.5	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.0	8.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(49.1)	(63.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(24.1)	(25.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(73.2)	(70.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.2	0.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*

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

Bhind, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	50.1	44.1
68. Children under age 6 months exclusively breastfed[16] (%)	(88.8)	(33.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	14.8	2.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	13.6	2.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	32.2	47.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	12.4	30.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.9	12.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.0	49.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.2	1.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)[21] (%)	24.3	29.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)[21] (%)	20.5	12.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	30.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	75.6	71.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	70.3	66.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(56.2)	65.8
84. All women age 15-49 years who are anaemic[22] (%)	69.9	66.0
85. All women age 15-19 years who are anaemic[22] (%)	69.9	66.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.8	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	37.9	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	6.7	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Bhopal
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Bhopal. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Bhopal, information was gathered from 376 households, 337 women, and 38 men.

Bhopal, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	78.3	77.4
2. Population below age 15 years (%)	22.5	26.3
3. Sex ratio of the total population (females per 1,000 males)	927	899
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	(1,261)	890
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.5	93.0
6. Deaths in the last 3 years registered with the civil authority (%)	(88.1)	na
7. Population living in households with electricity (%)	99.6	98.6
8. Population living in households with an improved drinking-water source[1] (%)	96.7	97.7
9. Population living in households that use an improved sanitation facility[2] (%)	79.6	63.6
10. Households using clean fuel for cooking[3] (%)	83.6	74.9
11. Households using iodized salt (%)	99.5	98.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	50.7	35.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(24.4)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	80.0	na
15. Women with 10 or more years of schooling (%)	47.4	42.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.3	14.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.5	1.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.7	2.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	78.2	67.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	78.7	52.9
21. Any modern method[6] (%)	73.7	50.3
22. Female sterilization (%)	46.4	32.9
23. Male sterilization (%)	0.6	0.5
24. IUD/PPIUD (%)	2.9	1.3
25. Pill (%)	3.9	2.8
26. Condom (%)	17.3	12.5
27. Injectables (%)	0.0	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	9.6	15.9
29. Unmet need for spacing[7] (%)	5.2	6.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.6	27.0
31. Current users ever told about side effects of current method[8] (%)	(78.1)	64.8

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Bhopal, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	90.2	77.2
33. Mothers who had at least 4 antenatal care visits (%)	64.6	56.6
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.4	96.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	61.3	37.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	42.5	19.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.4	96.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.5	58.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,176	1,533
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.3	91.7
43. Institutional births in public facility (%)	67.7	68.0
44. Home births that were conducted by skilled health personnel[10] (%)	0.0	2.6
45. Births attended by skilled health personnel[10] (%)	92.1	94.3
46. Births delivered by caesarean section (%)	21.9	19.4
47. Births in a private health facility that were delivered by caesarean section (%)	*	46.8
48. Births in a public health facility that were delivered by caesarean section (%)	23.4	12.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	*	62.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*	(89.1)
51. Children age 12-23 months who have received BCG (%)	*	94.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	*	65.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	86.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	89.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	*	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	*	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	*	57.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	(84.6)	62.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	88.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	11.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.3	7.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(71.2)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(38.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(74.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.6	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*

[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.

Bhopal, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	36.0	18.3
68. Children under age 6 months exclusively breastfed[16] (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	7.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(14.4)	6.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	19.9	47.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.6	21.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.3	8.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.1	39.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.8	5.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	18.2	19.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	31.5	23.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	29.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	68.5	77.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	53.9	47.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	37.8
84. All women age 15-49 years who are anaemic[22] (%)	53.5	47.0
85. All women age 15-19 years who are anaemic[22] (%)	(54.6)	45.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.8	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.9	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.9	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	32.9	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	14.5	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Burhanpur
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Burhanpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Burhanpur, information was gathered from 955 households, 1,139 women, and 197 men.

Burhanpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	69.8	64.3
2. Population below age 15 years (%)	27.9	30.6
3. Sex ratio of the total population (females per 1,000 males)	941	951
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	816	901
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.1	78.9
6. Deaths in the last 3 years registered with the civil authority (%)	77.1	na
7. Population living in households with electricity (%)	98.3	90.7
8. Population living in households with an improved drinking-water source[1] (%)	96.0	92.9
9. Population living in households that use an improved sanitation facility[2] (%)	74.0	40.8
10. Households using clean fuel for cooking[3] (%)	68.2	45.1
11. Households using iodized salt (%)	94.9	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	42.2	40.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	64.7	na
15. Women with 10 or more years of schooling (%)	26.3	22.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	17.8	26.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.4	3.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.8	7.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	66.1	33.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	75.7	56.4
21. Any modern method[6] (%)	71.5	56.2
22. Female sterilization (%)	53.1	45.9
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	0.9	0.6
25. Pill (%)	4.8	1.6
26. Condom (%)	10.8	8.1
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.8	10.4
29. Unmet need for spacing[7] (%)	3.5	6.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	32.7	18.9
31. Current users ever told about side effects of current method[8] (%)	82.8	29.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Burhanpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	77.4	52.5
33. Mothers who had at least 4 antenatal care visits (%)	63.1	40.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.4	90.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	72.6	28.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	60.7	13.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.8	90.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.6	58.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,427	613
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.7	76.2
43. Institutional births in public facility (%)	76.3	58.8
44. Home births that were conducted by skilled health personnel[10] (%)	2.6	2.2
45. Births attended by skilled health personnel[10] (%)	92.3	76.9
46. Births delivered by caesarean section (%)	14.0	10.7
47. Births in a private health facility that were delivered by caesarean section (%)	55.4	37.9
48. Births in a public health facility that were delivered by caesarean section (%)	7.9	6.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	91.7	43.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	92.6	67.5
51. Children age 12-23 months who have received BCG (%)	97.1	90.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	91.7	55.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.2	67.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.9	70.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	92.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	92.9	44.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.8	58.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.4	95.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.6	4.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.2	6.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	59.1
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	18.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	68.4
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.0	1.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(57.7)	72.6

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

Burhanpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	28.0	42.2
68. Children under age 6 months exclusively breastfed[16] (%)	(69.4)	48.7
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(15.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	19.7	2.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(12.1)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	16.8	4.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.7	50.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	27.9	20.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	13.1	6.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	47.2	46.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.2	1.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	20.9	28.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	12.2	16.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	36.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	77.9	80.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.0	66.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(36.4)	64.5
84. All women age 15-49 years who are anaemic[22] (%)	57.3	66.3
85. All women age 15-19 years who are anaemic[22] (%)	66.5	74.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	13.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.4	na
103. Women age 15 years and above who consume alcohol (%)	1.0	na
104. Men age 15 years and above who consume alcohol (%)	13.7	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Chhatarpur
Madhya Pradesh

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

International Institute for Population Sciences
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Introduction

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

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

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

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

This fact sheet provides information on key indicators and trends for Chhatarpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Chhatarpur, information was gathered from 935 households, 1001 women, and 161 men.

Chhatarpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	65.1	58.4
2. Population below age 15 years (%)	29.6	33.8
3. Sex ratio of the total population (females per 1,000 males)	929	919
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	925	827
5. Children under age 5 years whose birth was registered with the civil authority (%)	86.4	71.1
6. Deaths in the last 3 years registered with the civil authority (%)	57.6	na
7. Population living in households with electricity (%)	96.8	79.8
8. Population living in households with an improved drinking-water source[1] (%)	86.5	72.5
9. Population living in households that use an improved sanitation facility[2] (%)	55.5	14.5
10. Households using clean fuel for cooking[3] (%)	30.1	13.5
11. Households using iodized salt (%)	86.6	70.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	17.1	7.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	19.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	60.5	na
15. Women with 10 or more years of schooling (%)	24.7	15.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	39.2	47.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.4	2.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.6	8.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	63.0	32.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.9	53.9
21. Any modern method[6] (%)	60.6	50.2
22. Female sterilization (%)	48.8	45.4
23. Male sterilization (%)	0.2	0.1
24. IUD/PPIUD (%)	0.3	0.1
25. Pill (%)	0.4	0.6
26. Condom (%)	8.9	4.0
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.4	12.9
29. Unmet need for spacing[7] (%)	3.9	5.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.8	14.8
31. Current users ever told about side effects of current method[8] (%)	53.6	28.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Chhatarpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.8	36.2
33. Mothers who had at least 4 antenatal care visits (%)	36.9	19.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.3	81.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	27.1	16.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	15.6	3.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	91.2	81.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.2	50.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,505	1,311
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(8.5)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.2	81.2
43. Institutional births in public facility (%)	73.1	73.3
44. Home births that were conducted by skilled health personnel[10] (%)	2.2	2.2
45. Births attended by skilled health personnel[10] (%)	84.4	74.3
46. Births delivered by caesarean section (%)	11.0	5.9
47. Births in a private health facility that were delivered by caesarean section (%)	(60.3)	(26.8)
48. Births in a public health facility that were delivered by caesarean section (%)	5.0	5.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	72.9	41.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(80.4)	(49.4)
51. Children age 12-23 months who have received BCG (%)	98.2	88.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	79.6	53.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.2	53.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.1	67.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	68.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.7	34.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.7	60.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.2	97.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.2	7.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(51.8)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(25.3)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(49.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.9	4.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(51.3)	71.2

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

Chhatarpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	28.5	37.9
68. Children under age 6 months exclusively breastfed[16] (%)	(78.4)	(68.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.4	11.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.8	10.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	45.1	42.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.5	18.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.8	7.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	34.6	41.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.4	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	25.2	28.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.9	10.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	46.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	87.2	66.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	63.4	48.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(68.3)	43.0
84. All women age 15-49 years who are anaemic[22] (%)	63.5	48.1
85. All women age 15-19 years who are anaemic[22] (%)	67.1	51.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.9	na
99. Ever undergone a breast examination for breast cancer (%)	3.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	3.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	10.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	60.5	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	17.5	na

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

[16]Based on the youngest child living with the mother.

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

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

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

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

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

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

[23]Random blood sugar measurement.

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Chhindwara
Madhya Pradesh

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Chhindwara. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Chhindwara, information was gathered from 926 households, 1,009 women, and 128 men.

Chhindwara, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	73.1	67.6
2. Population below age 15 years (%)	22.5	25.9
3. Sex ratio of the total population (females per 1,000 males)	1,032	950
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,078	933
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.9	91.9
6. Deaths in the last 3 years registered with the civil authority (%)	92.3	na
7. Population living in households with electricity (%)	98.9	90.5
8. Population living in households with an improved drinking-water source[1] (%)	89.1	81.1
9. Population living in households that use an improved sanitation facility[2] (%)	77.1	33.9
10. Households using clean fuel for cooking[3] (%)	43.6	25.0
11. Households using iodized salt (%)	98.5	95.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	48.5	14.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	72.7	na
15. Women with 10 or more years of schooling (%)	40.2	28.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.6	18.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.6	2.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.3	8.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	69.6	25.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	80.2	66.1
21. Any modern method[6] (%)	74.2	65.0
22. Female sterilization (%)	65.4	59.5
23. Male sterilization (%)	0.7	0.5
24. IUD/PPIUD (%)	2.1	0.8
25. Pill (%)	0.8	0.6
26. Condom (%)	4.6	3.6
27. Injectables (%)	0.0	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	3.6	9.4
29. Unmet need for spacing[7] (%)	2.3	6.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	35.1	16.2
31. Current users ever told about side effects of current method[8] (%)	60.1	19.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Chhindwara, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	82.1	56.6
33. Mothers who had at least 4 antenatal care visits (%)	67.0	41.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.0	90.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.7	37.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	34.3	23.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	94.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.2	52.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	718	1,312
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.7)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.2	86.1
43. Institutional births in public facility (%)	78.1	79.2
44. Home births that were conducted by skilled health personnel[10] (%)	0.8	1.9
45. Births attended by skilled health personnel[10] (%)	92.3	79.2
46. Births delivered by caesarean section (%)	17.1	8.8
47. Births in a private health facility that were delivered by caesarean section (%)	(65.1)	(39.8)
48. Births in a public health facility that were delivered by caesarean section (%)	10.1	7.7
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(65.3)	64.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(75.7)	(84.3)
51. Children age 12-23 months who have received BCG (%)	(95.7)	96.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(77.6)	71.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(80.6)	87.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(85.9)	92.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(27.3)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(67.4)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(71.7)	77.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	79.5	74.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.0	10.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(49.1)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(11.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(65.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.9	0.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(75.3)

[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.

Chhindwara, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	44.1	37.4
68. Children under age 6 months exclusively breastfed[16] (%)	(81.8)	(60.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.9	11.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.8	10.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	23.9	33.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.1	30.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.5	10.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.8	41.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.3	2.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)[21] (%)	28.5	29.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)[21] (%)	18.6	14.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	21.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	50.5	65.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	41.8	51.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(36.8)	55.9
84. All women age 15-49 years who are anaemic[22] (%)	41.7	52.1
85. All women age 15-19 years who are anaemic[22] (%)	45.3	52.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.8	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	21.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.0	na
103. Women age 15 years and above who consume alcohol (%)	2.3	na
104. Men age 15 years and above who consume alcohol (%)	21.8	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Damoh
Madhya Pradesh

International Institute for Population Sciences

(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Damoh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Damoh, information was gathered from 942 households, 988 women, and 160 men.

Damoh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	70.3	65.9
2. Population below age 15 years (%)	28.4	30.0
3. Sex ratio of the total population (females per 1,000 males)	953	917
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	751	860
5. Children under age 5 years whose birth was registered with the civil authority (%)	89.1	79.7
6. Deaths in the last 3 years registered with the civil authority (%)	55.2	na
7. Population living in households with electricity (%)	97.3	87.0
8. Population living in households with an improved drinking-water source[1] (%)	81.0	78.6
9. Population living in households that use an improved sanitation facility[2] (%)	40.6	23.3
10. Households using clean fuel for cooking[3] (%)	28.1	13.3
11. Households using iodized salt (%)	87.0	88.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	21.6	14.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	17.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	61.6	na
15. Women with 10 or more years of schooling (%)	24.8	17.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.6	40.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.7	2.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.9	7.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	40.9	33.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.9	36.2
21. Any modern method[6] (%)	67.5	35.9
22. Female sterilization (%)	58.1	33.0
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.2	0.8
25. Pill (%)	1.4	0.6
26. Condom (%)	4.6	1.5
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.4	14.0
29. Unmet need for spacing[7] (%)	3.6	4.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.8	14.8
31. Current users ever told about side effects of current method[8] (%)	57.0	25.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Damoh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	67.1	31.1
33. Mothers who had at least 4 antenatal care visits (%)	46.4	24.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.1	85.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	40.2	21.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	29.1	7.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.2	89.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.8	31.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,818	1,850
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(5.5)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	78.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.0	69.9
43. Institutional births in public facility (%)	80.3	62.9
44. Home births that were conducted by skilled health personnel[10] (%)	4.1	2.7
45. Births attended by skilled health personnel[10] (%)	85.2	65.7
46. Births delivered by caesarean section (%)	8.8	5.8
47. Births in a private health facility that were delivered by caesarean section (%)	*	(52.3)
48. Births in a public health facility that were delivered by caesarean section (%)	7.3	3.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	60.8	55.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(76.9)	(80.6)
51. Children age 12-23 months who have received BCG (%)	92.7	90.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	68.3	68.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	75.6	72.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.6	76.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	36.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	53.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	71.6	54.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.1	56.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.0	97.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.0	2.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.5	8.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(53.7)	(57.1)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(30.8)	(23.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(74.6)	(62.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.1	2.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	67.0	72.8

[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.

Damoh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	40.4	46.3
68. Children under age 6 months exclusively breastfed[16] (%)	69.8	(69.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.5	6.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.7	6.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	40.3	43.2
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.2	21.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.0	8.8
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.3	38.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.4	1.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	23.7	27.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	17.4	13.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	46.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	76.3	75.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	47.9	45.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(50.9)	(46.7)
84. All women age 15-49 years who are anaemic[22] (%)	48.1	45.5
85. All women age 15-19 years who are anaemic[22] (%)	57.0	39.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	16.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.4	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	15.2	na

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

NOTES

Government of India

सत्यमेव जयते

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Datia
Madhya 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

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

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

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

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

This fact sheet provides information on key indicators and trends for Datia. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Datia, information was gathered from 906 households, 1,015 women, and 145 men.

Datia, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.4	62.1
2. Population below age 15 years (%)	24.1	29.1
3. Sex ratio of the total population (females per 1,000 males)	916	893
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	658	819
5. Children under age 5 years whose birth was registered with the civil authority (%)	89.5	77.0
6. Deaths in the last 3 years registered with the civil authority (%)	82.4	na
7. Population living in households with electricity (%)	99.8	90.5
8. Population living in households with an improved drinking-water source[1] (%)	95.8	91.0
9. Population living in households that use an improved sanitation facility[2] (%)	66.8	35.6
10. Households using clean fuel for cooking[3] (%)	31.2	21.7
11. Households using iodized salt (%)	91.5	85.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	30.9	12.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	67.2	na
15. Women with 10 or more years of schooling (%)	27.8	21.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	27.7	38.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.9	4.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.0	7.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	72.9	40.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	73.1	59.0
21. Any modern method[6] (%)	66.3	57.7
22. Female sterilization (%)	58.2	51.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.2	0.2
25. Pill (%)	0.8	1.0
26. Condom (%)	5.9	4.8
27. Injectables (%)	0.0	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.4	13.2
29. Unmet need for spacing[7] (%)	4.2	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	32.2	24.2
31. Current users ever told about side effects of current method[8] (%)	56.0	33.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Datia, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	76.5	49.6
33. Mothers who had at least 4 antenatal care visits (%)	54.2	29.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.4	91.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.3	16.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.4	8.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.0	89.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.0	58.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,809	1,063
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.4	84.5
43. Institutional births in public facility (%)	76.7	73.1
44. Home births that were conducted by skilled health personnel[10] (%)	5.8	0.9
45. Births attended by skilled health personnel[10] (%)	88.6	80.6
46. Births delivered by caesarean section (%)	13.2	7.2
47. Births in a private health facility that were delivered by caesarean section (%)	(63.8)	(42.1)
48. Births in a public health facility that were delivered by caesarean section (%)	6.6	3.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	79.6	53.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(80.6)	(73.9)
51. Children age 12-23 months who have received BCG (%)	98.5	94.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	81.5	63.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.8	71.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.6	81.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	21.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	81.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.1	51.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.9	50.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	98.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.7	12.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(49.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(27.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(69.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.4	0.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(85.4)

[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.

Datia, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	56.4	32.0
68. Children under age 6 months exclusively breastfed[16] (%)	(58.4)	(63.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	3.5	4.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	2.8	3.9
73. Children under 5 years who are stunted (height-for-age)[18] (%)	36.8	48.9
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.4	26.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.8	8.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.4	46.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.8	1.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	23.0	32.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	19.1	10.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	39.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	72.8	73.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.6	60.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(59.7)	56.0
84. All women age 15-49 years who are anaemic[22] (%)	58.6	60.3
85. All women age 15-19 years who are anaemic[22] (%)	59.5	57.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.8	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.7	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.1	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.7	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	9.4	na

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

NOTES

National Family Health Survey - 5

2019-21

District Fact Sheet

Dewas
Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Dewas. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Dewas, information was gathered from 953 households, 1,107 women, and 188 men.

Dewas, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.6	63.6
2. Population below age 15 years (%)	25.0	29.7
3. Sex ratio of the total population (females per 1,000 males)	946	964
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	885	961
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.7	92.7
6. Deaths in the last 3 years registered with the civil authority (%)	72.4	na
7. Population living in households with electricity (%)	99.6	98.9
8. Population living in households with an improved drinking-water source[1] (%)	93.6	93.9
9. Population living in households that use an improved sanitation facility[2] (%)	69.6	50.4
10. Households using clean fuel for cooking[3] (%)	51.0	37.8
11. Households using iodized salt (%)	99.1	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	35.1	16.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	64.2	na
15. Women with 10 or more years of schooling (%)	27.7	22.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.1	37.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.9	4.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.2	9.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	68.8	51.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	63.6	56.6
21. Any modern method[6] (%)	61.2	56.4
22. Female sterilization (%)	45.5	47.2
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	0.9	0.1
25. Pill (%)	3.6	2.5
26. Condom (%)	9.8	6.2
27. Injectables (%)	0.8	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.7	11.3
29. Unmet need for spacing[7] (%)	3.1	6.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	15.1	34.1
31. Current users ever told about side effects of current method[8] (%)	64.9	60.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Dewas, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.9	66.4
33. Mothers who had at least 4 antenatal care visits (%)	49.1	41.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.1	94.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.0	25.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	40.8	11.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.1	97.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.3	77.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,815	1,607
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.2	92.4
43. Institutional births in public facility (%)	80.3	73.8
44. Home births that were conducted by skilled health personnel[10] (%)	3.6	0.3
45. Births attended by skilled health personnel[10] (%)	91.9	84.9
46. Births delivered by caesarean section (%)	13.5	14.8
47. Births in a private health facility that were delivered by caesarean section (%)	(63.1)	56.4
48. Births in a public health facility that were delivered by caesarean section (%)	7.5	5.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	87.1	60.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	95.0	74.2
51. Children age 12-23 months who have received BCG (%)	96.7	92.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	88.5	73.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.9	85.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.5	79.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	42.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	79.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.8	70.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	86.7	72.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.7	98.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3	1.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.5	10.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(72.4)	(71.8)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(46.5)	(35.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(68.9)	(75.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.7	1.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	64.7	68.2

[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.

Dewas, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	36.3	25.3
68. Children under age 6 months exclusively breastfed[16] (%)	(79.1)	(64.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.6	11.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(4.4)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	13.1	10.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	36.8	42.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.4	25.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.6	5.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	30.7	44.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.5	0.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	22.5	28.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	19.2	14.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	29.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	79.4	65.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	51.8	47.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(37.3)	60.2
84. All women age 15-49 years who are anaemic[22] (%)	51.3	47.8
85. All women age 15-19 years who are anaemic[22] (%)	59.0	43.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	9.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.8	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.1	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	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 women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

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सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Dhar
Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Dhar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Dhar, information was gathered from 592 households, 679 women, and 101 men.

Dhar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	59.5	56.7
2. Population below age 15 years (%)	26.9	31.0
3. Sex ratio of the total population (females per 1,000 males)	991	988
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,056	992
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.9	86.0
6. Deaths in the last 3 years registered with the civil authority (%)	76.7	na
7. Population living in households with electricity (%)	97.6	95.9
8. Population living in households with an improved drinking-water source[1] (%)	89.2	87.2
9. Population living in households that use an improved sanitation facility[2] (%)	61.9	35.8
10. Households using clean fuel for cooking[3] (%)	44.8	34.6
11. Households using iodized salt (%)	97.4	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	30.3	7.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	55.6	na
15. Women with 10 or more years of schooling (%)	23.8	20.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	26.5	32.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	5.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.7	9.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	57.9	50.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	77.7	52.6
21. Any modern method[6] (%)	75.5	52.6
22. Female sterilization (%)	60.9	45.0
23. Male sterilization (%)	0.3	0.1
24. IUD/PPIUD (%)	2.4	0.6
25. Pill (%)	3.9	1.9
26. Condom (%)	6.1	4.7
27. Injectables (%)	1.2	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.8	10.7
29. Unmet need for spacing[7] (%)	2.4	3.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	24.5	25.1
31. Current users ever told about side effects of current method[8] (%)	84.4	48.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Dhar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	81.7	61.7
33. Mothers who had at least 4 antenatal care visits (%)	76.5	29.6
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.1	84.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	59.3	14.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.2	6.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	84.9	96.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.4	70.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,250	1,543
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	1.5
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.5	78.0
43. Institutional births in public facility (%)	83.4	65.4
44. Home births that were conducted by skilled health personnel[10] (%)	1.1	1.3
45. Births attended by skilled health personnel[10] (%)	96.1	68.1
46. Births delivered by caesarean section (%)	13.2	7.3
47. Births in a private health facility that were delivered by caesarean section (%)	*	33.7
48. Births in a public health facility that were delivered by caesarean section (%)	5.1	4.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(75.4)	65.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(82.3)	82.8
51. Children age 12-23 months who have received BCG (%)	(94.3)	94.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(87.0)	75.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(90.3)	88.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(88.0)	85.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(33.8)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(60.9)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(86.3)	69.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.1	72.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	94.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	5.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.5	11.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	64.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	49.5
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	76.2
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.9	3.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	82.5

[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.

Dhar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	38.2	20.9
68. Children under age 6 months exclusively breastfed[16] (%)	*	(72.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(47.8)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(5.6)	17.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(3.1)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	4.6	14.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	28.8	42.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	29.5	31.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	11.1	10.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.9	47.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.2	1.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^{2})[21] (%)	17.1	30.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^{2})[21] (%)	10.1	12.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	65.0	75.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	49.5	55.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(68.6)	63.7
84. All women age 15-49 years who are anaemic[22] (%)	50.2	56.2
85. All women age 15-19 years who are anaemic[22] (%)	63.9	58.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.7	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.1	na
103. Women age 15 years and above who consume alcohol (%)	3.9	na
104. Men age 15 years and above who consume alcohol (%)	25.7	na

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

NOTES

National Family Health Survey - 5

2019-21

District Fact Sheet

Dindori
Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Dindori. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Dindori, information was gathered from 951 households, 1,047 women, and 163 men.

Dindori, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	64.8	59.4
2. Population below age 15 years (%)	27.2	31.5
3. Sex ratio of the total population (females per 1,000 males)	1,037	1,004
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	903	889
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.1	80.0
6. Deaths in the last 3 years registered with the civil authority (%)	79.8	na
7. Population living in households with electricity (%)	97.4	75.6
8. Population living in households with an improved drinking-water source[1] (%)	66.1	70.6
9. Population living in households that use an improved sanitation facility[2] (%)	47.9	7.7
10. Households using clean fuel for cooking[3] (%)	12.1	4.0
11. Households using iodized salt (%)	88.4	78.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	47.2	35.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	63.7	na
15. Women with 10 or more years of schooling (%)	25.8	13.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.1	37.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.0	2.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.7	10.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	37.5	15.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	78.1	66.8
21. Any modern method[6] (%)	70.4	63.0
22. Female sterilization (%)	62.4	61.2
23. Male sterilization (%)	0.6	0.9
24. IUD/PPIUD (%)	1.8	0.4
25. Pill (%)	1.0	0.1
26. Condom (%)	2.2	0.4
27. Injectables (%)	0.7	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	3.5	7.9
29. Unmet need for spacing[7] (%)	2.5	3.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	38.3	16.7
31. Current users ever told about side effects of current method[8] (%)	73.4	26.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Dindori, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	79.5	44.9
33. Mothers who had at least 4 antenatal care visits (%)	56.5	23.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.8	89.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.6	18.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	37.5	2.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5	89.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.9	45.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	193	606
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	16.4	1.6
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	77.6	55.8
43. Institutional births in public facility (%)	76.6	53.4
44. Home births that were conducted by skilled health personnel[10] (%)	7.0	4.4
45. Births attended by skilled health personnel[10] (%)	84.3	54.1
46. Births delivered by caesarean section (%)	2.1	1.1
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	2.1	1.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	80.3	49.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	81.7	(63.9)
51. Children age 12-23 months who have received BCG (%)	96.4	97.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	88.6	66.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	83.3	71.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.4	85.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	66.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.2	53.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.5	67.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.9	12.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(55.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(15.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(57.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.8	1.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(30.6)	(55.9)

[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.

Dindori, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	48.4	36.8
68. Children under age 6 months exclusively breastfed[16] (%)	(85.5)	(35.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.0	1.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.9	1.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.9	45.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.8	27.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.6	10.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	33.6	46.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.9	1.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	29.3	35.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	7.9	4.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	37.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.1	66.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	65.0	66.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(69.8)	(59.3)
84. All women age 15-49 years who are anaemic[22] (%)	65.2	66.5
85. All women age 15-19 years who are anaemic[22] (%)	64.2	64.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.4	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	21.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	22.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	60.6	na
103. Women age 15 years and above who consume alcohol (%)	6.8	na
104. Men age 15 years and above who consume alcohol (%)	36.0	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Guna

Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Guna. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Guna, information was gathered from 955 households, 1,165 women, and 162 men.

Guna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	61.4	57.8
2. Population below age 15 years (%)	28.6	32.2
3. Sex ratio of the total population (females per 1,000 males)	907	916
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	825	1,011
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1	91.6
6. Deaths in the last 3 years registered with the civil authority (%)	79.6	na
7. Population living in households with electricity (%)	98.3	94.1
8. Population living in households with an improved drinking-water source[1] (%)	81.4	83.3
9. Population living in households that use an improved sanitation facility[2] (%)	55.6	27.9
10. Households using clean fuel for cooking[3] (%)	34.5	23.2
11. Households using iodized salt (%)	95.9	93.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	43.1	16.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	53.2	na
15. Women with 10 or more years of schooling (%)	17.7	16.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.1	36.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.8	4.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.5	9.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	48.3	23.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	73.0	60.9
21. Any modern method[6] (%)	69.2	59.4
22. Female sterilization (%)	56.6	48.7
23. Male sterilization (%)	0.1	0.2
24. IUD/PPIUD (%)	0.6	0.2
25. Pill (%)	2.3	2.1
26. Condom (%)	8.0	7.3
27. Injectables (%)	0.6	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.5	10.7
29. Unmet need for spacing[7] (%)	5.0	6.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	35.1	39.7
31. Current users ever told about side effects of current method[8] (%)	67.7	53.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Guna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	84.6	60.7
33. Mothers who had at least 4 antenatal care visits (%)	68.3	31.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.2	95.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	60.8	21.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	43.4	3.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	93.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	78.0	57.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,544	1,109
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.2)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	98.0	90.1
43. Institutional births in public facility (%)	90.6	86.1
44. Home births that were conducted by skilled health personnel[10] (%)	1.6	1.0
45. Births attended by skilled health personnel[10] (%)	92.8	90.4
46. Births delivered by caesarean section (%)	6.7	3.9
47. Births in a private health facility that were delivered by caesarean section (%)	(62.2)	*
48. Births in a public health facility that were delivered by caesarean section (%)	2.3	3.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	78.8	65.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	81.7	82.9
51. Children age 12-23 months who have received BCG (%)	95.4	94.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	82.2	73.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	83.7	73.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.0	80.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	43.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	83.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.8	64.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.5	66.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.9	98.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.1	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.8	10.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	50.6
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	24.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	73.8
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.1	0.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	75.2

[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.

Guna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth[15] (%)	44.1	41.0
68. Children under age 6 months exclusively breastfed[16] (%)	(81.8)	(52.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(16.8)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.2	2.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.9	3.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	31.9	43.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	10.1	33.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.3	12.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.1	51.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.6	2.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	18.4	34.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	12.0	10.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	42.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	75.1	67.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	49.6	45.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(55.0)	55.0
84. All women age 15-49 years who are anaemic[22] (%)	49.8	46.2
85. All women age 15-19 years who are anaemic[22] (%)	49.2	46.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.1	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	12.8	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Gwalior

Madhya Pradesh

International Institute for Population Sciences

(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Gwalior. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Gwalior, information was gathered from 866 households, 958 women, and 123 men.

Gwalior, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	72.2	68.8
2. Population below age 15 years (%)	24.4	28.1
3. Sex ratio of the total population (females per 1,000 males)	902	887
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	753	858
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.5	83.5
6. Deaths in the last 3 years registered with the civil authority (%)	81.5	na
7. Population living in households with electricity (%)	99.5	96.2
8. Population living in households with an improved drinking-water source[1] (%)	98.6	97.3
9. Population living in households that use an improved sanitation facility[2] (%)	83.2	58.7
10. Households using clean fuel for cooking[3] (%)	69.8	57.3
11. Households using iodized salt (%)	94.9	97.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	40.6	15.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	76.0	na
15. Women with 10 or more years of schooling (%)	37.9	32.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.8	21.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.0	2.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.3	3.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	77.1	60.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	60.6	49.2
21. Any modern method[6] (%)	51.5	46.7
22. Female sterilization (%)	36.5	33.7
23. Male sterilization (%)	0.2	0.1
24. IUD/PPIUD (%)	0.5	0.6
25. Pill (%)	2.3	1.6
26. Condom (%)	10.9	10.3
27. Injectables (%)	0.2	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	13.4	12.0
29. Unmet need for spacing[7] (%)	5.9	4.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	22.5	25.3
31. Current users ever told about side effects of current method[8] (%)	70.5	54.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Gwalior, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	86.2	53.8
33. Mothers who had at least 4 antenatal care visits (%)	68.9	36.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.2	94.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.1	33.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	38.9	16.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.7	91.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.3	68.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,717	1,725
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	7.7
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.8	88.0
43. Institutional births in public facility (%)	74.1	68.4
44. Home births that were conducted by skilled health personnel[10] (%)	0.7	2.5
45. Births attended by skilled health personnel[10] (%)	94.2	89.5
46. Births delivered by caesarean section (%)	20.3	15.2
47. Births in a private health facility that were delivered by caesarean section (%)	51.0	48.2
48. Births in a public health facility that were delivered by caesarean section (%)	13.2	8.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	80.5	52.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	86.6	78.5
51. Children age 12-23 months who have received BCG (%)	91.8	98.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	82.2	60.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	83.9	78.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.2	79.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	70.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.0	58.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.6	70.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.7	92.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.9	7.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.9	9.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	50.7
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	17.3
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	68.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.6	0.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	80.4

[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.

Gwalior, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	49.2	26.9
68. Children under age 6 months exclusively breastfed[16] (%)	(72.9)	26.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(40.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	11.3	2.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	0.0
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	11.6	2.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	40.1	42.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	12.4	28.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	2.4	11.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	33.0	48.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.7	1.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	20.4	22.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	26.1	14.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	38.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.4	68.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	62.5	57.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(63.6)	49.4
84. All women age 15-49 years who are anaemic[22] (%)	62.5	57.4
85. All women age 15-19 years who are anaemic[22] (%)	66.6	60.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	4.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	30.2	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	11.3	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Harda
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Harda. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Harda, information was gathered from 980 households, 1,207 women, and 204 men.

Harda, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	74.1	65.8
2. Population below age 15 years (%)	24.3	29.7
3. Sex ratio of the total population (females per 1,000 males)	962	922
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	891	814
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.3	85.9
6. Deaths in the last 3 years registered with the civil authority (%)	75.6	na
7. Population living in households with electricity (%)	98.8	96.9
8. Population living in households with an improved drinking-water source[1] (%)	92.3	87.6
9. Population living in households that use an improved sanitation facility[2] (%)	68.8	52.0
10. Households using clean fuel for cooking[3] (%)	57.6	30.9
11. Households using iodized salt (%)	99.6	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	33.3	16.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	71.4	na
15. Women with 10 or more years of schooling (%)	30.8	17.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.0	25.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6	2.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.9	4.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	70.4	35.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	78.0	49.4
21. Any modern method[6] (%)	75.5	49.1
22. Female sterilization (%)	57.0	40.7
23. Male sterilization (%)	0.3	0.2
24. IUD/PPIUD (%)	0.4	0.4
25. Pill (%)	4.2	1.6
26. Condom (%)	10.9	6.0
27. Injectables (%)	0.9	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.2	8.6
29. Unmet need for spacing[7] (%)	3.1	4.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.9	26.5
31. Current users ever told about side effects of current method[8] (%)	78.3	45.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Harda, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	75.5	55.9
33. Mothers who had at least 4 antenatal care visits (%)	71.9	39.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.4	91.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	67.7	21.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	47.4	10.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.3	86.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.9	66.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,011	1,968
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	88.4	79.7
43. Institutional births in public facility (%)	76.3	66.3
44. Home births that were conducted by skilled health personnel[10] (%)	0.7	1.0
45. Births attended by skilled health personnel[10] (%)	84.1	78.5
46. Births delivered by caesarean section (%)	14.5	13.0
47. Births in a private health facility that were delivered by caesarean section (%)	(56.7)	58.8
48. Births in a public health facility that were delivered by caesarean section (%)	10.0	7.7
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	90.8	48.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(93.8)	(81.3)
51. Children age 12-23 months who have received BCG (%)	100.0	95.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	92.6	51.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	98.1	72.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.3	88.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	51.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	86.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	96.1	50.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	89.9	75.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.4	12.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	68.6
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	52.8
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	78.8
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	9.2	2.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	58.2	79.3

[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.

Harda, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	41.5	30.3
68. Children under age 6 months exclusively breastfed[16] (%)	(64.8)	(51.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(64.6)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	11.6	0.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.9	2.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.8	39.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	28.0	25.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	18.8	8.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	34.7	40.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.3	1.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	15.9	22.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.8	16.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	34.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	85.6	65.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	63.3	51.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(45.6)	51.8
84. All women age 15-49 years who are anaemic[22] (%)	62.6	51.3
85. All women age 15-19 years who are anaemic[22] (%)	69.4	49.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.8	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.0	na
103. Women age 15 years and above who consume alcohol (%)	0.7	na
104. Men age 15 years and above who consume alcohol (%)	16.0	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Hoshangabad
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Hoshangabad. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Hoshangabad, information was gathered from 942 households, 1,042 women, and 162 men.

Hoshangabad, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	74.0	70.7
2. Population below age 15 years (%)	24.7	26.2
3. Sex ratio of the total population (females per 1,000 males)	951	928
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	950	958
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.6	93.2
6. Deaths in the last 3 years registered with the civil authority (%)	71.7	na
7. Population living in households with electricity (%)	97.2	95.0
8. Population living in households with an improved drinking-water source[1] (%)	93.5	90.4
9. Population living in households that use an improved sanitation facility[2] (%)	68.5	47.5
10. Households using clean fuel for cooking[3] (%)	47.3	34.4
11. Households using iodized salt (%)	96.3	99.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	28.6	27.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	23.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	67.6	na
15. Women with 10 or more years of schooling (%)	35.5	28.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.7	18.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.7	2.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.2	2.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	55.6	43.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	28.6	50.2
21. Any modern method[6] (%)	28.0	49.6
22. Female sterilization (%)	20.0	42.4
23. Male sterilization (%)	0.2	0.2
24. IUD/PPIUD (%)	0.4	0.4
25. Pill (%)	1.6	0.7
26. Condom (%)	4.9	5.7
27. Injectables (%)	0.1	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	17.7	9.2
29. Unmet need for spacing[7] (%)	7.1	4.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.8	27.5
31. Current users ever told about side effects of current method[8] (%)	52.1	45.8

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Hoshangabad, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	42.4	55.2
33. Mothers who had at least 4 antenatal care visits (%)	31.5	46.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	89.3	95.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	44.9	26.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	31.3	12.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.5	94.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.6	73.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,623	1,088
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.8	88.8
43. Institutional births in public facility (%)	79.5	77.6
44. Home births that were conducted by skilled health personnel[10] (%)	0.8	2.3
45. Births attended by skilled health personnel[10] (%)	82.0	82.8
46. Births delivered by caesarean section (%)	22.5	11.8
47. Births in a private health facility that were delivered by caesarean section (%)	(53.9)	49.3
48. Births in a public health facility that were delivered by caesarean section (%)	20.1	8.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	73.5	49.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(90.3)	69.8
51. Children age 12-23 months who have received BCG (%)	94.9	97.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	79.0	60.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.9	73.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.9	79.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	42.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	79.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.9	55.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.1	73.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.1	98.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.9	1.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.2	10.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(51.2)	72.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(33.4)	63.4
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(74.2)	69.3
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.3	1.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	56.2	73.4

[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.

Hoshangabad, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	36.0	36.7
68. Children under age 6 months exclusively breastfed[16] (%)	(73.9)	36.5
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(26.8)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.5	1.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(1.6)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	11.2	1.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	34.8	37.2
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.5	29.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.2	10.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	27.2	40.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.8	1.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	21.9	23.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.6	14.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	31.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.8	67.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	52.4	55.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(35.3)	53.0
84. All women age 15-49 years who are anaemic[22] (%)	51.9	55.8
85. All women age 15-19 years who are anaemic[22] (%)	52.1	57.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	2.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.4	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	21.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	50.4	na
103. Women age 15 years and above who consume alcohol (%)	1.2	na
104. Men age 15 years and above who consume alcohol (%)	15.7	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Indore
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Indore. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Indore, information was gathered from 868 households, 1,071 women, and 188 men.

Indore, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	78.0	75.3
2. Population below age 15 years (%)	23.8	27.6
3. Sex ratio of the total population (females per 1,000 males)	987	895
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	996	849
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.6	92.2
6. Deaths in the last 3 years registered with the civil authority (%)	81.3	na
7. Population living in households with electricity (%)	100.0	99.3
8. Population living in households with an improved drinking-water source[1] (%)	98.9	99.6
9. Population living in households that use an improved sanitation facility[2] (%)	90.0	75.2
10. Households using clean fuel for cooking[3] (%)	86.9	84.9
11. Households using iodized salt (%)	98.3	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	40.3	15.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	80.3	na
15. Women with 10 or more years of schooling (%)	47.7	41.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.7	23.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.9	1.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.2	5.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	83.7	71.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	83.4	54.0
21. Any modern method[6] (%)	79.6	52.9
22. Female sterilization (%)	47.9	37.3
23. Male sterilization (%)	1.0	0.5
24. IUD/PPIUD (%)	2.3	0.7
25. Pill (%)	4.6	3.1
26. Condom (%)	22.0	11.1
27. Injectables (%)	1.0	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.0	11.6
29. Unmet need for spacing[7] (%)	2.0	5.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.1	21.4
31. Current users ever told about side effects of current method[8] (%)	79.1	57.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Indore, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	86.4	81.8
33. Mothers who had at least 4 antenatal care visits (%)	74.6	76.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.7	97.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	72.3	34.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	37.1	19.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.2	97.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.6	67.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,835	1,812
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.5	94.7
43. Institutional births in public facility (%)	63.5	50.6
44. Home births that were conducted by skilled health personnel[10] (%)	2.6	1.0
45. Births attended by skilled health personnel[10] (%)	97.8	95.2
46. Births delivered by caesarean section (%)	21.9	21.6
47. Births in a private health facility that were delivered by caesarean section (%)	49.7	36.4
48. Births in a public health facility that were delivered by caesarean section (%)	8.6	10.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	84.6	57.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	90.3	89.8
51. Children age 12-23 months who have received BCG (%)	96.0	97.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	86.1	60.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.1	73.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.1	82.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	36.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	65.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.8	54.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.3	70.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.8	74.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.2	25.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.2	5.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(57.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(12.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(90.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9	0.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(78.8)	(83.3)

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

Indore, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	29.3	21.9
68. Children under age 6 months exclusively breastfed[16] (%)	*	61.3
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(60.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.0	12.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(0.6)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.8	10.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	28.7	39.2
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.2	17.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.3	6.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	24.9	30.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.2	4.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	15.6	18.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	19.0	23.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	34.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.8	71.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	47.9	46.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(52.8)	53.6
84. All women age 15-49 years who are anaemic[22] (%)	48.1	46.8
85. All women age 15-19 years who are anaemic[22] (%)	55.9	48.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.8	na
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Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	na
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Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.2	na
99. Ever undergone a breast examination for breast cancer (%)	1.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	4.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	36.3	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	14.4	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).
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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Jabalpur
Madhya Pradesh

International Institute for Population Sciences

(Deemed University)

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

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

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

This fact sheet provides information on key indicators and trends for Jabalpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Jabalpur, information was gathered from 213 households, 216 women, and 36 men.

Jabalpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	70.0	76.8
2. Population below age 15 years (%)	23.4	26.1
3. Sex ratio of the total population (females per 1,000 males)	965	955
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	(1,111)	924
5. Children under age 5 years whose birth was registered with the civil authority (%)	100.0	92.8
6. Deaths in the last 3 years registered with the civil authority (%)	*	na
7. Population living in households with electricity (%)	99.7	95.7
8. Population living in households with an improved drinking-water source[1] (%)	98.0	96.4
9. Population living in households that use an improved sanitation facility[2] (%)	61.9	50.9
10. Households using clean fuel for cooking[3] (%)	28.5	48.5
11. Households using iodized salt (%)	98.6	91.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	61.2	36.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	*	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	68.2	na
15. Women with 10 or more years of schooling (%)	30.4	37.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	(7.2)	15.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	1.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	(13.6)	4.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	56.2	51.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	83.0	65.9
21. Any modern method[6] (%)	77.8	61.4
22. Female sterilization (%)	74.1	54.1
23. Male sterilization (%)	0.8	0.3
24. IUD/PPIUD (%)	0.5	1.0
25. Pill (%)	0.5	0.8
26. Condom (%)	1.9	5.2
27. Injectables (%)	0.0	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	2.9	10.4
29. Unmet need for spacing[7] (%)	1.4	6.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.8	27.1
31. Current users ever told about side effects of current method[8] (%)	(54.5)	36.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Jabalpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	(91.8)	59.7
33. Mothers who had at least 4 antenatal care visits (%)	(60.4)	57.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	(95.1)	93.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	(76.6)	43.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	(48.2)	18.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	(97.9)	92.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	(97.5)	62.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	(525)	1,336
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	1.7
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	(88.9)	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.7	88.3
43. Institutional births in public facility (%)	89.2	68.0
44. Home births that were conducted by skilled health personnel[10] (%)	0.0	1.2
45. Births attended by skilled health personnel[10] (%)	94.7	85.4
46. Births delivered by caesarean section (%)	7.2	18.7
47. Births in a private health facility that were delivered by caesarean section (%)	*	49.1
48. Births in a public health facility that were delivered by caesarean section (%)	1.8	12.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	*	67.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*	78.5
51. Children age 12-23 months who have received BCG (%)	*	98.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	*	70.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	88.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	90.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	*	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	*	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	*	64.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	*	74.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	88.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	11.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.0	9.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	58.5
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	17.9
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	72.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.0	0.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	74.7

[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.

Jabalpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	(73.2)	49.2
68. Children under age 6 months exclusively breastfed[16] (%)	*	(47.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(49.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	7.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(0.0)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	*	6.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	(18.0)	36.2
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	(26.4)	30.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	(10.0)	10.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	(31.3)	42.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	(0.0)	0.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	27.8	23.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.6	21.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	25.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	(37.8)	59.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	48.6	49.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	57.3
84. All women age 15-49 years who are anaemic[22] (%)	48.9	49.6
85. All women age 15-19 years who are anaemic[22] (%)	(49.0)	53.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.3	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.8	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	18.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	56.6	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	23.5	na

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

NOTES

Government of India

सत्यमेव जयते

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Jhabua
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Jhabua. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Jhabua, information was gathered from 960 households, 1,037 women, and 140 men.

Jhabua, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	45.9	36.4
2. Population below age 15 years (%)	38.9	41.2
3. Sex ratio of the total population (females per 1,000 males)	1,061	969
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,156	1,026
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.3	60.5
6. Deaths in the last 3 years registered with the civil authority (%)	75.4	na
7. Population living in households with electricity (%)	98.9	88.8
8. Population living in households with an improved drinking-water source[1] (%)	85.2	85.8
9. Population living in households that use an improved sanitation facility[2] (%)	57.6	12.4
10. Households using clean fuel for cooking[3] (%)	17.5	9.1
11. Households using iodized salt (%)	96.1	93.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	43.7	2.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	37.1	na
15. Women with 10 or more years of schooling (%)	16.0	9.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	36.5	54.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	7.1	6.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.7	24.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	50.4	13.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	76.0	10.4
21. Any modern method[6] (%)	71.6	10.4
22. Female sterilization (%)	58.8	8.2
23. Male sterilization (%)	0.2	0.2
24. IUD/PPIUD (%)	1.0	0.3
25. Pill (%)	1.8	0.5
26. Condom (%)	5.4	1.1
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.8	15.2
29. Unmet need for spacing[7] (%)	2.4	6.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	38.2	21.3
31. Current users ever told about side effects of current method[8] (%)	84.2	(43.4)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Jhabua, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	92.9	29.3
33. Mothers who had at least 4 antenatal care visits (%)	63.6	20.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.0	81.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	50.3	19.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	38.6	10.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.7	79.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.5	51.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,132	979
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	7.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.9	74.2
43. Institutional births in public facility (%)	86.1	65.7
44. Home births that were conducted by skilled health personnel[10] (%)	1.7	4.2
45. Births attended by skilled health personnel[10] (%)	94.2	68.8
46. Births delivered by caesarean section (%)	7.0	3.5
47. Births in a private health facility that were delivered by caesarean section (%)	(44.1)	27.7
48. Births in a public health facility that were delivered by caesarean section (%)	4.6	1.7
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	88.9	25.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	92.2	*
51. Children age 12-23 months who have received BCG (%)	98.7	78.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	93.1	30.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.6	46.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.6	71.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	45.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	85.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.6	23.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	71.0	56.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	99.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.5	11.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	52.2
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	17.9
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	79.1
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.3	2.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	62.6

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

Jhabua, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	36.5	21.0
68. Children under age 6 months exclusively breastfed[16] (%)	67.3	55.8
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(26.8)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	16.3	4.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(13.6)	(18.2)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	15.7	7.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	49.3	45.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.9	24.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.6	9.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	41.7	43.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.1	2.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	29.2	30.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	11.6	9.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	44.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	80.1	72.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.7	57.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	60.3	74.2
84. All women age 15-49 years who are anaemic[22] (%)	58.8	58.8
85. All women age 15-19 years who are anaemic[22] (%)	63.7	64.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.7	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.6	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.6	na
99. Ever undergone a breast examination for breast cancer (%)	0.7	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.1	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	4.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.2	na
103. Women age 15 years and above who consume alcohol (%)	1.1	na
104. Men age 15 years and above who consume alcohol (%)	22.0	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Katni
Madhya Pradesh

सत्यमेव जयते
Government of India

(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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Katni. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Katni, information was gathered from 739 households, 777 women, and 101 men.

Katni, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	71.4	68.4
2. Population below age 15 years (%)	25.3	29.2
3. Sex ratio of the total population (females per 1,000 males)	979	996
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	958	1,228
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.8	88.8
6. Deaths in the last 3 years registered with the civil authority (%)	60.3	na
7. Population living in households with electricity (%)	97.9	84.1
8. Population living in households with an improved drinking-water source[1] (%)	94.0	89.1
9. Population living in households that use an improved sanitation facility[2] (%)	53.5	22.7
10. Households using clean fuel for cooking[3] (%)	29.5	18.8
11. Households using iodized salt (%)	85.3	79.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	18.1	17.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	67.2	na
15. Women with 10 or more years of schooling (%)	32.5	23.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	17.2	31.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.0	3.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.7	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	55.5	19.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.4	45.7
21. Any modern method[6] (%)	64.1	44.3
22. Female sterilization (%)	50.8	40.8
23. Male sterilization (%)	1.1	0.7
24. IUD/PPIUD (%)	1.0	0.4
25. Pill (%)	2.2	0.6
26. Condom (%)	6.3	1.7
27. Injectables (%)	0.5	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.0	9.8
29. Unmet need for spacing[7] (%)	3.2	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.3	13.8
31. Current users ever told about side effects of current method[8] (%)	55.6	22.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Katni, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	73.6	36.6
33. Mothers who had at least 4 antenatal care visits (%)	52.9	32.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.8	90.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.8	29.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	25.3	7.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.9	88.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.2	61.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,019	4,685
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	5.7
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.8	78.4
43. Institutional births in public facility (%)	84.4	68.2
44. Home births that were conducted by skilled health personnel[10] (%)	3.8	4.8
45. Births attended by skilled health personnel[10] (%)	93.3	75.5
46. Births delivered by caesarean section (%)	5.1	8.4
47. Births in a private health facility that were delivered by caesarean section (%)	*	(69.9)
48. Births in a public health facility that were delivered by caesarean section (%)	1.9	1.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(86.0)	46.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(77.9)	(74.4)
51. Children age 12-23 months who have received BCG (%)	(95.8)	97.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(93.0)	57.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(90.5)	83.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(97.5)	85.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(35.0)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(75.9)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(90.5)	49.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.7	68.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	97.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	2.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.1	6.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.3	2.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(45.6)	(55.4)

[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.

Katni, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	56.5	47.0
68. Children under age 6 months exclusively breastfed[16] (%)	(76.3)	(72.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.9	18.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.2	17.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	49.5	45.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.8	23.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	10.6	12.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	44.0	43.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.7	2.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	18.1	27.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.4	16.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	57.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.7	65.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.2	51.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(44.5)	55.2
84. All women age 15-49 years who are anaemic[22] (%)	58.7	52.0
85. All women age 15-19 years who are anaemic[22] (%)	61.0	45.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.8	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	57.4	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	18.8	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Khandwa (East Nimar)

Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Khandwa (East Nimar). Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Khandwa (East Nimar), information was gathered from 531 households, 562 women, and 17 men.

Khandwa (East Nimar), Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	67.1	63.4
2. Population below age 15 years (%)	26.0	30.9
3. Sex ratio of the total population (females per 1,000 males)	999	949
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,272	823
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.1	93.3
6. Deaths in the last 3 years registered with the civil authority (%)	89.3	na
7. Population living in households with electricity (%)	99.3	92.0
8. Population living in households with an improved drinking-water source[1] (%)	88.7	78.1
9. Population living in households that use an improved sanitation facility[2] (%)	76.7	36.8
10. Households using clean fuel for cooking[3] (%)	48.3	28.0
11. Households using iodized salt (%)	98.7	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	38.1	10.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(11.3)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	65.8	na
15. Women with 10 or more years of schooling (%)	27.9	16.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.8	18.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.0	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.8	6.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	68.4	27.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.9	67.3
21. Any modern method[6] (%)	71.1	66.9
22. Female sterilization (%)	64.8	58.1
23. Male sterilization (%)	0.0	0.4
24. IUD/PPIUD (%)	0.0	0.6
25. Pill (%)	2.2	2.3
26. Condom (%)	3.6	5.3
27. Injectables (%)	0.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.5	7.3
29. Unmet need for spacing[7] (%)	6.4	4.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	36.1	30.7
31. Current users ever told about side effects of current method[8] (%)	78.2	62.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Khandwa (East Nimar), Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.5	73.0
33. Mothers who had at least 4 antenatal care visits (%)	62.2	48.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.7	95.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.9	34.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	27.6	9.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.0	96.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.3	56.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	869	773
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.2	81.8
43. Institutional births in public facility (%)	90.0	76.4
44. Home births that were conducted by skilled health personnel[10] (%)	1.2	1.2
45. Births attended by skilled health personnel[10] (%)	93.1	82.6
46. Births delivered by caesarean section (%)	7.6	9.7
47. Births in a private health facility that were delivered by caesarean section (%)	*	(49.9)
48. Births in a public health facility that were delivered by caesarean section (%)	7.6	9.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(87.9)	58.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(94.0)	80.0
51. Children age 12-23 months who have received BCG (%)	(97.0)	98.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(87.9)	71.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(94.5)	74.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(94.5)	89.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(36.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(73.2)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(94.5)	66.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	86.9	80.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	98.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.2	15.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	63.1
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	20.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	70.6
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	9.3	1.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	85.3

[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.

Khandwa (East Nimar), Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	52.9	30.6
68. Children under age 6 months exclusively breastfed[16] (%)	*	(46.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(36.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(3.8)	3.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(3.5)	2.7
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.4	43.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.7	21.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.5	6.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.3	46.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.2	0.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	21.7	34.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.7	12.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	34.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	86.8	77.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	66.9	58.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	62.9
84. All women age 15-49 years who are anaemic[22] (%)	64.8	58.5
85. All women age 15-19 years who are anaemic[22] (%)	68.9	63.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.9	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	14.8	na

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

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

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

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

This fact sheet provides information on key indicators and trends for Khargone (West Nimar). Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Khargone (West Nimar), information was gathered from 974 households, 1,173 women, and 180 men.

Khargone (West Nimar), Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	62.1	60.1
2. Population below age 15 years (%)	25.9	28.4
3. Sex ratio of the total population (females per 1,000 males)	936	964
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,043	984
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.6	86.7
6. Deaths in the last 3 years registered with the civil authority (%)	78.8	na
7. Population living in households with electricity (%)	98.8	98.1
8. Population living in households with an improved drinking-water source[1] (%)	97.0	90.4
9. Population living in households that use an improved sanitation facility[2] (%)	73.8	32.9
10. Households using clean fuel for cooking[3] (%)	61.6	31.7
11. Households using iodized salt (%)	97.2	99.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	43.7	10.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	59.5	na
15. Women with 10 or more years of schooling (%)	27.2	17.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.3	25.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.7	3.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.8	7.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	69.1	41.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	77.8	70.6
21. Any modern method[6] (%)	75.0	70.1
22. Female sterilization (%)	62.4	62.7
23. Male sterilization (%)	0.1	0.3
24. IUD/PPIUD (%)	0.9	1.1
25. Pill (%)	1.9	1.9
26. Condom (%)	9.1	4.1
27. Injectables (%)	0.5	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.5	6.6
29. Unmet need for spacing[7] (%)	3.7	3.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	40.0	27.7
31. Current users ever told about side effects of current method[8] (%)	85.7	60.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Khargone (West Nimar), Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	72.8	64.1
33. Mothers who had at least 4 antenatal care visits (%)	61.3	38.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.2	94.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	45.3	24.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	27.8	10.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.7	90.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.7	54.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,657	763
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.8	74.3
43. Institutional births in public facility (%)	85.6	64.7
44. Home births that were conducted by skilled health personnel[10] (%)	1.3	2.2
45. Births attended by skilled health personnel[10] (%)	88.2	73.9
46. Births delivered by caesarean section (%)	15.3	10.9
47. Births in a private health facility that were delivered by caesarean section (%)	*	(50.2)
48. Births in a public health facility that were delivered by caesarean section (%)	13.6	9.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	77.4	64.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	76.9	85.2
51. Children age 12-23 months who have received BCG (%)	95.1	91.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	81.0	71.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.6	71.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.2	86.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	51.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	69.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.6	66.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	96.0	84.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.4	13.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	57.6
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	18.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	70.2
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.9	3.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	77.7

[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.

Khargone (West Nimar), Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	42.2	17.8
68. Children under age 6 months exclusively breastfed[16] (%)	(63.1)	(62.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(40.1)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.1	5.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.6	6.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	31.4	48.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	27.4	21.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	11.9	5.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	44.0	44.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.9	0.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	16.7	36.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.0	11.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	71.5	76.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	50.5	57.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(38.6)	59.3
84. All women age 15-49 years who are anaemic[22] (%)	50.1	57.8
85. All women age 15-19 years who are anaemic[22] (%)	56.1	58.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.1	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.0	na
103. Women age 15 years and above who consume alcohol (%)	1.1	na
104. Men age 15 years and above who consume alcohol (%)	16.6	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Mandla
Madhya Pradesh

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Mandla. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Mandla, information was gathered from 971 households, 1,049 women, and 153 men.

Mandla, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	68.3	63.8
2. Population below age 15 years (%)	25.1	29.9
3. Sex ratio of the total population (females per 1,000 males)	1,052	1,053
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,130	974
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.7	74.2
6. Deaths in the last 3 years registered with the civil authority (%)	86.7	na
7. Population living in households with electricity (%)	96.8	78.7
8. Population living in households with an improved drinking-water source[1] (%)	79.7	62.8
9. Population living in households that use an improved sanitation facility[2] (%)	58.4	15.1
10. Households using clean fuel for cooking[3] (%)	22.3	14.7
11. Households using iodized salt (%)	94.3	82.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	42.6	37.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	66.5	na
15. Women with 10 or more years of schooling (%)	30.5	18.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	15.0	28.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	2.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.6	8.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	53.4	15.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	79.1	66.9
21. Any modern method[6] (%)	74.3	64.2
22. Female sterilization (%)	64.0	57.1
23. Male sterilization (%)	1.4	4.6
24. IUD/PPIUD (%)	2.0	0.5
25. Pill (%)	1.1	0.6
26. Condom (%)	3.4	1.2
27. Injectables (%)	0.3	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	3.6	8.2
29. Unmet need for spacing[7] (%)	1.0	3.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	38.8	29.1
31. Current users ever told about side effects of current method[8] (%)	63.7	30.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Mandla, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	81.7	56.1
33. Mothers who had at least 4 antenatal care visits (%)	54.4	44.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.5	91.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	60.5	27.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	40.9	8.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.5	90.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.2	52.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	735	796
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(11.6)	1.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	87.6	59.2
43. Institutional births in public facility (%)	81.0	53.9
44. Home births that were conducted by skilled health personnel[10] (%)	2.0	4.9
45. Births attended by skilled health personnel[10] (%)	76.7	60.1
46. Births delivered by caesarean section (%)	10.2	5.0
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	6.0	3.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	88.9	55.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	94.6	(75.1)
51. Children age 12-23 months who have received BCG (%)	96.7	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	92.3	68.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.5	80.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.1	90.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	38.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	78.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	93.5	56.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	94.9	77.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	98.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.2	10.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(81.5)	(63.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(35.8)	(24.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(70.7)	(47.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.5	0.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.2)	(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.

Mandla, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	42.9	53.0
68. Children under age 6 months exclusively breastfed[16] (%)	(92.0)	(66.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.1	3.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.3	3.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	32.1	36.9
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.9	33.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	3.9	11.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	33.0	49.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.0	0.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	26.8	34.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.7	7.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	70.2	69.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.5	69.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(64.3)	(69.8)
84. All women age 15-49 years who are anaemic[22] (%)	60.6	69.9
85. All women age 15-19 years who are anaemic[22] (%)	64.2	68.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	21.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	30.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	29.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	57.5	na
103. Women age 15 years and above who consume alcohol (%)	3.6	na
104. Men age 15 years and above who consume alcohol (%)	28.6	na

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

NOTES

Government of India

सत्यमेव जयते

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Mandsaur
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Mandsaur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Mandsaur, information was gathered from 932 households, 1,015 women, and 173 men.

Mandsaur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	63.1	60.2
2. Population below age 15 years (%)	22.9	28.1
3. Sex ratio of the total population (females per 1,000 males)	974	983
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,021	817
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.0	80.2
6. Deaths in the last 3 years registered with the civil authority (%)	87.2	na
7. Population living in households with electricity (%)	99.9	98.1
8. Population living in households with an improved drinking-water source[1] (%)	77.6	72.7
9. Population living in households that use an improved sanitation facility[2] (%)	65.4	31.1
10. Households using clean fuel for cooking[3] (%)	45.6	29.1
11. Households using iodized salt (%)	99.3	98.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	48.4	10.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	64.8	na
15. Women with 10 or more years of schooling (%)	24.1	17.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	34.8	54.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	1.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.1	4.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	62.5	49.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.6	18.1
21. Any modern method[6] (%)	64.8	18.1
22. Female sterilization (%)	48.1	12.5
23. Male sterilization (%)	0.8	0.5
24. IUD/PPIUD (%)	0.5	0.6
25. Pill (%)	2.6	0.8
26. Condom (%)	11.8	3.7
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.7	14.9
29. Unmet need for spacing[7] (%)	4.6	6.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	35.8	8.1
31. Current users ever told about side effects of current method[8] (%)	79.4	(16.7)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Mandsaur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	86.6	45.5
33. Mothers who had at least 4 antenatal care visits (%)	60.8	34.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.5	84.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	49.3	14.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.8	8.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	89.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.6	55.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,812	1,469
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.4)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	99.4	88.2
43. Institutional births in public facility (%)	93.2	79.8
44. Home births that were conducted by skilled health personnel[10] (%)	0.0	2.8
45. Births attended by skilled health personnel[10] (%)	96.4	88.4
46. Births delivered by caesarean section (%)	18.5	12.5
47. Births in a private health facility that were delivered by caesarean section (%)	*	(34.0)
48. Births in a public health facility that were delivered by caesarean section (%)	14.3	12.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	75.1	43.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(85.2)	67.1
51. Children age 12-23 months who have received BCG (%)	94.7	83.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	80.2	66.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.7	59.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.3	63.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	71.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.7	51.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	87.9	58.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.3	96.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.7	2.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.9	13.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	43.9
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	16.5
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	66.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.4	4.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	77.0

[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.

Mandsaur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	49.5	36.4
68. Children under age 6 months exclusively breastfed[16] (%)	*	(95.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(19.6)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	1.4	2.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	1.2	2.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	30.9	34.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.1	21.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.1	7.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	22.9	31.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.2	0.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	29.4	31.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	19.2	14.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	30.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	65.4	66.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	57.0	50.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(45.8)	47.7
84. All women age 15-49 years who are anaemic[22] (%)	56.7	50.2
85. All women age 15-19 years who are anaemic[22] (%)	56.4	52.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	9.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	24.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	10.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	36.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	2.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.3	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	11.3	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Morena
Madhya Pradesh

Introduction

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

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

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

This fact sheet provides information on key indicators and trends for Morena. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Morena, information was gathered from 932 households, 1,079 women, and 137 men.

Morena, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.0	61.5
2. Population below age 15 years (%)	31.1	30.9
3. Sex ratio of the total population (females per 1,000 males)	964	895
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,087	1,093
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.3	86.8
6. Deaths in the last 3 years registered with the civil authority (%)	77.0	na
7. Population living in households with electricity (%)	99.5	88.9
8. Population living in households with an improved drinking-water source[1] (%)	97.1	93.1
9. Population living in households that use an improved sanitation facility[2] (%)	62.7	38.1
10. Households using clean fuel for cooking[3] (%)	32.6	23.5
11. Households using iodized salt (%)	94.0	86.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	36.3	10.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	65.5	na
15. Women with 10 or more years of schooling (%)	25.6	21.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	27.8	27.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.5	4.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.7	5.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	67.5	42.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	58.9	56.3
21. Any modern method[6] (%)	51.8	52.6
22. Female sterilization (%)	42.5	46.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.4	0.3
25. Pill (%)	1.7	1.8
26. Condom (%)	5.2	3.7
27. Injectables (%)	0.2	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	15.0	11.9
29. Unmet need for spacing[7] (%)	7.8	5.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.8	31.0
31. Current users ever told about side effects of current method[8] (%)	63.9	49.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Morena, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	82.5	69.0
33. Mothers who had at least 4 antenatal care visits (%)	64.9	41.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.8	98.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.1	18.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	31.2	4.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.4	95.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.2	67.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,788	584
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.8	93.5
43. Institutional births in public facility (%)	80.9	81.9
44. Home births that were conducted by skilled health personnel[10] (%)	1.0	0.7
45. Births attended by skilled health personnel[10] (%)	90.0	85.2
46. Births delivered by caesarean section (%)	7.9	6.1
47. Births in a private health facility that were delivered by caesarean section (%)	38.1	42.9
48. Births in a public health facility that were delivered by caesarean section (%)	3.3	1.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	69.7	60.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	69.3	75.6
51. Children age 12-23 months who have received BCG (%)	91.0	92.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	80.0	68.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.1	69.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.1	82.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	24.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	78.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.1	66.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.1	64.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.7	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.7	11.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(81.0)	(57.8)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(40.7)	(22.3)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.7)	(78.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.4	1.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.4)	(97.3)

[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.

Morena, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	59.4	38.5
68. Children under age 6 months exclusively breastfed[16] (%)	86.1	(36.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(27.3)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.1	4.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.2	4.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	40.0	47.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	10.1	29.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	2.7	12.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	29.6	52.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.4	1.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^{2})[21] (%)	22.3	27.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^{2})[21] (%)	20.2	14.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	27.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	74.7	67.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	68.4	56.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	52.6	52.6
84. All women age 15-49 years who are anaemic[22] (%)	67.5	56.0
85. All women age 15-19 years who are anaemic[22] (%)	66.0	63.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.9	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.8	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	4.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	39.3	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	6.9	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

NARSINGHPUR
MADHYA 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Narsinghpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Narsinghpur, information was gathered from 958 households, 1,110 women, and 160 men.

Narsinghpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	73.8	70.6
2. Population below age 15 years (%)	24.3	26.4
3. Sex ratio of the total population (females per 1,000 males)	950	901
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	947	881
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.1	82.5
6. Deaths in the last 3 years registered with the civil authority (%)	79.4	na
7. Population living in households with electricity (%)	99.0	93.2
8. Population living in households with an improved drinking-water source[1] (%)	99.8	97.4
9. Population living in households that use an improved sanitation facility[2] (%)	77.0	43.5
10. Households using clean fuel for cooking[3] (%)	36.7	21.4
11. Households using iodized salt (%)	98.4	96.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	49.4	13.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	69.2	na
15. Women with 10 or more years of schooling (%)	31.4	26.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.6	28.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.4	2.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.5	11.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	58.4	30.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	78.9	51.0
21. Any modern method[6] (%)	70.4	50.3
22. Female sterilization (%)	63.4	46.9
23. Male sterilization (%)	0.1	0.2
24. IUD/PPIUD (%)	0.8	0.5
25. Pill (%)	1.0	0.5
26. Condom (%)	4.3	2.2
27. Injectables (%)	0.4	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	3.5	8.7
29. Unmet need for spacing[7] (%)	1.8	5.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	24.4	10.5
31. Current users ever told about side effects of current method[8] (%)	69.4	23.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Narsinghpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	88.0	43.7
33. Mothers who had at least 4 antenatal care visits (%)	74.2	34.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.6	83.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.1	33.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.7	13.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.1	90.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.4	56.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,662	1,993
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.4	85.7
43. Institutional births in public facility (%)	76.2	67.2
44. Home births that were conducted by skilled health personnel[10] (%)	1.9	2.4
45. Births attended by skilled health personnel[10] (%)	93.0	76.2
46. Births delivered by caesarean section (%)	19.1	9.7
47. Births in a private health facility that were delivered by caesarean section (%)	55.5	37.3
48. Births in a public health facility that were delivered by caesarean section (%)	14.0	4.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	82.7	54.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	81.3	(69.5)
51. Children age 12-23 months who have received BCG (%)	87.2	93.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	87.9	76.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.4	84.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.2	75.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	40.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	68.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.6	66.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.1	73.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	93.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	6.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.0	12.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(63.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(15.8)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(59.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4	4.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	63.0

[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.

Narsinghpur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	39.3	30.9
68. Children under age 6 months exclusively breastfed[16] (%)	(70.6)	(84.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	19.9	10.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	18.1	9.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	32.0	37.9
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.6	21.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.1	10.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.1	35.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.0	0.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)[21] (%)	25.1	25.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)[21] (%)	20.1	15.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	28.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	73.4	69.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	46.6	50.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(53.0)	42.0
84. All women age 15-49 years who are anaemic[22] (%)	46.9	49.6
85. All women age 15-19 years who are anaemic[22] (%)	48.5	48.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	27.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.2	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	15.7	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Neemuch
Madhya Pradesh

International Institute for Population Sciences

(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Neemuch. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Neemuch, information was gathered from 962 households, 1,178 women, and 181 men.

Neemuch, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	64.1	60.4
2. Population below age 15 years (%)	23.8	27.4
3. Sex ratio of the total population (females per 1,000 males)	982	978
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	993	836
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.6	88.3
6. Deaths in the last 3 years registered with the civil authority (%)	78.5	na
7. Population living in households with electricity (%)	99.6	98.2
8. Population living in households with an improved drinking-water source[1] (%)	91.7	78.3
9. Population living in households that use an improved sanitation facility[2] (%)	68.9	33.9
10. Households using clean fuel for cooking[3] (%)	52.4	34.7
11. Households using iodized salt (%)	99.6	98.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	43.3	6.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	67.3	na
15. Women with 10 or more years of schooling (%)	27.9	19.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.3	37.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.2	1.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.1	4.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	66.4	52.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	73.4	17.6
21. Any modern method[6] (%)	66.3	17.5
22. Female sterilization (%)	48.9	13.8
23. Male sterilization (%)	1.0	0.3
24. IUD/PPIUD (%)	0.5	0.2
25. Pill (%)	2.9	1.2
26. Condom (%)	11.1	2.0
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.6	12.2
29. Unmet need for spacing[7] (%)	3.9	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	32.4	11.0
31. Current users ever told about side effects of current method[8] (%)	74.6	(72.3)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Neemuch, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	88.9	47.7
33. Mothers who had at least 4 antenatal care visits (%)	60.6	33.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.3	89.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	48.4	22.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	34.3	10.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.7	94.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.3	70.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,878	1,311
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.2)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.5	86.7
43. Institutional births in public facility (%)	86.7	73.2
44. Home births that were conducted by skilled health personnel[10] (%)	1.2	3.5
45. Births attended by skilled health personnel[10] (%)	97.0	80.5
46. Births delivered by caesarean section (%)	13.5	6.9
47. Births in a private health facility that were delivered by caesarean section (%)	(43.9)	18.1
48. Births in a public health facility that were delivered by caesarean section (%)	10.1	6.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	88.7	47.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	87.9	(78.5)
51. Children age 12-23 months who have received BCG (%)	100.0	88.6
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	88.7	57.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.2	66.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.4	71.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	87.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	93.2	51.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.1	69.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.3	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.8	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.8	12.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(67.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(27.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(79.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.9	5.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	84.3

[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.

Neemuch, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	43.2	21.4
68. Children under age 6 months exclusively breastfed[16] (%)	(83.0)	(60.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	4.3	7.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	3.3	6.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	33.0	36.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.1	24.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.4	8.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	27.7	39.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.5	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	18.8	31.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.1	14.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	42.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	77.2	68.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	50.6	48.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(42.0)	(57.1)
84. All women age 15-49 years who are anaemic[22] (%)	50.3	49.2
85. All women age 15-19 years who are anaemic[22] (%)	57.7	48.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.3	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.6	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	3.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	31.1	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	9.1	na

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

NOTES

सत्यमेव जयते
Government of India

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

PANNA

MADHYA 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Panna. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Panna, information was gathered from 946 households, 992 women, and 152 men.

Panna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.7	61.6
2. Population below age 15 years (%)	27.5	32.0
3. Sex ratio of the total population (females per 1,000 males)	956	924
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	889	792
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.5	75.7
6. Deaths in the last 3 years registered with the civil authority (%)	38.7	na
7. Population living in households with electricity (%)	95.8	81.5
8. Population living in households with an improved drinking-water source[1] (%)	85.5	77.8
9. Population living in households that use an improved sanitation facility[2] (%)	43.8	21.3
10. Households using clean fuel for cooking[3] (%)	22.1	11.3
11. Households using iodized salt (%)	83.4	86.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.6	15.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	18.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	55.7	na
15. Women with 10 or more years of schooling (%)	24.0	20.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	22.8	30.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.0	4.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.0	7.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	46.0	20.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	67.6	45.9
21. Any modern method[6] (%)	57.8	41.5
22. Female sterilization (%)	47.0	38.1
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	0.7	0.4
25. Pill (%)	1.3	0.8
26. Condom (%)	7.0	2.1
27. Injectables (%)	0.8	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	9.4	17.6
29. Unmet need for spacing[7] (%)	4.2	7.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	21.7	9.6
31. Current users ever told about side effects of current method[8] (%)	58.2	18.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Panna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.5	39.9
33. Mothers who had at least 4 antenatal care visits (%)	30.9	13.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.7	77.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.9	16.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	15.9	2.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	87.9	84.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.5	45.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,908	1,391
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(10.9)	3.5
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.0	74.2
43. Institutional births in public facility (%)	76.6	69.2
44. Home births that were conducted by skilled health personnel[10] (%)	3.6	2.0
45. Births attended by skilled health personnel[10] (%)	86.0	72.1
46. Births delivered by caesarean section (%)	9.9	4.7
47. Births in a private health facility that were delivered by caesarean section (%)	(43.6)	*
48. Births in a public health facility that were delivered by caesarean section (%)	8.7	2.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	64.5	26.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	76.2	*
51. Children age 12-23 months who have received BCG (%)	88.4	66.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	70.1	40.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.6	50.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.4	49.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	38.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	58.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	74.5	32.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.0	49.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.5	(90.0)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.5	(3.7)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.8	9.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(32.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(34.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(51.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.1	4.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(61.5)	68.2

[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.

Panna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	38.1	32.0
68. Children under age 6 months exclusively breastfed[16] (%)	(77.6)	(55.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(30.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.0	13.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.4	12.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	45.1	42.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	23.2	24.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.9	10.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	39.2	40.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.4	1.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	26.8	25.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.7	11.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	56.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	74.5	68.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.8	49.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(63.4)	42.8
84. All women age 15-49 years who are anaemic[22] (%)	59.0	48.7
85. All women age 15-19 years who are anaemic[22] (%)	63.1	49.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.7	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	13.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.5	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	14.1	na

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

NOTES

National Family Health Survey - 5

2019-21

District Fact Sheet

Raisen

Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Raisen. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Raisen, information was gathered from 463 households, 474 women, and 52 men.

Raisen, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	73.3	70.3
2. Population below age 15 years (%)	26.1	30.6
3. Sex ratio of the total population (females per 1,000 males)	900	903
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	754	908
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.4	94.7
6. Deaths in the last 3 years registered with the civil authority (%)	(77.0)	na
7. Population living in households with electricity (%)	99.3	94.1
8. Population living in households with an improved drinking-water source[1] (%)	92.4	94.9
9. Population living in households that use an improved sanitation facility[2] (%)	69.6	40.6
10. Households using clean fuel for cooking[3] (%)	38.9	26.7
11. Households using iodized salt (%)	98.5	92.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	41.0	22.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(26.3)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	75.2	na
15. Women with 10 or more years of schooling (%)	34.6	21.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	12.6	28.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.1	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.7	7.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	59.3	22.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	76.3	66.0
21. Any modern method[6] (%)	72.6	65.1
22. Female sterilization (%)	53.7	53.1
23. Male sterilization (%)	0.7	0.3
24. IUD/PPIUD (%)	0.0	1.1
25. Pill (%)	1.7	1.5
26. Condom (%)	16.3	8.7
27. Injectables (%)	0.0	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.3	8.8
29. Unmet need for spacing[7] (%)	2.8	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.2	33.2
31. Current users ever told about side effects of current method[8] (%)	(83.9)	47.8

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Raisen, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	82.5	65.4
33. Mothers who had at least 4 antenatal care visits (%)	56.6	52.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.7	96.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.5	23.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	36.7	5.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7	98.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	88.8	60.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,787	1,073
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	1.5
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.0	84.7
43. Institutional births in public facility (%)	93.2	72.5
44. Home births that were conducted by skilled health personnel[10] (%)	1.2	1.8
45. Births attended by skilled health personnel[10] (%)	91.1	86.4
46. Births delivered by caesarean section (%)	12.3	9.5
47. Births in a private health facility that were delivered by caesarean section (%)	*	34.8
48. Births in a public health facility that were delivered by caesarean section (%)	11.4	7.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	*	78.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	*	86.3
51. Children age 12-23 months who have received BCG (%)	*	96.6
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	*	83.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	*	90.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	*	91.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	*	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	*	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	*	76.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	(61.5)	80.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	*	96.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	*	3.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.1	15.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	39.9
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	23.4
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	73.4
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.3	1.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	73.6

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

Raisen, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	34.3	41.9
68. Children under age 6 months exclusively breastfed[16] (%)	*	(52.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(22.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	4.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(19.0)	4.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	30.4	45.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.1	24.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.8	7.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.4	44.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.0	2.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	20.5	29.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	23.5	14.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	41.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	61.1	68.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	56.9	50.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	54.3
84. All women age 15-49 years who are anaemic[22] (%)	56.9	50.7
85. All women age 15-19 years who are anaemic[22] (%)	69.4	52.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.2	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	1.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.9	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	52.1	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	12.7	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Rajgarh
Madhya Pradesh

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Rajgarh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Rajgarh, information was gathered from 898 households, 1,020 women, and 144 men.

Rajgarh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	58.9	55.1
2. Population below age 15 years (%)	26.5	29.5
3. Sex ratio of the total population (females per 1,000 males)	969	956
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	971	997
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.5	75.4
6. Deaths in the last 3 years registered with the civil authority (%)	66.6	na
7. Population living in households with electricity (%)	97.8	95.9
8. Population living in households with an improved drinking-water source[1] (%)	74.2	66.1
9. Population living in households that use an improved sanitation facility[2] (%)	47.8	20.3
10. Households using clean fuel for cooking[3] (%)	24.8	18.6
11. Households using iodized salt (%)	95.5	96.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	27.1	22.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	17.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	52.1	na
15. Women with 10 or more years of schooling (%)	21.3	17.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	46.0	47.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.1	2.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.4	6.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	50.9	25.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	69.2	53.5
21. Any modern method[6] (%)	59.7	53.4
22. Female sterilization (%)	42.7	44.0
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	1.1	0.1
25. Pill (%)	2.5	0.7
26. Condom (%)	11.7	8.1
27. Injectables (%)	0.2	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.7	14.5
29. Unmet need for spacing[7] (%)	3.8	6.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	15.4	15.6
31. Current users ever told about side effects of current method[8] (%)	62.1	34.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Rajgarh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	75.1	52.2
33. Mothers who had at least 4 antenatal care visits (%)	55.2	35.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.7	91.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.5	17.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.5	5.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	96.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.3	52.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,152	1,694
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	78.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.7	88.6
43. Institutional births in public facility (%)	80.0	77.5
44. Home births that were conducted by skilled health personnel[10] (%)	1.7	3.1
45. Births attended by skilled health personnel[10] (%)	88.2	91.0
46. Births delivered by caesarean section (%)	11.0	6.2
47. Births in a private health facility that were delivered by caesarean section (%)	(42.3)	(23.8)
48. Births in a public health facility that were delivered by caesarean section (%)	7.5	4.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	71.9	42.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(83.8)	60.6
51. Children age 12-23 months who have received BCG (%)	90.3	93.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	71.9	60.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.7	67.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.8	71.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	65.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.6	51.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.7	55.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.1	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.2	13.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(46.0)	(55.7)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(22.7)	(20.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(66.0)	(64.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	0.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(56.7)	(68.2)

[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.

Rajgarh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	31.0	35.5
68. Children under age 6 months exclusively breastfed[16] (%)	(93.0)	(51.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	3.8	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.2	0.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	27.6	38.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	22.4	32.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.0	9.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	26.8	46.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.1	1.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	28.0	37.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.1	7.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	32.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	77.5	62.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	52.6	49.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(46.4)	62.5
84. All women age 15-49 years who are anaemic[22] (%)	52.3	50.3
85. All women age 15-19 years who are anaemic[22] (%)	51.9	46.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	48.8	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	10.4	na

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

NOTES

National Family Health Survey - 5

2019-21

District Fact Sheet

Ratlam
Madhya Pradesh

Introduction

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

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

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

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

This fact sheet provides information on key indicators and trends for Ratlam. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Ratlam, information was gathered from 915 households, 1,087 women, and 158 men.

Ratlam, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	66.2	60.1
2. Population below age 15 years (%)	28.2	30.4
3. Sex ratio of the total population (females per 1,000 males)	991	975
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,067	912
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.3	82.3
6. Deaths in the last 3 years registered with the civil authority (%)	81.2	na
7. Population living in households with electricity (%)	99.0	94.5
8. Population living in households with an improved drinking-water source[1] (%)	91.0	91.0
9. Population living in households that use an improved sanitation facility[2] (%)	69.4	35.6
10. Households using clean fuel for cooking[3] (%)	53.1	32.9
11. Households using iodized salt (%)	98.8	95.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	37.9	7.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	62.4	na
15. Women with 10 or more years of schooling (%)	23.8	17.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	31.3	47.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	3.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.6	8.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	59.6	45.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.6	24.8
21. Any modern method[6] (%)	68.3	24.8
22. Female sterilization (%)	51.6	20.3
23. Male sterilization (%)	0.6	0.4
24. IUD/PPIUD (%)	0.5	0.2
25. Pill (%)	1.9	0.9
26. Condom (%)	12.4	2.6
27. Injectables (%)	0.2	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.0	15.9
29. Unmet need for spacing[7] (%)	3.5	6.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	29.3	14.2
31. Current users ever told about side effects of current method[8] (%)	70.9	53.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Ratlam, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	80.2	54.1
33. Mothers who had at least 4 antenatal care visits (%)	65.1	38.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.9	87.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	66.0	23.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	50.3	13.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.3	90.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.6	58.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,729	1,520
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.4)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.2	86.2
43. Institutional births in public facility (%)	87.1	78.3
44. Home births that were conducted by skilled health personnel[10] (%)	1.9	2.0
45. Births attended by skilled health personnel[10] (%)	96.1	82.1
46. Births delivered by caesarean section (%)	12.3	6.7
47. Births in a private health facility that were delivered by caesarean section (%)	(50.2)	(5.5)
48. Births in a public health facility that were delivered by caesarean section (%)	9.4	8.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	93.0	45.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	95.5	(80.0)
51. Children age 12-23 months who have received BCG (%)	97.3	92.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	93.0	59.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.4	65.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.4	64.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	40.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	91.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.4	49.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	86.0	73.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.5	97.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.5	3.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.3	10.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(92.5)	(61.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(70.4)	(20.3)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(59.6)	(76.2)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.3	3.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.9)	72.3

[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.

Ratlam, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	41.6	19.1
68. Children under age 6 months exclusively breastfed[16] (%)	(78.6)	(72.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	18.1	11.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	16.7	11.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	29.0	46.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.2	21.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.2	7.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.6	41.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.2	0.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)[21] (%)	23.4	33.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)[21] (%)	17.0	15.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	30.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	74.0	75.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.4	53.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(61.7)	(70.8)
84. All women age 15-49 years who are anaemic[22] (%)	59.5	54.4
85. All women age 15-19 years who are anaemic[22] (%)	60.5	53.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	3.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	33.9	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	15.6	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Rewa
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Rewa. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Rewa, information was gathered from 859 households, 927 women, and 83 men.

Rewa, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	65.2	64.8
2. Population below age 15 years (%)	28.6	33.4
3. Sex ratio of the total population (females per 1,000 males)	1,055	995
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	954	906
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.8	80.7
6. Deaths in the last 3 years registered with the civil authority (%)	55.1	na
7. Population living in households with electricity (%)	96.5	88.8
8. Population living in households with an improved drinking-water source[1] (%)	82.1	88.6
9. Population living in households that use an improved sanitation facility[2] (%)	46.1	27.5
10. Households using clean fuel for cooking[3] (%)	21.4	13.2
11. Households using iodized salt (%)	92.1	89.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	29.4	20.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	62.3	na
15. Women with 10 or more years of schooling (%)	23.1	23.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.2	37.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.5	7.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.8	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	40.3	31.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	70.7	59.3
21. Any modern method[6] (%)	59.9	51.4
22. Female sterilization (%)	46.7	46.6
23. Male sterilization (%)	1.2	1.0
24. IUD/PPIUD (%)	1.3	0.7
25. Pill (%)	1.2	0.6
26. Condom (%)	6.4	2.4
27. Injectables (%)	1.0	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.8	14.7
29. Unmet need for spacing[7] (%)	3.8	7.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	24.2	22.2
31. Current users ever told about side effects of current method[8] (%)	66.3	44.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Rewa, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	51.7	40.2
33. Mothers who had at least 4 antenatal care visits (%)	33.0	24.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.5	88.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.9	13.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	18.3	1.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.2	94.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.7	53.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2318	1462
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(6.0)	2.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	80.4	81.6
43. Institutional births in public facility (%)	76.4	75.6
44. Home births that were conducted by skilled health personnel[10] (%)	4.1	3.0
45. Births attended by skilled health personnel[10] (%)	79.9	76.9
46. Births delivered by caesarean section (%)	9.7	3.5
47. Births in a private health facility that were delivered by caesarean section (%)	*	(19.2)
48. Births in a public health facility that were delivered by caesarean section (%)	9.5	3.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	70.3	52.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	77.7	(83.4)
51. Children age 12-23 months who have received BCG (%)	96.1	94.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	70.3	69.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.2	72.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.5	82.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	39.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	68.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.6	55.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	82.2	70.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.2	95.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	12.0	9.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(50.5)	(51.8)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(33.2)	(28.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(68.5)	(58.5)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.8	2.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	69.5	62.2

[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.

Rewa, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	35.9	44.8
68. Children under age 6 months exclusively breastfed[16] (%)	(65.9)	(46.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(45.6)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	11.2	4.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	10.1	5.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	37.0	40.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.7	18.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.3	7.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.5	36.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.9	1.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	16.5	23.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	18.2	15.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	57.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.0	54.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.7	40.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(60.5)	44.1
84. All women age 15-49 years who are anaemic[22] (%)	61.7	40.9
85. All women age 15-19 years who are anaemic[22] (%)	65.3	41.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.3	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	17.6	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Sagar
Madhya Pradesh

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Sagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Sagar, information was gathered from 925 households, 1,014 women, and 174 men.

Sagar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	76.4	71.3
2. Population below age 15 years (%)	26.9	32.7
3. Sex ratio of the total population (females per 1,000 males)	937	939
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	939	849
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.6	81.5
6. Deaths in the last 3 years registered with the civil authority (%)	64.1	na
7. Population living in households with electricity (%)	98.6	85.9
8. Population living in households with an improved drinking-water source[1] (%)	86.7	83.2
9. Population living in households that use an improved sanitation facility[2] (%)	68.8	28.7
10. Households using clean fuel for cooking[3] (%)	32.7	17.6
11. Households using iodized salt (%)	92.2	91.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	27.5	10.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	69.4	na
15. Women with 10 or more years of schooling (%)	32.9	22.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.4	38.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.2	3.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.4	11.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	59.0	25.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	68.5	49.0
21. Any modern method[6] (%)	60.9	44.4
22. Female sterilization (%)	47.5	39.0
23. Male sterilization (%)	0.5	0.0
24. IUD/PPIUD (%)	0.7	0.7
25. Pill (%)	1.6	1.1
26. Condom (%)	8.1	3.5
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.0	13.2
29. Unmet need for spacing[7] (%)	3.6	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.0	11.9
31. Current users ever told about side effects of current method[8] (%)	61.7	21.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Sagar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	62.6	35.2
33. Mothers who had at least 4 antenatal care visits (%)	35.9	16.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.1	85.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	34.4	17.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.0	2.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.4	92.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.5	45.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,054	2,524
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(5.1)	2.9
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	86.9	77.4
43. Institutional births in public facility (%)	73.6	69.7
44. Home births that were conducted by skilled health personnel[10] (%)	2.4	4.1
45. Births attended by skilled health personnel[10] (%)	82.5	69.8
46. Births delivered by caesarean section (%)	11.6	7.9
47. Births in a private health facility that were delivered by caesarean section (%)	39.6	(43.1)
48. Births in a public health facility that were delivered by caesarean section (%)	8.6	6.5
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	75.9	52.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	77.0	(76.4)
51. Children age 12-23 months who have received BCG (%)	98.5	85.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	79.2	66.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.6	66.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.3	72.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	57.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	78.8	49.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.7	51.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	99.0	97.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.2	10.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(60.0)	(61.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(27.0)	(32.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(63.3)	(65.0)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.3	6.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	53.0	58.0

[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.

Sagar, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	24.0	25.4
68. Children under age 6 months exclusively breastfed[16] (%)	(67.8)	(60.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.5	5.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.5	6.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	42.7	41.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.2	16.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.7	5.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.8	30.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.3	2.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	22.8	24.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.2	14.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	83.3	67.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	49.5	39.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(55.0)	(40.9)
84. All women age 15-49 years who are anaemic[22] (%)	49.8	39.7
85. All women age 15-19 years who are anaemic[22] (%)	49.7	35.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.6	na
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Men		
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Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	4.2	na
99. Ever undergone a breast examination for breast cancer (%)	3.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	3.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	10.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	51.6	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	15.7	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.
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[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
[23]Random blood sugar measurement.

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Satna
Madhya 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

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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.

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

This fact sheet provides information on key indicators and trends for Satna. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Satna, information was gathered from 666 households, 689 women, and 79 men.

Satna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	71.9	66.5
2. Population below age 15 years (%)	27.5	30.7
3. Sex ratio of the total population (females per 1,000 males)	1,014	993
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	658	942
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.1	80.9
6. Deaths in the last 3 years registered with the civil authority (%)	44.2	na
7. Population living in households with electricity (%)	97.8	90.2
8. Population living in households with an improved drinking-water source[1] (%)	92.7	92.1
9. Population living in households that use an improved sanitation facility[2] (%)	55.4	32.4
10. Households using clean fuel for cooking[3] (%)	35.2	22.1
11. Households using iodized salt (%)	93.3	92.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	22.0	23.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	69.1	na
15. Women with 10 or more years of schooling (%)	31.5	25.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	12.9	37.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.7	4.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.7	4.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	59.2	27.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	71.6	54.9
21. Any modern method[6] (%)	61.2	49.0
22. Female sterilization (%)	52.1	42.1
23. Male sterilization (%)	2.4	1.6
24. IUD/PPIUD (%)	0.7	0.9
25. Pill (%)	0.5	0.7
26. Condom (%)	3.8	3.3
27. Injectables (%)	0.5	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	9.1	14.0
29. Unmet need for spacing[7] (%)	3.4	7.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.8	15.3
31. Current users ever told about side effects of current method[8] (%)	69.8	22.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Satna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	68.6	50.1
33. Mothers who had at least 4 antenatal care visits (%)	51.5	23.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.1	85.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	41.3	17.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.0	4.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	89.0	91.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.3	53.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,117	4,337
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	8.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.5	80.4
43. Institutional births in public facility (%)	75.1	72.3
44. Home births that were conducted by skilled health personnel[10] (%)	4.6	3.6
45. Births attended by skilled health personnel[10] (%)	86.3	82.6
46. Births delivered by caesarean section (%)	8.8	6.2
47. Births in a private health facility that were delivered by caesarean section (%)	*	(23.3)
48. Births in a public health facility that were delivered by caesarean section (%)	5.7	5.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(76.3)	52.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(79.5)	(74.3)
51. Children age 12-23 months who have received BCG (%)	(94.9)	92.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(76.3)	63.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(90.8)	80.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(88.4)	84.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(41.3)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(43.4)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(87.0)	57.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.9	64.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	94.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	5.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.0	8.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(25.8)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(32.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(42.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.2	3.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(66.2)	(69.3)

[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.

Satna, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	22.2	33.0
68. Children under age 6 months exclusively breastfed[16] (%)	*	(55.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.2	4.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.0	4.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	49.4	41.2
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.8	26.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.2	10.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.2	39.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.3	1.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)[21] (%)	21.3	22.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)[21] (%)	20.4	15.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	44.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	81.8	70.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	57.5	48.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	(54.1)
84. All women age 15-49 years who are anaemic[22] (%)	57.3	48.8
85. All women age 15-19 years who are anaemic[22] (%)	65.1	50.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.0	na
99. Ever undergone a breast examination for breast cancer (%)	2.8	na
100. Ever undergone an oral cavity examination for oral cancer (%)	3.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.9	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	21.7	na

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

NOTES

National Family Health Survey - 5

2019-21

District Fact Sheet

Sehore
Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Sehore. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Sehore, information was gathered from 933 households, 1,088 women, and 168 men.

Sehore, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.5	58.2
2. Population below age 15 years (%)	25.6	29.2
3. Sex ratio of the total population (females per 1,000 males)	894	927
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	824	943
5. Children under age 5 years whose birth was registered with the civil authority (%)	91.7	86.4
6. Deaths in the last 3 years registered with the civil authority (%)	66.2	na
7. Population living in households with electricity (%)	99.2	98.3
8. Population living in households with an improved drinking-water source[1] (%)	92.2	89.4
9. Population living in households that use an improved sanitation facility[2] (%)	75.2	48.6
10. Households using clean fuel for cooking[3] (%)	33.7	24.9
11. Households using iodized salt (%)	97.6	97.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	33.2	16.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	64.3	na
15. Women with 10 or more years of schooling (%)	28.2	22.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.7	37.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1	3.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.2	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	49.8	47.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	53.4	55.1
21. Any modern method[6] (%)	51.5	54.7
22. Female sterilization (%)	34.6	44.5
23. Male sterilization (%)	0.4	0.6
24. IUD/PPIUD (%)	0.7	0.2
25. Pill (%)	2.9	1.7
26. Condom (%)	11.3	7.6
27. Injectables (%)	0.8	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	14.7	16.2
29. Unmet need for spacing[7] (%)	6.1	6.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.6	34.4
31. Current users ever told about side effects of current method[8] (%)	51.5	57.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Sehore, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	58.5	65.1
33. Mothers who had at least 4 antenatal care visits (%)	45.0	40.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.8	95.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	47.3	20.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.3	10.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.4	97.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.4	67.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,654	971
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.7	88.3
43. Institutional births in public facility (%)	82.9	77.7
44. Home births that were conducted by skilled health personnel[10] (%)	1.2	1.9
45. Births attended by skilled health personnel[10] (%)	86.9	81.2
46. Births delivered by caesarean section (%)	14.5	8.6
47. Births in a private health facility that were delivered by caesarean section (%)	(49.0)	(45.9)
48. Births in a public health facility that were delivered by caesarean section (%)	10.5	4.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	60.3	60.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(82.7)	77.7
51. Children age 12-23 months who have received BCG (%)	93.3	98.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	65.7	74.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.7	78.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.8	86.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	55.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.9	63.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	70.5	71.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	97.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.9	7.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(50.7)	(61.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(19.0)	(71.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(51.3)	(87.5)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.8	1.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	70.8	(77.0)

[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.

Sehore, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	35.3	31.1
68. Children under age 6 months exclusively breastfed[16] (%)	(83.7)	43.1
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.5	8.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.5	7.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	21.9	33.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.3	27.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.6	12.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	27.6	39.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.0	1.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	27.1	26.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.6	14.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	36.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	82.4	65.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	44.8	46.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(58.8)	(58.2)
84. All women age 15-49 years who are anaemic[22] (%)	45.3	46.9
85. All women age 15-19 years who are anaemic[22] (%)	50.5	52.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.3	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.8	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.1	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	10.5	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Seoni

Madhya Pradesh

International Institute for Population Sciences

(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Seoni. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Seoni, information was gathered from 909 households, 989 women, and 136 men.

Seoni, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	71.3	68.6
2. Population below age 15 years (%)	24.2	28.0
3. Sex ratio of the total population (females per 1,000 males)	1,089	1,031
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,212	951
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.4	89.4
6. Deaths in the last 3 years registered with the civil authority (%)	80.3	na
7. Population living in households with electricity (%)	99.2	83.9
8. Population living in households with an improved drinking-water source[1] (%)	79.1	77.6
9. Population living in households that use an improved sanitation facility[2] (%)	56.2	23.7
10. Households using clean fuel for cooking[3] (%)	29.0	18.0
11. Households using iodized salt (%)	96.7	92.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	44.6	21.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	71.6	na
15. Women with 10 or more years of schooling (%)	33.0	22.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.2	17.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.7	3.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.7	3.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	60.6	23.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	78.0	70.0
21. Any modern method[6] (%)	74.5	69.7
22. Female sterilization (%)	65.0	66.4
23. Male sterilization (%)	0.4	0.4
24. IUD/PPIUD (%)	1.3	0.1
25. Pill (%)	0.8	0.8
26. Condom (%)	4.7	1.8
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.4	6.4
29. Unmet need for spacing[7] (%)	2.9	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	37.0	18.9
31. Current users ever told about side effects of current method[8] (%)	57.6	18.6

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Seoni, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	83.7	55.1
33. Mothers who had at least 4 antenatal care visits (%)	64.5	41.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	98.2	96.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	70.8	37.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	40.2	9.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	98.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	93.4	54.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	699	700
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	94.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.8	85.8
43. Institutional births in public facility (%)	86.8	76.8
44. Home births that were conducted by skilled health personnel[10] (%)	1.5	1.6
45. Births attended by skilled health personnel[10] (%)	86.1	82.6
46. Births delivered by caesarean section (%)	15.9	7.5
47. Births in a private health facility that were delivered by caesarean section (%)	(86.6)	(52.6)
48. Births in a public health facility that were delivered by caesarean section (%)	10.3	3.5
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	88.8	57.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	96.1	(87.4)
51. Children age 12-23 months who have received BCG (%)	98.2	98.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	90.3	64.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.8	93.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.4	89.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	38.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	81.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	96.2	63.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	93.8	81.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	98.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.7	6.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	2.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*

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

Seoni, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	57.0	46.3
68. Children under age 6 months exclusively breastfed[16] (%)	(93.6)	(64.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.0	10.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.1	10.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	23.5	34.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.1	32.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.0	12.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.1	43.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.0	0.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	26.6	32.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.7	8.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	36.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	71.8	60.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.0	55.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(57.8)	(49.9)
84. All women age 15-49 years who are anaemic[22] (%)	59.9	55.3
85. All women age 15-19 years who are anaemic[22] (%)	58.9	53.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.8	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	30.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	57.2	na
103. Women age 15 years and above who consume alcohol (%)	1.8	na
104. Men age 15 years and above who consume alcohol (%)	23.3	na

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

NOTES

National Family Health Survey - 5

2019-21

District Fact Sheet

Shahdol

Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Shahdol. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Shahdol, information was gathered from 868 households, 860 women, and 127 men.

Shahdol, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	67.2	59.8
2. Population below age 15 years (%)	24.7	29.4
3. Sex ratio of the total population (females per 1,000 males)	979	973
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,032	931
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.4	74.8
6. Deaths in the last 3 years registered with the civil authority (%)	87.3	na
7. Population living in households with electricity (%)	97.5	77.6
8. Population living in households with an improved drinking-water source[1] (%)	79.2	66.1
9. Population living in households that use an improved sanitation facility[2] (%)	61.4	17.6
10. Households using clean fuel for cooking[3] (%)	26.5	13.5
11. Households using iodized salt (%)	89.4	89.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.4	21.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	68.5	na
15. Women with 10 or more years of schooling (%)	30.7	18.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	27.5	40.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.5	1.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.8	7.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	51.0	32.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	64.5	43.5
21. Any modern method[6] (%)	58.3	43.2
22. Female sterilization (%)	47.1	39.9
23. Male sterilization (%)	2.6	0.8
24. IUD/PPIUD (%)	1.7	0.5
25. Pill (%)	0.5	0.2
26. Condom (%)	3.2	1.5
27. Injectables (%)	0.2	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	9.2	11.3
29. Unmet need for spacing[7] (%)	5.1	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	35.3	15.2
31. Current users ever told about side effects of current method[8] (%)	72.7	26.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Shahdol, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	74.2	33.0
33. Mothers who had at least 4 antenatal care visits (%)	57.4	21.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.4	88.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	55.0	20.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	31.7	6.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	83.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.2	35.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,274	1,156
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(26.7)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.6	71.9
43. Institutional births in public facility (%)	83.0	70.1
44. Home births that were conducted by skilled health personnel[10] (%)	4.6	2.0
45. Births attended by skilled health personnel[10] (%)	86.9	71.2
46. Births delivered by caesarean section (%)	9.3	6.2
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	9.3	7.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	86.1	40.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	87.4	*
51. Children age 12-23 months who have received BCG (%)	98.7	85.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	94.5	50.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.6	74.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.1	80.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	45.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	77.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.6	41.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.2	56.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.2	6.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.1	2.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(57.4)

[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.

Shahdol, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	32.9	56.6
68. Children under age 6 months exclusively breastfed[16] (%)	(66.8)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.5	8.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.2	7.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	44.0	36.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.4	27.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.5	10.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	39.2	41.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.1	1.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	28.3	29.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.5	12.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	57.3	66.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	56.4	60.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(56.8)	(68.9)
84. All women age 15-49 years who are anaemic[22] (%)	56.4	60.5
85. All women age 15-19 years who are anaemic[22] (%)	53.3	62.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.4	na
103. Women age 15 years and above who consume alcohol (%)	2.3	na
104. Men age 15 years and above who consume alcohol (%)	26.2	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Shajapur
Madhya 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 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators for Shajapur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Shajapur, information was gathered from 970 households, 1,226 women, and 184 men.

Shajapur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	62.6
2. Population below age 15 years (%)	25.0
3. Sex ratio of the total population (females per 1,000 males)	957
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,012
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.3
6. Deaths in the last 3 years registered with the civil authority (%)	67.7
7. Population living in households with electricity (%)	99.9
8. Population living in households with an improved drinking-water source[1] (%)	91.8
9. Population living in households that use an improved sanitation facility[2] (%)	74.5
10. Households using clean fuel for cooking[3] (%)	37.7
11. Households using iodized salt (%)	97.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	34.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.8
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	58.0
15. Women with 10 or more years of schooling (%)	19.6
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	24.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	59.8
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	78.2
21. Any modern method[6] (%)	71.8
22. Female sterilization (%)	53.4
23. Male sterilization (%)	2.0
24. IUD/PPIUD (%)	1.8
25. Pill (%)	1.9
26. Condom (%)	10.9
27. Injectables (%)	0.9
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	6.1
29. Unmet need for spacing[7] (%)	3.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	28.2
31. Current users ever told about side effects of current method[8] (%)	75.9

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Shajapur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	85.8
33. Mothers who had at least 4 antenatal care visits (%)	64.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	48.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	29.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,974
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	88.2
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	98.1
43. Institutional births in public facility (%)	89.0
44. Home births that were conducted by skilled health personnel[10] (%)	0.7
45. Births attended by skilled health personnel[10] (%)	95.4
46. Births delivered by caesarean section (%)	10.4
47. Births in a private health facility that were delivered by caesarean section (%)	(46.8)
48. Births in a public health facility that were delivered by caesarean section (%)	6.9
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	90.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	89.2
51. Children age 12-23 months who have received BCG (%)	98.6
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	91.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	97.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	97.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	49.8
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	70.6
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	96.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	77.2

[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.

Shajapur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
	Total
Child Feeding Practices and Nutritional Status of Children	
67. Children under age 3 years breastfed within one hour of birth[15] (%)	43.4
68. Children under age 6 months exclusively breastfed[16] (%)	(79.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	27.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	23.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	27.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.5
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	23.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	32.6
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	76.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	45.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(44.5)
84. All women age 15-49 years who are anaemic[22] (%)	45.8
85. All women age 15-19 years who are anaemic[22] (%)	51.4
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.4
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.6
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.0
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.5
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.4
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.5
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.7
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.8
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.3
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.5
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.2
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.1
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	1.0
99. Ever undergone a breast examination for breast cancer (%)	0.7
100. Ever undergone an oral cavity examination for oral cancer (%)	0.9
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	5.3
102. Men age 15 years and above who use any kind of tobacco (%)	46.6
103. Women age 15 years and above who consume alcohol (%)	0.3
104. Men age 15 years and above who consume alcohol (%)	11.6

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

NOTES

![Government of India emblem]

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Sheopur
Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Sheopur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Sheopur, information was gathered from 883 households, 997 women, and 119 men.

Sheopur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	53.1	52.1
2. Population below age 15 years (%)	31.0	34.0
3. Sex ratio of the total population (females per 1,000 males)	963	945
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	974	923
5. Children under age 5 years whose birth was registered with the civil authority (%)	86.2	81.6
6. Deaths in the last 3 years registered with the civil authority (%)	76.8	na
7. Population living in households with electricity (%)	98.0	83.6
8. Population living in households with an improved drinking-water source[1] (%)	91.1	92.7
9. Population living in households that use an improved sanitation facility[2] (%)	48.0	16.5
10. Households using clean fuel for cooking[3] (%)	22.9	13.8
11. Households using iodized salt (%)	94.9	97.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	27.1	22.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	49.8	na
15. Women with 10 or more years of schooling (%)	15.9	11.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	39.5	37.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.1	4.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.2	3.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	50.5	26.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	67.7	53.2
21. Any modern method[6] (%)	63.5	52.3
22. Female sterilization (%)	51.8	47.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.7	0.1
25. Pill (%)	2.0	1.1
26. Condom (%)	7.2	3.2
27. Injectables (%)	0.4	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	9.0	12.7
29. Unmet need for spacing[7] (%)	5.0	7.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	32.5	24.7
31. Current users ever told about side effects of current method[8] (%)	63.3	29.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Sheopur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	73.2	36.7
33. Mothers who had at least 4 antenatal care visits (%)	41.0	18.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.9	93.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	36.4	21.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.3	5.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.3	93.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.2	27.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,409	653
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(1.9)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.2	77.2
43. Institutional births in public facility (%)	76.6	70.8
44. Home births that were conducted by skilled health personnel[10] (%)	2.5	1.1
45. Births attended by skilled health personnel[10] (%)	82.1	78.3
46. Births delivered by caesarean section (%)	10.5	7.5
47. Births in a private health facility that were delivered by caesarean section (%)	(45.7)	(64.1)
48. Births in a public health facility that were delivered by caesarean section (%)	9.2	4.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	65.8	48.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	78.3	75.9
51. Children age 12-23 months who have received BCG (%)	93.6	93.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	70.2	53.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.2	69.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	75.5	85.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	61.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	74.1	51.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.1	63.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.7	5.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(38.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(28.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(60.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.2	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(66.9)

[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.

Sheopur, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	50.8	44.0
68. Children under age 6 months exclusively breastfed[16] (%)	79.4	(63.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(21.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	4.1	0.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	4.4	1.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	45.8	52.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.2	28.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.9	9.0
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	37.7	55.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.2	0.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)[21] (%)	30.5	43.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)[21] (%)	11.2	6.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	33.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	71.6	77.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	65.3	61.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	59.6	56.3
84. All women age 15-49 years who are anaemic[22] (%)	64.9	61.6
85. All women age 15-19 years who are anaemic[22] (%)	61.8	64.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.8	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	13.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	53.4	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	12.9	na

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

NOTES

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Shivpuri
Madhya Pradesh

सत्यमेव जयते
Government of India

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

This fact sheet provides information on key indicators and trends for Shivpuri. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Shivpuri, information was gathered from 810 households, 790 women, and 115 men.

Shivpuri, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	61.4	55.8
2. Population below age 15 years (%)	27.8	31.0
3. Sex ratio of the total population (females per 1,000 males)	898	910
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	963	1,082
5. Children under age 5 years whose birth was registered with the civil authority (%)	88.1	80.6
6. Deaths in the last 3 years registered with the civil authority (%)	79.5	na
7. Population living in households with electricity (%)	97.2	87.9
8. Population living in households with an improved drinking-water source[1] (%)	86.8	66.5
9. Population living in households that use an improved sanitation facility[2] (%)	55.5	23.9
10. Households using clean fuel for cooking[3] (%)	32.7	19.7
11. Households using iodized salt (%)	96.2	94.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	38.9	16.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	56.7	na
15. Women with 10 or more years of schooling (%)	21.2	14.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.5	36.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.7	4.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.7	8.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	58.7	34.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	64.3	57.7
21. Any modern method[6] (%)	55.5	55.4
22. Female sterilization (%)	49.1	50.3
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	0.3	0.6
25. Pill (%)	0.3	0.7
26. Condom (%)	5.2	3.7
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	12.7	12.8
29. Unmet need for spacing[7] (%)	7.7	6.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.5	32.1
31. Current users ever told about side effects of current method[8] (%)	54.1	59.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Shivpuri, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	75.9	58.5
33. Mothers who had at least 4 antenatal care visits (%)	52.7	26.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	98.1	93.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	48.0	16.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	27.7	4.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.4	94.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	88.1	61.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	721	1,661
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.5	86.9
43. Institutional births in public facility (%)	89.3	83.2
44. Home births that were conducted by skilled health personnel[10] (%)	1.9	1.1
45. Births attended by skilled health personnel[10] (%)	94.0	87.9
46. Births delivered by caesarean section (%)	8.9	6.2
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	5.9	5.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	63.1	63.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	67.8	(77.3)
51. Children age 12-23 months who have received BCG (%)	94.5	94.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	68.7	68.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	77.5	79.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.4	81.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	70.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.0	64.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.5	59.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	99.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.8	7.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(47.2)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(26.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(58.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.6	1.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(69.2)

[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.

Shivpuri, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	62.5	41.9
68. Children under age 6 months exclusively breastfed[16] (%)	(67.6)	(69.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.1	6.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.2	7.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	39.2	48.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.4	25.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.7	7.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	36.1	49.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.0	0.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	26.7	31.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.4	9.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	32.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	70.5	62.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	50.7	48.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(58.4)	53.5
84. All women age 15-49 years who are anaemic[22] (%)	51.1	49.0
85. All women age 15-19 years who are anaemic[22] (%)	54.6	52.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	13.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.4	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	12.2	na

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

NOTES

National Family Health Survey - 5

Ministry of Health and Family Welfare

Government of India

2019-21

District Fact Sheet

Sidhi
Madhya Pradesh

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Sidhi. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Sidhi, information was gathered from 978 households, 1,148 women, and 136 men.

Sidhi, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	66.7	62.8
2. Population below age 15 years (%)	30.7	35.5
3. Sex ratio of the total population (females per 1,000 males)	1,053	1,005
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	763	890
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.2	69.5
6. Deaths in the last 3 years registered with the civil authority (%)	60.4	na
7. Population living in households with electricity (%)	96.4	78.3
8. Population living in households with an improved drinking-water source[1] (%)	83.7	70.7
9. Population living in households that use an improved sanitation facility[2] (%)	44.7	11.5
10. Households using clean fuel for cooking[3] (%)	20.9	6.9
11. Households using iodized salt (%)	94.7	91.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	26.1	20.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	64.4	na
15. Women with 10 or more years of schooling (%)	27.1	19.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	23.0	44.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.0	4.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.6	6.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	37.9	31.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	71.7	32.5
21. Any modern method[6] (%)	58.6	31.9
22. Female sterilization (%)	41.9	29.9
23. Male sterilization (%)	2.7	0.4
24. IUD/PPIUD (%)	2.5	0.2
25. Pill (%)	0.9	0.3
26. Condom (%)	6.6	0.9
27. Injectables (%)	0.6	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.4	19.3
29. Unmet need for spacing[7] (%)	2.3	7.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.7	13.4
31. Current users ever told about side effects of current method[8] (%)	79.8	20.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Sidhi, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	72.7	27.5
33. Mothers who had at least 4 antenatal care visits (%)	39.4	11.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.8	84.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	34.9	10.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.5	2.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.7	79.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.7	25.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	580	999
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(6.6)	2.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.8	60.8
43. Institutional births in public facility (%)	80.4	57.1
44. Home births that were conducted by skilled health personnel[10] (%)	2.7	2.6
45. Births attended by skilled health personnel[10] (%)	75.9	57.4
46. Births delivered by caesarean section (%)	7.0	2.6
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	6.0	1.5
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	78.2	34.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	77.5	(63.5)
51. Children age 12-23 months who have received BCG (%)	97.6	77.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	88.0	51.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.3	59.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.3	63.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	77.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.6	44.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.5	53.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.7	95.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3	3.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.6	5.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(75.4)	(70.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(36.0)	(22.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.5)	(61.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.8	2.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	65.3	(68.2)

[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.

Sidhi, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	38.3	48.9
68. Children under age 6 months exclusively breastfed[16] (%)	79.1	(72.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(30.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	12.7	8.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	13.2	8.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	39.1	48.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.6	24.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.4	8.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.8	43.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.5	3.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	22.9	27.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.6	10.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	72.5	67.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	55.7	50.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	55.8	43.5
84. All women age 15-49 years who are anaemic[22] (%)	55.7	50.5
85. All women age 15-19 years who are anaemic[22] (%)	59.6	46.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	54.5	na
103. Women age 15 years and above who consume alcohol (%)	0.7	na
104. Men age 15 years and above who consume alcohol (%)	22.0	na

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

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Singrauli
Madhya Pradesh

International Institute for Population Sciences

(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Singrauli. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Singrauli, information was gathered from 706 households, 643 women, and 64 men.

Singrauli, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	60.9	58.3
2. Population below age 15 years (%)	29.5	35.5
3. Sex ratio of the total population (females per 1,000 males)	915	984
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	884	958
5. Children under age 5 years whose birth was registered with the civil authority (%)	91.9	68.0
6. Deaths in the last 3 years registered with the civil authority (%)	(84.9)	na
7. Population living in households with electricity (%)	92.7	70.2
8. Population living in households with an improved drinking-water source[1] (%)	77.9	55.1
9. Population living in households that use an improved sanitation facility[2] (%)	52.6	13.9
10. Households using clean fuel for cooking[3] (%)	31.7	17.4
11. Households using iodized salt (%)	93.0	89.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.5	25.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	60.7	na
15. Women with 10 or more years of schooling (%)	29.9	20.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	24.7	38.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.2	3.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.4	11.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	54.7	18.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	58.1	37.1
21. Any modern method[6] (%)	50.0	34.8
22. Female sterilization (%)	42.1	31.7
23. Male sterilization (%)	1.6	0.5
24. IUD/PPIUD (%)	1.8	0.2
25. Pill (%)	0.2	0.4
26. Condom (%)	1.2	1.9
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	12.5	16.0
29. Unmet need for spacing[7] (%)	5.2	7.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	38.9	19.2
31. Current users ever told about side effects of current method[8] (%)	77.9	23.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Singrauli, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	72.9	29.2
33. Mothers who had at least 4 antenatal care visits (%)	58.1	20.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.1	71.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.8	18.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.7	1.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.3	75.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.2	32.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	474	1,364
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(12.5)	0.9
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	66.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	69.9	43.5
43. Institutional births in public facility (%)	62.5	38.4
44. Home births that were conducted by skilled health personnel[10] (%)	9.2	5.0
45. Births attended by skilled health personnel[10] (%)	77.5	44.8
46. Births delivered by caesarean section (%)	4.3	3.7
47. Births in a private health facility that were delivered by caesarean section (%)	*	(43.9)
48. Births in a public health facility that were delivered by caesarean section (%)	2.2	3.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	76.9	42.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	78.3	(59.8)
51. Children age 12-23 months who have received BCG (%)	96.2	87.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	78.7	49.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.7	67.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.6	73.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	65.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	78.7	49.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.8	56.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.3	96.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.5	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.8	5.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(25.1)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(19.4)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(49.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.0	1.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	54.0

[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.

Singrauli, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	34.0	33.5
68. Children under age 6 months exclusively breastfed[16] (%)	(75.5)	59.8
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(39.3)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.7	11.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.4	11.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	37.3	33.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	25.2	34.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.6	17.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	36.0	37.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.9	2.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	25.6	19.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	11.9	11.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	56.6	61.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	54.4	53.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	41.2
84. All women age 15-49 years who are anaemic[22] (%)	54.1	52.6
85. All women age 15-19 years who are anaemic[22] (%)	60.1	56.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.6	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.0	na
103. Women age 15 years and above who consume alcohol (%)	1.2	na
104. Men age 15 years and above who consume alcohol (%)	25.5	na

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
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[21]Excludes pregnant women and women with a birth in the preceding 2 months.
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[23]Random blood sugar measurement.

NOTES

![Government of India emblem]

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Tikamgarh
Madhya 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

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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.

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

This fact sheet provides information on key indicators and trends for Tikamgarh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Tikamgarh, information was gathered from 630 households, 620 women, and 82 men.

Tikamgarh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	66.8	58.6
2. Population below age 15 years (%)	26.6	32.2
3. Sex ratio of the total population (females per 1,000 males)	912	909
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,105	873
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.4	71.1
6. Deaths in the last 3 years registered with the civil authority (%)	(78.4)	na
7. Population living in households with electricity (%)	99.7	86.4
8. Population living in households with an improved drinking-water source[1] (%)	80.0	75.3
9. Population living in households that use an improved sanitation facility[2] (%)	56.6	15.4
10. Households using clean fuel for cooking[3] (%)	32.1	14.6
11. Households using iodized salt (%)	96.9	72.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	40.5	7.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	67.7	na
15. Women with 10 or more years of schooling (%)	25.8	13.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.6	49.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	4.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.4	17.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	71.3	30.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	76.2	48.5
21. Any modern method[6] (%)	71.0	46.6
22. Female sterilization (%)	66.0	42.6
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	0.2	0.0
25. Pill (%)	0.8	0.6
26. Condom (%)	3.7	3.0
27. Injectables (%)	0.2	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	4.1	13.6
29. Unmet need for spacing[7] (%)	2.6	5.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	42.8	8.2
31. Current users ever told about side effects of current method[8] (%)	69.0	21.1

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Tikamgarh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	84.7	33.4
33. Mothers who had at least 4 antenatal care visits (%)	64.2	18.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	100.0	81.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	40.9	13.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	27.8	4.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5	85.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.9	43.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	551	2,517
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.8	80.5
43. Institutional births in public facility (%)	79.5	68.2
44. Home births that were conducted by skilled health personnel[10] (%)	4.4	2.1
45. Births attended by skilled health personnel[10] (%)	93.7	69.8
46. Births delivered by caesarean section (%)	5.8	7.5
47. Births in a private health facility that were delivered by caesarean section (%)	*	43.2
48. Births in a public health facility that were delivered by caesarean section (%)	0.8	3.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(79.0)	34.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(79.9)	*
51. Children age 12-23 months who have received BCG (%)	(100.0)	89.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(84.5)	52.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(86.9)	45.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(89.8)	63.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(26.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(72.3)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(83.3)	31.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	60.2	55.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	96.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	1.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	11.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(46.7)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(18.8)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(71.5)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.8	5.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	58.7

[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.

Tikamgarh, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	52.4	32.1
68. Children under age 6 months exclusively breastfed[16] (%)	*	(59.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(9.2)	2.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(8.8)	3.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	27.5	49.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.7	19.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.3	7.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	34.9	43.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.0	0.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	21.3	30.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.4	8.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	42.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	67.5	67.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	49.9	46.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(36.7)	41.8
84. All women age 15-49 years who are anaemic[22] (%)	49.1	45.8
85. All women age 15-19 years who are anaemic[22] (%)	56.4	49.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.9	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	12.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	53.9	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	14.4	na

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

NOTES

National Family Health Survey - 5

2019-21

District Fact Sheet

Ujjain
Madhya Pradesh

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Ujjain. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Indian Institute of Development Management (IIDM). In Ujjain, information was gathered from 902 households, 1,108 women, and 194 men.

Ujjain, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	68.9	63.9
2. Population below age 15 years (%)	23.7	28.9
3. Sex ratio of the total population (females per 1,000 males)	957	968
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	958	1,062
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.4	85.3
6. Deaths in the last 3 years registered with the civil authority (%)	86.3	na
7. Population living in households with electricity (%)	99.3	97.5
8. Population living in households with an improved drinking-water source[1] (%)	94.7	93.1
9. Population living in households that use an improved sanitation facility[2] (%)	72.8	53.7
10. Households using clean fuel for cooking[3] (%)	60.7	46.5
11. Households using iodized salt (%)	98.7	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	35.7	10.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	64.3	na
15. Women with 10 or more years of schooling (%)	29.0	20.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	33.4	45.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.6	2.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.1	9.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	74.4	55.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	75.4	35.1
21. Any modern method[6] (%)	72.9	34.6
22. Female sterilization (%)	56.1	26.1
23. Male sterilization (%)	0.4	0.2
24. IUD/PPIUD (%)	0.9	0.4
25. Pill (%)	3.1	1.8
26. Condom (%)	11.8	6.0
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.4	14.3
29. Unmet need for spacing[7] (%)	4.2	6.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.3	16.4
31. Current users ever told about side effects of current method[8] (%)	80.4	43.8

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Ujjain, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	67.0	56.3
33. Mothers who had at least 4 antenatal care visits (%)	60.3	40.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.8	90.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	64.8	19.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	39.5	9.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.3	93.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.5	56.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,650	2,061
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	2.8
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.1	88.8
43. Institutional births in public facility (%)	83.0	74.3
44. Home births that were conducted by skilled health personnel[10] (%)	0.9	1.8
45. Births attended by skilled health personnel[10] (%)	90.3	86.6
46. Births delivered by caesarean section (%)	14.8	9.4
47. Births in a private health facility that were delivered by caesarean section (%)	(53.3)	41.3
48. Births in a public health facility that were delivered by caesarean section (%)	8.8	4.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	93.7	56.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	96.4	85.6
51. Children age 12-23 months who have received BCG (%)	100.0	91.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	93.7	64.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	97.1	70.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	95.6	88.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	47.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	74.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.7	54.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.5	77.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.8	94.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.2	5.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.4	8.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	56.9
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	23.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	70.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.7	2.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	70.7	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.

Ujjain, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	39.3	19.0
68. Children under age 6 months exclusively breastfed[16] (%)	*	57.6
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	(39.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.7	8.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	(6.3)
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	11.2	7.7
73. Children under 5 years who are stunted (height-for-age)[18] (%)	34.7	35.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	29.8	19.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	12.6	6.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	36.2	31.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.8	2.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	21.1	26.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.2	17.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	23.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	81.6	69.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	54.8	47.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(47.0)	52.2
84. All women age 15-49 years who are anaemic[22] (%)	54.5	47.4
85. All women age 15-19 years who are anaemic[22] (%)	62.9	46.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.3	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.8	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	4.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.1	na
103. Women age 15 years and above who consume alcohol (%)	0.8	na
104. Men age 15 years and above who consume alcohol (%)	15.7	na

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

NOTES

NATIONAL FAMILY HEALTH SURVEY - 5

Ministry of Health and Family Welfare

2019-21

DISTRICT FACT SHEET

UMARIA
MADHYA PRADESH

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

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

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

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

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

This fact sheet provides information on key indicators and trends for Umaria. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Umaria, information was gathered from 879 households, 1135 women, and 172 men.

Umaria, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	Total
Population and Household Profile		
1. Female population age 6 years and above who ever attended school (%)	68.0	61.6
2. Population below age 15 years (%)	26.1	31.5
3. Sex ratio of the total population (females per 1,000 males)	1,026	1,006
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	906	1,035
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.0	82.8
6. Deaths in the last 3 years registered with the civil authority (%)	66.0	na
7. Population living in households with electricity (%)	98.2	80.6
8. Population living in households with an improved drinking-water source[1] (%)	79.5	68.8
9. Population living in households that use an improved sanitation facility[2] (%)	53.7	20.1
10. Households using clean fuel for cooking[3] (%)	26.9	12.5
11. Households using iodized salt (%)	92.2	89.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	19.9	23.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	63.0	na
15. Women with 10 or more years of schooling (%)	26.4	16.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.2	37.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.3	3.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.7	8.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	48.9	14.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	71.2	52.3
21. Any modern method[6] (%)	60.5	48.3
22. Female sterilization (%)	49.6	44.4
23. Male sterilization (%)	1.4	0.7
24. IUD/PPIUD (%)	0.8	0.4
25. Pill (%)	0.9	0.5
26. Condom (%)	5.3	2.2
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.7	11.7
29. Unmet need for spacing[7] (%)	2.6	6.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	40.5	17.8
31. Current users ever told about side effects of current method[8] (%)	82.9	17.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Umaria, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	79.2	51.8
33. Mothers who had at least 4 antenatal care visits (%)	48.9	18.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.7	90.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.0	16.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.0	2.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.3	90.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.7	64.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,304	1,040
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(6.6)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.2	84.5
43. Institutional births in public facility (%)	89.2	80.0
44. Home births that were conducted by skilled health personnel[10] (%)	3.3	3.3
45. Births attended by skilled health personnel[10] (%)	85.6	84.9
46. Births delivered by caesarean section (%)	10.5	6.7
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	8.8	5.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	90.6	67.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	91.9	69.4
51. Children age 12-23 months who have received BCG (%)	98.6	94.6
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	95.6	76.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.9	78.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.5	85.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	72.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.9	71.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.6	66.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	95.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	4.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	18.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	50.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	42.7
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	53.1
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.2	3.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	67.6

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

Umaria, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
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67. Children under age 3 years breastfed within one hour of birth[15] (%)	41.3	37.2
68. Children under age 6 months exclusively breastfed[16] (%)	(79.7)	(36.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.5	9.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.8	8.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	45.3	41.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.5	27.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.0	9.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	36.6	46.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.7	0.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	21.1	29.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.6	9.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	71.5	73.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	51.6	61.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(48.6)	(72.9)
84. All women age 15-49 years who are anaemic[22] (%)	51.5	61.5
85. All women age 15-19 years who are anaemic[22] (%)	55.3	54.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.4	na
Men		
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Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.2	na
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Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.8	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	13.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	59.1	na
103. Women age 15 years and above who consume alcohol (%)	2.0	na
104. Men age 15 years and above who consume alcohol (%)	29.8	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).
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[23]Random blood sugar measurement.

NOTES

Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-21

District Fact Sheet

Vidisha
Madhya 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

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

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

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

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

This fact sheet provides information on key indicators and trends for Vidisha. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Madhya Pradesh was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 30th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). In Vidisha, information was gathered from 910 households, 1,019 women, and 166 men.

Vidisha, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.2	64.2
2. Population below age 15 years (%)	29.0	35.3
3. Sex ratio of the total population (females per 1,000 males)	924	916
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	960	1,000
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.7	68.0
6. Deaths in the last 3 years registered with the civil authority (%)	81.7	na
7. Population living in households with electricity (%)	98.7	85.6
8. Population living in households with an improved drinking-water source[1] (%)	95.7	94.2
9. Population living in households that use an improved sanitation facility[2] (%)	65.2	25.3
10. Households using clean fuel for cooking[3] (%)	31.8	17.9
11. Households using iodized salt (%)	99.0	93.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	48.2	10.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	64.8	na
15. Women with 10 or more years of schooling (%)	21.7	12.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	22.8	45.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.9	6.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.8	9.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	58.5	40.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	75.1	23.0
21. Any modern method[6] (%)	64.6	22.7
22. Female sterilization (%)	44.7	16.1
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.4	0.0
25. Pill (%)	3.4	2.1
26. Condom (%)	13.8	4.5
27. Injectables (%)	1.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	5.9	17.9
29. Unmet need for spacing[7] (%)	3.4	6.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.5	9.0
31. Current users ever told about side effects of current method[8] (%)	63.8	24.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available
( ) Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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

Vidisha, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21) Total	NFHS-4 (2015-16) Total
Maternal and Child Health		
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	84.9	29.5
33. Mothers who had at least 4 antenatal care visits (%)	54.4	16.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.5	84.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	41.3	15.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	24.9	4.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	89.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.8	32.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,668	2,114
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(8.5)	1.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.6	73.3
43. Institutional births in public facility (%)	82.8	68.1
44. Home births that were conducted by skilled health personnel[10] (%)	1.9	0.9
45. Births attended by skilled health personnel[10] (%)	91.6	60.3
46. Births delivered by caesarean section (%)	7.5	2.7
47. Births in a private health facility that were delivered by caesarean section (%)	(43.3)	(24.0)
48. Births in a public health facility that were delivered by caesarean section (%)	5.0	2.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	78.0	45.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	88.2	(62.3)
51. Children age 12-23 months who have received BCG (%)	91.1	75.8
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	82.5	54.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.5	58.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	84.5	65.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	67.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	78.9	42.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.0	42.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.4	8.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(54.9)	(32.7)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(9.5)	(18.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(58.1)	(73.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.1	2.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	65.9

[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.

Vidisha, Madhya Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
	Total	**Total**
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth[15] (%)	42.6	46.4
68. Children under age 6 months exclusively breastfed[16] (%)	(64.5)	(71.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	4.3	8.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	3.9	7.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	36.5	41.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.6	21.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	3.4	6.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	34.4	40.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	0.3	2.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)[21] (%)	23.1	28.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)[21] (%)	19.8	11.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	31.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	52.3	69.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	37.9	43.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(50.9)	55.5
84. All women age 15-49 years who are anaemic[22] (%)	38.5	44.2
85. All women age 15-19 years who are anaemic[22] (%)	27.1	39.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	54.0	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	13.9	na

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

NOTES

NOTES

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