सत्यमेव जयते

National Family Health Survey (NFHS-5) 2019-21

COMPENDIUM OF FACT SHEETS

KEY INDICATORS
INDIA AND 14 STATES/UTs (Phase-II)

Ministry of Health & Family Welfare
Government of India

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Government of India
Ministry of Health and Family Welfare

COMPENDIUM OF FACT SHEETS
INDIA AND 14 STATES/UTs (Phase-II)

National Family Health Survey (NFHS-5)
2019-21

मनसुख मांडविया
MANSUKH MANDAVIYA

स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक मंत्री
भारत सरकार
**Minister for Health & Family Welfare
and Chemicals & Fertilizers
Government of India**

सत्यमेव जयते

MESSAGE

It gives me immense pleasure to release the key findings of the Fifth Round of the National Family Health Survey (NFHS-5), 2019-21 for India and 14 States/UTs included in Phase-II of the Survey.

In this compendium of Factsheets, I am told, that the highlights for India and 14 States/UTs on key indicators providing State/UT wise estimates on population, health, family planning and nutrition related key indicators like fertility, mortality, maternal, child and adult health, women and child nutrition, domestic violence, etc. have been presented. For a majority of these key indicators, the district level estimates are also available. These indicators throw light on important aspects of family well-being of the population of different States/UTs.

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

(Mansukh Mandaviya)

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MESSAGE

I am extremely happy that this Ministry is releasing the much awaited key findings of India and 14 Phase-II States /UTs of Fifth round of the National Family Health Survey (NFHS-5), 2019-21. The survey got delayed in 14 States/UTs due to recent COVID-19 pandemic.

NFHS-5 results presented in this compendium of fact sheets is a vital source of state and district level information on a range of topics on population, health, family welfare, women and child nutrition, and others important topics related to welfare programmes. I am aware of the extensive use of NFHS data in planning of newer policies, implementing various welfare programmes and tracking the ongoing health schemes in the country.

I have also been informed that the estimates of key indicators given under NFHS-5 will be helpful in monitoring the progress of various Sustainable Development Goals (SDGs) especially SDG-3, which says **'Ensure healthy lives and promote well-being for all at all ages"**.

I am confident and enthusiastic that on the basis of the data generated under NFHS-5, Government would be enabled to take important policy decisions and to plan strategies for intervention at state and district level across the country. Also, it will provide helpful insights to researchers who are working in the area of health, population resources, and nutritional levels of women and children.

(Dr. Bharati Pravin Pawar)

''दो गज की दूरी, मास्क है जरूरी''

राजेश भूषण, आईएएस
सचिव

RAJESH BHUSHAN, IAS
SECRETARY

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

सत्यमेव जयते

FOREWORD

The National Family Health Surveys (NFHS) conducted under the aegis of the Ministry of Health & Family Welfare has played a crucial role in providing the Government of India and the stakeholders with reliable inputs to monitor the progress of various flagship programmes as well as achieve the vision of the National Health Policy. The NFHS-5, with a reference period 2019-2021 would provide vital information on reproductive and child health, fertility and family planning, health insurance, nutrition, HIV/AIDS, non-communicable diseases and many other related issues. The compendium of fact sheets covers India and 14 States/UTs in Phase-II. It provides a useful demographic and health database which will facilitate a stock taking of government programmes, and the progress made towards achieving the Sustainable Development Goals (SDG) by 2030.

Over the years, NFHS has expanded its scope and coverage to fill the gap in the data requirements of the Government of entities outside the Government and researchers in the field of population and health. Like in the previous round, NFHS-5 has adopted a modular approach to arrive at estimates of crucial indicators at the State /UT level and a subset of these indicators at the district level. This compendium of fact sheets for Phase-II of NFHS-5 releases findings for India and 14 States/UTs. The estimates of some of the major indicators are also available at the district level. I hope this crucial information will be effectively utilized for right policy decisions.

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

(Rajesh Bhushan)

Place : New Delhi
Date   : 22 September 2021

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PREFACE

The National Family Health Survey (NFHS) has emerged as a nationally important data source on population, health and nutrition for India and its States and UTs. The 2019-21 National Family Health Survey is the fifth in these national surveys will provide information on health and family welfare and on several new and emerging issues including pre-school attendance, death registration, disability insurance coverage, ownership of physical and economic assets by women, HIV testing during antenatal care, and domestic violence during pregnancy, etc. The scope of NFHS-5 has been modified wherever required to make the target population ranges align with those of Sustainable Development Goals (SDGs). The scope of Clinical Anthropometric and Biochemical (CAB) testing in NEHS-5 has also been expanded to include collection of Dried Blood Sample (DBS) for carrying out tests for Malaria, HbA1C, Vitamin-D and measurement of waist hip circumferences.

The survey used a uniform sample design, questionnaires (translated into regional languages), field procedures and biomarker measurements for facilitating comparability across the States/UTs and ensuring the highest possible data quality. The second phase of NFHS-5 covered 11 States and 03 Union Territories of India. The survey got delayed due to COVID-19 pandemic. The National and 14 States UTs factsheets of Phase-II is providing estimates on 131 key indicators. The factsheets provide an overview of the prevailing status in the States/UTs in terms of key indicators covering a range of areas.

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

(S.Krishnamurthy)

Healthy Village, Healthy Nation

एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other

National Health Mission
राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
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विकास शील, भा.प्र.से.
Vikas Sheel, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

PROLOGUE

I am delighted to note that the NFHS-5 fact sheets presenting key indicators on Population, Health and Nutrition for India and 14 States/UTs included in Phase-II are available for the use of States/UTs and Ministry of Health & Family welfare as with previous rounds, the much-awaited NFHS-5 estimates will help understand the current levels of achievements and track the progress on key indicators. These results will be critical to assess the performance of the various flagship programmes launched by the Government in recent years and will also help to devise and frame new policies and plans for the future.

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

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

I wish to compliment the NFHS team at MoHFW and IIPS for making this valuable contribution to the development of public health systems in India.

(Vikas Sheel)

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सत्यमेव जयते

MESSAGE

It gives me great satisfaction and honor to bring out the key findings of India and 14 Phase-II States/UTs of the fifth round of the National Family Health Survey (NFHS-5), 2019-21 in the form of Factsheets. The survey was conducted by International Institute for Population Sciences, Mumbai as the Nodal Agency under the aegis of the Ministry of Health and Family Welfare, Government of India. The factsheets provide crucial information on reproductive and child health, including fertility, family planning, infant and child mortality, nutrition, etc., as well as information on water and sanitation, health insurance, violence against women (VAW), certain non-communicable disease (NCD), and many other topics. This compendium of factsheets would further strengthen the country's demographic and health database, and the information will serve the basis for the Government's initiatives in its commitment to achieve the Sustainable Development Goals (SDG) by 2030.

The survey work of NFHS-5 was planned in two phases with an initial reference period of 2019-20. The survey work for the 22 Phase-I States/UTs was carried out between July-December, 2019 and the key findings were released by the Hon'ble Minister of Health & Family Welfare in December, 2020. The survey work for the second phase of NFHS-5 was started in January, 2020 but was affected by the COVID-19 pandemic induced lockdown as it was halted for eight months during March-November, 2020. However, the survey work was finally completed in April, 2021 thus changing the reference period for the survey to 2019-21.

The success of a large-scale survey of national importance (NFHS-5) has been due to the diligent efforts of all in the Ministry of Health and Family Welfare, International Institute for Population Sciences (IIPS), the Chairman and members of the Technical and Administrative Committees, USAID and ICF. I acknowledge with appreciation the efforts of all those who have supported and contributed to the success of the survey.

(D. K Ojha)

ACKNOWLEDGEMENTS

The Second phase of the National Family Health Survey (NFHS-5) has been completed in 14 States/UTs with joint efforts and involvements of numerous organizations and individuals at different survey stages during the difficult period of COVID-19 pandemics. With the completion of both the phrases of NFHS-5, the all India factsheet is also available for the use. At the outset, we would like to express our deep sense of gratitude to the officials of the Ministry of Health and Family Welfare, Government of India, New Delhi, for their overall guidance and support.

I wish to place on record our sincere thanks to Shri. Rajesh Bhushan, Secretary Health and Family Welfare, Ms. Vandana Gurnani, former Additional Secretay and Mission Director, Dr. D. S. Gangwar, Additional Secretary and Financial Adviser and Shri. Vikas Sheel, Additional Secretay and Mission Director for their guidance, support, and contribution to the survey.

I want to place our deep sense of gratitude to Ms. Sandhya Krishnamurthy, DG (Stats.), Shri. D.K. Ojha, DDG (Stats.), Ms. Nivedita Gupta, former CD (Stats.), and Ms. Nidhi Satija, JD (Stats.) for their unwavering support and guidance at different stages and in various activities of NFHS-5.

I express our sincere gratitude to all the Steering Committee, Administrative & Financial Management Committee, Project Management Committee, and the Technical Advisory Committee, especaily the Chaiperson, Dr. N.S. Sastry and Co-Chair, Dr. Arvind Pandey for their contribution and for providing valuable guidance for implementing the project. The insights from the members of the committee gave us the confidence in carrying out the task during the period of pandemic with appropriate safety measures.

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

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

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

Dr. K S James
Director and Senior Professor

Content

सत्यमेव जयते

National Family Health Survey (NFHS-5) 2019-21

FACT SHEET

INDIA

Ministry of Health & Family Welfare
Government of India

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 India. NFHS-5 fieldwork for India was conducted in two phases, phase one from 17 June 2019 to 30 January 2020 and phase two from 2 January 2020 to 30 April 2021 by 17 Field Agencies and gathered information from 636,699 households, 724,115 women, and 101,839 men. Fact sheets for each State/UT and District of India are also available separately.

India - 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 (%)	82.5	66.8	71.8	68.8
2. Population below age 15 years (%)	23.1	28.1	26.5	28.6
3. Sex ratio of the total population (females per 1,000 males)	985	1,037	1,020	991
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	924	931	929	919
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.3	87.5	89.1	79.7
6. Deaths in the last 3 years registered with the civil authority (%)	83.2	65.8	70.8	na
7. Population living in households with electricity (%)	99.1	95.7	96.8	88.0
8. Population living in households with an improved drinking-water source[1] (%)	98.7	94.6	95.9	94.4
9. Population living in households that use an improved sanitation facility[2] (%)	81.5	64.9	70.2	48.5
10. Households using clean fuel for cooking[3] (%)	89.7	43.2	58.6	43.8
11. Households using iodized salt (%)	96.9	93.0	94.3	93.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	38.1	42.4	41.0	28.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	18.1	12.0	13.6	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	83.0	65.9	71.5	na
15. Men who are literate[4] (%)	89.6	81.5	84.4	na
16. Women with 10 or more years of schooling (%)	56.3	33.7	41.0	35.7
17. Men with 10 or more years of schooling (%)	62.1	43.7	50.2	47.1
18. Women who have ever used the internet (%)	51.8	24.6	33.3	na
19. Men who have ever used the internet (%)	72.5	48.7	57.1	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	14.7	27.0	23.3	26.8
21. Men age 25-29 years married before age 21 years (%)	11.3	21.1	17.7	20.3
22. Total fertility rate (children per woman)	1.6	2.1	2.0	2.2
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.8	7.9	6.8	7.9
24. Adolescent fertility rate for women age 15-19 years[5]	27	49	43	51
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	18.0	27.5	24.9	29.5
26. Infant mortality rate (IMR)	26.6	38.4	35.2	40.7
27. Under-five mortality rate (U5MR)	31.5	45.7	41.9	49.7
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	69.3	65.6	66.7	53.5
29. Any modern method[6] (%)	58.5	55.5	56.5	47.8
30. Female sterilization (%)	36.3	38.7	37.9	36.0
31. Male sterilization (%)	0.2	0.3	0.3	0.3
32. IUD/PPIUD (%)	2.7	1.8	2.1	1.5
33. Pill (%)	4.4	5.4	5.1	4.1
34. Condom (%)	13.6	7.6	9.5	5.6
35. Injectables (%)	0.4	0.6	0.6	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	8.4	9.9	9.4	12.9
37. Unmet need for spacing[7] (%)	3.6	4.3	4.0	5.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	23.0	24.3	23.9	17.7
39. Current users ever told about side effects of current method[8] (%)	64.7	61.5	62.4	46.6

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.

India - 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 (%)	75.5	67.9	70.0	58.6
41. Mothers who had at least 4 antenatal care visits (%)	68.1	54.2	58.1	51.2
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.7	91.7	92.0	89.0
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.0	40.2	44.1	30.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	34.4	22.7	26.0	14.4
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.9	96.3	95.9	89.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.6	75.4	78.0	62.4
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,385	2,770	2,916	3,197
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	3.8	4.3	4.2	2.5
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.7	76.5	79.1	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	93.8	86.7	88.6	78.9
51. Institutional births in public facility (%)	52.6	65.3	61.9	52.1
52. Home births that were conducted by skilled health personnel[10] (%)	2.1	3.7	3.2	4.3
53. Births attended by skilled health personnel[10] (%)	94.0	87.8	89.4	81.4
54. Births delivered by caesarean section (%)	32.3	17.6	21.5	17.2
55. Births in a private health facility that were delivered by caesarean section (%)	49.3	46.0	47.4	40.9
56. Births in a public health facility that were delivered by caesarean section (%)	22.7	11.9	14.3	11.9
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	75.5	76.8	76.4	62.0
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	83.3	84.0	83.8	77.9
59. Children age 12-23 months who have received BCG (%)	94.7	95.4	95.2	91.9
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	79.2	80.9	80.5	72.8
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.0	87.0	86.7	78.4
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.1	88.1	87.9	81.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.4	32.4	31.9	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	34.9	37.0	36.4	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.0	84.2	83.9	62.8
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	71.8	71.0	71.2	64.5
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	87.7	97.0	94.5	90.7
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	11.1	1.6	4.2	7.2
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.2	7.7	7.3	9.2
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	62.5	60.1	60.6	50.6
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	31.5	30.3	30.5	20.3
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	72.2	68.0	68.9	67.9
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	3.0	2.8	2.7
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	72.7	67.8	69.0	73.2

[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.

India - 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] (%)	44.7	40.7	41.8	41.6
76. Children under age 6 months exclusively breastfed[16] (%)	59.6	65.1	63.7	54.9
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	52.0	43.9	45.9	42.7
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	11.8	10.8	11.1	8.7
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	14.2	12.0	12.7	14.3
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.3	11.0	11.3	9.6
81. Children under 5 years who are stunted (height-for-age)[18] (%)	30.1	37.3	35.5	38.4
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.5	19.5	19.3	21.0
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.6	7.7	7.7	7.5
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	27.3	33.8	32.1	35.8
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.2	3.2	3.4	2.1
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)[21] (%)	13.2	21.2	18.7	22.9
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) (%)	13.0	17.8	16.2	20.2
88. Women who are overweight or obese (BMI ≥25.0 kg/m²)[21] (%)	33.2	19.7	24.0	20.6
89. Men who are overweight or obese (BMI ≥25.0 kg/m²) (%)	29.8	19.3	22.9	18.9
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.9	55.2	56.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	50.1	46.4	47.7	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	64.2	68.3	67.1	58.6
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	54.1	58.7	57.2	53.2
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	45.7	54.3	52.2	50.4
95. All women age 15-49 years who are anaemic[22] (%)	53.8	58.5	57.0	53.1
96. All women age 15-19 years who are anaemic[22] (%)	56.5	60.2	59.1	54.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	20.4	27.4	25.0	22.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	25.0	33.9	31.1	29.2
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.7	5.9	6.1	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.0	5.5	6.3	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.3	12.3	13.5	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.8	7.0	7.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.5	6.5	7.2	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.9	14.5	15.6	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	11.9	12.4	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 (%)	23.6	20.2	21.3	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.1	15.0	15.7	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.9	5.5	5.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.6	22.7	24.0	na

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

India - Key Indicators

Indicators	NFHS-5 (2019-21) Urban	Rural	Total	NFHS-4 (2015-16) Total
Screening for Cancer among Adults (age 30-49 years)				
Women				
111. Ever undergone a screening test for cervical cancer (%)	2.2	1.7	1.9	na
112. Ever undergone a breast examination for breast cancer (%)	1.2	0.7	0.9	na
113. Ever undergone an oral cavity examination for oral cancer (%)	1.2	0.8	0.9	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.0	1.3	1.2	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	28.6	18.2	21.6	20.9
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	37.5	27.1	30.7	32.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	76.1	64.7	68.4	54.9
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	86.4	79.6	82.0	77.4
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	91.0	87.7	88.7	84.0
120. Women who worked in the last 12 months and were paid in cash (%)	25.0	25.6	25.4	24.6
121. Women owning a house and/or land (alone or jointly with others) (%)	38.3	45.7	43.3	38.4
122. Women having a bank or savings account that they themselves use (%)	80.9	77.4	78.6	53.0
123. Women having a mobile phone that they themselves use (%)	69.4	46.6	54.0	45.9
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	89.4	72.3	77.3	57.6
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	24.2	31.6	29.3	31.2
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.5	3.4	3.1	3.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.1	1.6	1.5	1.5
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	5.4	10.5	8.9	na
129. Men age 15 years and above who use any kind of tobacco (%)	28.8	42.7	38.0	na
130. Women age 15 years and above who consume alcohol (%)	0.6	1.6	1.3	na
131. Men age 15 years and above who consume alcohol (%)	16.5	19.9	18.8	na

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

National Family Health Survey (NFHS-5) 2019-21

STATE FACT SHEET

ARUNACHAL PRADESH

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Arunachal 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 Arunachal Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 7th December 2020 to 19th April 2021 post lockdown by Ipsos Research Pvt. Ltd. Information was gathered from 18,268 households, 19,765 women, and 2881 men. Fact sheets for each district in Arunachal Pradesh are also available separately.

Arunachal Pradesh - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
Population and Household Profile	Urban	Rural	Total	Total
1. Female population age 6 years and above who ever attended school (%)	83.2	69.0	71.2	67.1
2. Population below age 15 years (%)	26.2	27.2	27.1	31.7
3. Sex ratio of the total population (females per 1,000 males)	989	998	997	958
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	912	990	979	926
5. Children under age 5 years whose birth was registered with the civil authority (%)	89.7	87.4	87.7	62.9
6. Deaths in the last 3 years registered with the civil authority (%)	41.3	33.4	34.5	na
7. Population living in households with electricity (%)	99.5	94.0	94.8	88.3
8. Population living in households with an improved drinking-water source[1] (%)	98.1	92.9	93.7	86.2
9. Population living in households that use an improved sanitation facility[2] (%)	79.9	83.4	82.9	61.6
10. Households using clean fuel for cooking[3] (%)	90.2	46.3	53.2	45.0
11. Households using iodized salt (%)	99.4	99.2	99.2	99.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	33.6	28.5	29.3	58.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.0	5.5	5.9	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	82.9	69.0	71.3	na
15. Men who are literate[4] (%)	91.4	84.5	85.7	na
16. Women with 10 or more years of schooling (%)	55.4	36.2	39.4	31.0
17. Men with 10 or more years of schooling (%)	64.1	45.0	48.2	44.7
18. Women who have ever used the internet (%)	70.0	49.6	52.9	na
19. Men who have ever used the internet (%)	86.9	68.5	71.6	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	16.7	19.3	18.9	23.5
21. Men age 25-29 years married before age 21 years (%)	17.7	21.5	20.8	22.6
22. Total fertility rate (children per woman)	1.4	1.9	1.8	2.1
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.2	6.6	6.0	10.5
24. Adolescent fertility rate for women age 15-19 years[5]	27	40	38	56
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	12.5	6.9	7.7	11.8
26. Infant mortality rate (IMR)	16.7	12.3	12.9	22.9
27. Under-five mortality rate (U5MR)	22.2	18.3	18.8	32.9
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	57.0	59.5	59.1	31.7
29. Any modern method[6] (%)	44.8	47.6	47.2	26.6
30. Female sterilization (%)	15.7	18.7	18.2	11.2
31. Male sterilization (%)	0.0	0.0	0.0	0.0
32. IUD/PPIUD (%)	6.3	6.2	6.2	3.4
33. Pill (%)	13.3	15.9	15.5	10.2
34. Condom (%)	7.5	4.2	4.7	1.4
35. Injectables (%)	0.7	1.0	1.0	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	13.4	12.3	12.5	21.5
37. Unmet need for spacing[7] (%)	7.7	6.9	7.0	12.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	21.1	19.0	19.4	12.3
39. Current users ever told about side effects of current method[8] (%)	71.9	73.9	73.7	51.2

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

Arunachal Pradesh - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	57.2	52.4	53.1	36.9
41. Mothers who had at least 4 antenatal care visits (%)	47.8	34.6	36.5	26.7
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	82.1	76.1	76.9	63.9
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.4	22.9	23.8	8.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.0	7.9	8.6	2.3
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.7	95.2	95.6	89.2
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.0	54.6	56.4	28.8
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	10,178	9,649	9,731	6,473
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	7.8	1.9	2.3	0.6
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	66.6	54.8	56.5	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	90.6	77.3	79.2	52.2
51. Institutional births in public facility (%)	82.1	73.6	74.8	42.7
52. Home births that were conducted by skilled health personnel[10] (%)	3.2	4.1	4.0	2.1
53. Births attended by skilled health personnel[10] (%)	93.0	80.3	82.1	53.7
54. Births delivered by caesarean section (%)	17.1	14.4	14.8	8.9
55. Births in a private health facility that were delivered by caesarean section (%)	56.3	43.8	47.3	37.5
56. Births in a public health facility that were delivered by caesarean section (%)	15.0	17.4	17.0	12.5
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	66.8	64.6	64.9	38.2
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	73.4	76.9	76.4	71.4
59. Children age 12-23 months who have received BCG (%)	93.4	87.1	87.9	70.9
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	70.5	68.8	69.0	53.7
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	83.2	76.8	77.7	52.3
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.1	80.1	80.7	54.6
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.6	27.1	27.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	28.8	32.4	32.0	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.9	71.8	73.0	40.9
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	75.7	68.8	69.7	45.3
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	99.3	97.3	97.6	93.9
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.7	0.7	0.7	5.5
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.3	5.3	5.1	6.5
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	59.6	63.1	62.7	66.1
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	35.9	26.9	27.9	35.8
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	59.5	52.6	53.4	44.9
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	2.0	2.1	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 (%)	54.0	45.9	47.1	37.5

[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.

Arunachal Pradesh - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	54.0	51.7	52.0	58.6
76. Children under age 6 months exclusively breastfed[16] (%)	66.2	62.9	63.4	57.0
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(42.3)	49.5	48.4	53.9
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	26.5	23.4	23.8	12.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(16.8)	12.8	13.1	26.1
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	25.7	21.4	22.0	14.0
81. Children under 5 years who are stunted (height-for-age)[18] (%)	28.4	27.9	28.0	29.4
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	10.1	13.6	13.1	17.3
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.7	6.8	6.5	8.0
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	13.1	15.8	15.4	19.4
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	9.6	9.7	9.7	4.9
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	5.6	5.7	5.7	8.5
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	6.4	4.6	4.9	8.3
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	28.9	22.9	23.9	18.8
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	32.4	26.6	27.6	20.6
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.6	69.4	68.9	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	47.9	45.7	46.1	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	52.8	57.1	56.6	54.2
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	37.0	41.6	40.8	43.5
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	23.4	28.6	27.9	37.8
95. All women age 15-49 years who are anaemic[22] (%)	36.5	41.0	40.3	43.2
96. All women age 15-19 years who are anaemic[22] (%)	43.5	49.6	48.5	48.2
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	21.4	21.5	21.4	18.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	21.9	25.6	24.9	22.9
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.7	4.6	4.6	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.7	3.0	3.1	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.6	8.2	8.4	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.4	6.8	6.7	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.6	4.3	4.3	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.0	11.9	11.9	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.1	16.5	16.4	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.8	6.7	6.7	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.3	24.8	24.9	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	23.1	22.8	22.8	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	8.5	9.1	9.0	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	33.2	33.1	33.1	na

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

Arunachal Pradesh - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	1.4	0.7	0.8	na
112. Ever undergone a breast examination for breast cancer (%)	0.7	0.3	0.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	1.0	0.5	0.6	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.2	0.7	0.8	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	11.1	12.5	12.3	16.0
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	30.4	34.0	33.4	27.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	58.6	62.9	62.2	45.2
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	70.6	79.1	77.7	64.2
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	89.2	86.6	87.0	89.1
120. Women who worked in the last 12 months and were paid in cash (%)	23.0	23.6	23.5	17.2
121. Women owning a house and/or land (alone or jointly with others) (%)	69.8	70.3	70.2	59.7
122. Women having a bank or savings account that they themselves use (%)	86.0	76.7	78.2	56.6
123. Women having a mobile phone that they themselves use (%)	81.9	75.3	76.4	59.8
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	93.5	91.4	91.8	73.4
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	18.5	26.0	24.8	31.0
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.1	3.3	3.0	1.6
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.1	0.8	0.7	0.9
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	14.0	19.7	18.8	na
129. Men age 15 years and above who use any kind of tobacco (%)	44.5	51.4	50.3	na
130. Women age 15 years and above who consume alcohol (%)	14.9	25.9	24.2	na
131. Men age 15 years and above who consume alcohol (%)	44.3	54.3	52.7	na

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

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

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

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

सत्यमेव जयते

National Family Health Survey (NFHS-5) 2019-21

CHHATTISGARH

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Chhattisgarh. 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 Chhattisgarh was conducted from 16th January 2020 to 21st March 2020 prior to the lockdown and from 5th December 2020 to 30th March 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). Information was gathered from 24,550 households, 28,468 women, and 4,174 men. Fact sheets for each district in Chhattisgarh are also available separately.

Chhattisgarh - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	80.3	66.1	69.3	67.6
2. Population below age 15 years (%)	23.2	26.0	25.4	29.2
3. Sex ratio of the total population (females per 1,000 males)	1,016	1,014	1,015	1,019
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	933	967	960	977
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.3	96.4	96.6	86.1
6. Deaths in the last 3 years registered with the civil authority (%)	81.2	75.7	77.0	na
7. Population living in households with electricity (%)	99.5	98.6	98.8	96.3
8. Population living in households with an improved drinking-water source[1] (%)	98.6	94.7	95.5	91.3
9. Population living in households that use an improved sanitation facility[2] (%)	88.2	73.5	76.8	34.8
10. Households using clean fuel for cooking[3] (%)	80.2	19.2	33.0	22.8
11. Households using iodized salt (%)	99.0	98.3	98.5	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	68.8	72.1	71.4	68.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.3	4.2	4.6	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	83.4	69.1	72.5	na
15. Men who are literate[4] (%)	84.8	82.0	82.7	na
16. Women with 10 or more years of schooling (%)	52.4	32.1	36.9	26.5
17. Men with 10 or more years of schooling (%)	52.2	38.1	41.5	36.0
18. Women who have ever used the internet (%)	44.5	20.8	26.7	na
19. Men who have ever used the internet (%)	75.4	50.4	56.3	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	8.1	13.2	12.1	21.3
21. Men age 25-29 years married before age 21 years (%)	9.8	18.3	16.2	26.9
22. Total fertility rate (children per woman)	1.4	1.9	1.8	2.2
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.7	3.4	3.1	4.8
24. Adolescent fertility rate for women age 15-19 years[5]	19	25	24	36
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	19.3	35.6	32.4	42.1
26. Infant mortality rate (IMR)	26.2	48.7	44.3	54.0
27. Under-five mortality rate (U5MR)	28.9	55.8	50.4	64.3
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	71.3	66.8	67.8	57.7
29. Any modern method[6] (%)	64.9	60.8	61.7	54.5
30. Female sterilization (%)	47.3	47.6	47.5	46.2
31. Male sterilization (%)	0.4	0.9	0.8	0.7
32. IUD/PPIUD (%)	3.7	2.6	2.8	1.6
33. Pill (%)	2.6	2.3	2.4	1.7
34. Condom (%)	7.9	3.0	4.1	3.9
35. Injectables (%)	0.4	0.4	0.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	8.0	8.3	8.3	11.1
37. Unmet need for spacing[7] (%)	3.5	3.4	3.4	5.3
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	28.0	30.7	30.1	28.5
39. Current users ever told about side effects of current method[8] (%)	82.9	83.5	83.4	54.7

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

Chhattisgarh - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	71.5	64.1	65.7	70.8
41. Mothers who had at least 4 antenatal care visits (%)	62.2	59.6	60.1	59.1
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.1	91.9	91.9	94.3
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	41.4	45.9	45.0	30.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.5	27.1	26.3	9.5
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.5	97.2	97.5	91.4
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.3	82.3	84.0	63.6
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,536	1,682	1,833	1,480
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	4.8	10.3	9.8	4.7
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.3	80.2	81.7	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	93.1	83.9	85.7	70.2
51. Institutional births in public facility (%)	58.9	72.7	70.0	55.9
52. Home births that were conducted by skilled health personnel[10] (%)	3.0	6.5	5.8	8.4
53. Births attended by skilled health personnel[10] (%)	95.5	87.2	88.8	78.0
54. Births delivered by caesarean section (%)	31.2	11.3	15.2	9.9
55. Births in a private health facility that were delivered by caesarean section (%)	60.4	54.5	57.0	46.6
56. Births in a public health facility that were delivered by caesarean section (%)	17.8	7.1	8.9	5.7
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	77.3	80.4	79.7	76.4
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	81.8	85.6	84.8	81.8
59. Children age 12-23 months who have received BCG (%)	95.8	96.6	96.4	98.4
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	85.8	83.8	84.2	81.7
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.0	88.4	87.5	91.4
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.7	90.9	90.2	93.9
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.8	29.1	30.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	48.5	51.0	50.4	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	82.3	87.0	85.9	76.4
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.9	85.2	84.5	76.7
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.9	98.7	96.6	96.4
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	10.6	1.1	3.1	3.6
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.3	3.7	3.6	9.1
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(68.8)	67.0	67.3	67.9
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(33.8)	41.4	40.0	28.9
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(73.3)	73.9	73.8	71.3
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.5	1.5	1.5	2.2
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	63.2	63.7	63.6	70.1

[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.

Chhattisgarh - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	30.0	32.8	32.2	47.1
76. Children under age 6 months exclusively breastfed[16] (%)	73.8	81.5	80.3	77.2
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	41.8	41.2	41.3	53.9
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.4	9.7	9.7	11.1
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(4.7)	1.6	2.5	8.5
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.0	9.4	9.3	10.9
81. Children under 5 years who are stunted (height-for-age)[18] (%)	30.0	35.7	34.6	37.6
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.9	18.9	18.9	23.1
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.0	7.2	7.5	8.4
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.8	32.7	31.3	37.7
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.7	3.6	4.0	2.9
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	16.0	25.3	23.1	26.7
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.1	19.4	17.4	24.1
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	23.1	11.3	14.1	11.9
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	22.4	12.7	14.9	10.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	64.5	52.5	55.4	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	47.9	43.2	44.3	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	71.1	66.2	67.2	41.6
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	57.1	62.5	61.2	47.3
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	38.8	54.7	51.8	41.5
95. All women age 15-49 years who are anaemic[22] (%)	56.5	62.2	60.8	47.0
96. All women age 15-19 years who are anaemic[22] (%)	62.2	61.2	61.4	45.5
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	20.8	28.9	27.0	22.1
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	22.5	34.4	31.5	27.4
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.4	4.3	4.5	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.4	3.3	3.8	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.1	8.1	9.0	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.5	5.1	5.4	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.8	4.2	4.4	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.8	10.3	10.8	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.6	14.9	14.8	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.7	7.1	6.8	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.5	23.6	23.6	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.5	18.9	19.0	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.3	7.8	7.5	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.8	27.7	27.7	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.

Chhattisgarh - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	0.4	0.3	0.3	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.1	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.2	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.4	1.1	1.2	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	23.9	22.8	23.1	20.7
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	37.4	28.7	30.7	35.8
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	86.3	72.1	75.6	57.5
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	90.2	83.3	84.9	82.9
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	96.5	91.6	92.7	90.5
120. Women who worked in the last 12 months and were paid in cash (%)	28.4	42.6	39.1	36.8
121. Women owning a house and/or land (alone or jointly with others) (%)	46.1	45.5	45.6	26.4
122. Women having a bank or savings account that they themselves use (%)	77.9	81.1	80.3	51.3
123. Women having a mobile phone that they themselves use (%)	61.2	34.0	40.7	31.0
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	83.2	64.8	68.8	47.1
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	14.0	22.2	20.2	36.8
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.2	0.9	0.9	4.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.5	0.9	0.8	1.7
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 (%)	9.4	19.6	17.3	na
129. Men age 15 years and above who use any kind of tobacco (%)	33.4	46.0	43.1	na
130. Women age 15 years and above who consume alcohol (%)	1.3	6.1	5.0	na
131. Men age 15 years and above who consume alcohol (%)	28.6	36.7	34.8	na

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

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

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

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

National Family Health Survey (NFHS-5) 2019-21

HARYANA

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Haryana. 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 Haryana was conducted from 12th January 2020 to 21st March 2020 prior to the lockdown and from 21st December 2020 to 30th April 2021 post lockdown by Society for Promotion of Youth and Masses (SPYM). Information was gathered from 18,229 households, 21,909 women, and 3,224 men. Fact sheets for each district in Haryana are also available separately.

Haryana - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	82.3	69.6	73.8	70.3
2. Population below age 15 years (%)	23.2	26.3	25.3	27.8
3. Sex ratio of the total population (females per 1,000 males)	911	933	926	876
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	943	873	893	836
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.7	94.9	95.1	94.2
6. Deaths in the last 3 years registered with the civil authority (%)	88.8	85.5	86.4	na
7. Population living in households with electricity (%)	99.8	99.5	99.6	98.9
8. Population living in households with an improved drinking-water source[1] (%)	99.3	98.2	98.6	98.3
9. Population living in households that use an improved sanitation facility[2] (%)	86.0	84.6	85.0	80.6
10. Households using clean fuel for cooking[3] (%)	90.5	42.6	59.5	52.2
11. Households using iodized salt (%)	95.1	96.6	96.1	92.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	28.3	24.2	25.7	12.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.1	7.4	7.6	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	85.7	76.7	79.7	na
15. Men who are literate[4] (%)	93.3	90.6	91.5	na
16. Women with 10 or more years of schooling (%)	60.1	44.1	49.5	45.8
17. Men with 10 or more years of schooling (%)	65.0	60.8	62.2	61.1
18. Women who have ever used the internet (%)	60.2	42.8	48.4	na
19. Men who have ever used the internet (%)	79.7	68.8	72.4	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	9.9	13.7	12.5	19.4
21. Men age 25-29 years married before age 21 years (%)	17.6	15.2	16.0	23.9
22. Total fertility rate (children per woman)	1.7	2.0	1.9	2.1
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.0	4.3	3.9	5.8
24. Adolescent fertility rate for women age 15-19 years[5]	21	29	27	41
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	19.0	22.7	21.6	22.1
26. Infant mortality rate (IMR)	28.6	35.3	33.3	32.8
27. Under-five mortality rate (U5MR)	36.0	39.8	38.7	41.1
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	73.5	72.9	73.1	63.7
29. Any modern method[6] (%)	59.0	61.3	60.5	59.4
30. Female sterilization (%)	24.1	36.3	32.3	38.1
31. Male sterilization (%)	0.7	1.1	0.9	0.6
32. IUD/PPIUD (%)	5.0	4.9	5.0	5.7
33. Pill (%)	2.9	2.8	2.8	2.7
34. Condom (%)	24.6	14.9	18.1	12.0
35. Injectables (%)	0.4	0.4	0.4	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	7.7	7.5	7.6	9.3
37. Unmet need for spacing[7] (%)	2.9	3.6	3.3	3.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	21.2	26.9	24.9	23.0
39. Current users ever told about side effects of current method[8] (%)	71.6	68.2	69.1	63.5

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

Haryana - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
Maternal and Child Health	Urban	Rural	Total	Total
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	85.0	85.3	85.2	63.2
41. Mothers who had at least 4 antenatal care visits (%)	63.1	59.2	60.4	45.1
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	88.6	91.7	90.7	92.3
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	50.7	51.5	51.2	32.5
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	31.7	32.0	32.0	14.3
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.9	97.6	96.8	92.0
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.4	90.8	91.3	67.3
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,768	1,631	1,666	1,569
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(7.3)	2.9	3.8	1.4
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.3	90.4	91.0	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	96.1	94.4	94.9	80.4
51. Institutional births in public facility (%)	48.6	61.1	57.5	52.0
52. Home births that were conducted by skilled health personnel[10] (%)	0.7	1.3	1.1	5.8
53. Births attended by skilled health personnel[10] (%)	95.5	94.0	94.4	84.6
54. Births delivered by caesarean section (%)	23.5	17.8	19.5	11.7
55. Births in a private health facility that were delivered by caesarean section (%)	34.9	33.4	33.9	25.3
56. Births in a public health facility that were delivered by caesarean section (%)	14.4	10.9	11.7	8.6
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	74.3	77.9	76.9	62.2
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	82.0	80.8	81.1	79.4
59. Children age 12-23 months who have received BCG (%)	95.9	94.6	95.0	92.8
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.8	81.6	80.6	75.3
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.9	88.3	88.5	76.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.4	89.4	89.4	79.0
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.5	31.4	32.0	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	79.5	80.0	79.8	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.8	87.3	87.4	54.3
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	62.2	66.0	64.9	71.3
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.1	98.8	96.9	94.8
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.5	0.7	2.4	5.1
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.8	5.0	4.9	7.7
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	52.2	44.4	46.6	60.6
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	26.0	26.3	26.2	21.9
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	70.8	78.3	76.1	77.3
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.8	2.4	2.3	3.2
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	70.7	74.6	73.5	80.1

[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.

Haryana - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	37.7	43.3	41.6	42.4
76. Children under age 6 months exclusively breastfed[16] (%)	70.3	69.1	69.5	50.3
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	51.8	39.2	43.0	35.9
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.3	13.0	11.9	7.0
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.6	11.3	11.1	10.0
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.6	12.7	11.8	7.5
81. Children under 5 years who are stunted (height-for-age)[18] (%)	26.1	28.1	27.5	34.0
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	10.8	11.8	11.5	21.2
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.3	4.4	4.4	9.0
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	20.5	21.8	21.5	29.4
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.3	3.3	3.3	3.1
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	11.4	16.9	15.1	15.8
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	15.0	14.3	14.5	11.3
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	37.5	30.9	33.1	21.0
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	30.2	27.4	28.3	20.0
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	64.6	61.7	62.6	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	59.5	57.7	58.3	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	68.1	71.5	70.4	71.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	57.5	62.1	60.6	63.1
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	54.6	57.2	56.5	55.0
95. All women age 15-49 years who are anaemic[22] (%)	57.4	61.9	60.4	62.7
96. All women age 15-19 years who are anaemic[22] (%)	59.3	63.5	62.3	62.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	16.0	20.4	18.9	20.9
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	26.7	31.5	29.9	29.7
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.3	5.4	5.4	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.0	5.1	5.7	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.5	11.2	11.9	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.0	6.1	6.4	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.9	5.9	6.2	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.1	12.6	13.5	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	11.7	12.3	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.7	5.3	5.4	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.9	20.1	21.0	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.2	16.2	16.6	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	7.0	6.9	6.9	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.2	24.6	25.1	na

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

Haryana - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	1.0	0.7	0.8	na
112. Ever undergone a breast examination for breast cancer (%)	0.3	0.3	0.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.3	0.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.6	1.3	1.4	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	22.0	18.7	19.7	31.1
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	39.4	35.0	36.4	48.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	71.4	70.7	70.9	71.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	86.8	89.4	88.5	87.8
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	90.7	86.2	87.5	76.7
120. Women who worked in the last 12 months and were paid in cash (%)	22.6	17.0	18.8	17.6
121. Women owning a house and/or land (alone or jointly with others) (%)	35.7	41.0	39.3	35.8
122. Women having a bank or savings account that they themselves use (%)	76.3	72.4	73.6	45.6
123. Women having a mobile phone that they themselves use (%)	65.1	43.4	50.4	50.5
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	96.7	91.6	93.2	78.3
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	18.0	18.2	18.2	32.0
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.5	1.2	1.6	4.9
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.2	0.5	0.4	1.5
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	1.7	3.0	2.5	na
129. Men age 15 years and above who use any kind of tobacco (%)	23.3	32.1	29.1	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.2	0.3	na
131. Men age 15 years and above who consume alcohol (%)	15.7	16.2	16.1	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 (NFHS-5) 2019-21

JHARKHAND

Introduction

The National Family Health Survey 2020-21 (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 Jharkhand. 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 Jharkhand was conducted from 20th January 2020 to 21st March 2020 prior to the lockdown and from 5th December 2020 to 18th April 2021 post lockdown by Development and Research Services Pvt. Ltd. (DRS). Information was gathered from 22,863 households, 26,495 women, and 3,414 men. Fact sheets for each district in Jharkhand are also available separately.

Jharkhand - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	78.7	60.2	64.5	61.1
2. Population below age 15 years (%)	25.2	33.2	31.3	32.9
3. Sex ratio of the total population (females per 1,000 males)	989	1,070	1,050	1,002
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	781	926	899	919
5. Children under age 5 years whose birth was registered with the civil authority (%)	83.8	71.4	73.5	65.0
6. Deaths in the last 3 years registered with the civil authority (%)	56.2	36.1	40.4	na
7. Population living in households with electricity (%)	99.0	92.9	94.3	81.2
8. Population living in households with an improved drinking-water source[1] (%)	94.6	84.1	86.6	78.1
9. Population living in households that use an improved sanitation facility[2] (%)	75.9	50.8	56.7	25.0
10. Households using clean fuel for cooking[3] (%)	71.0	19.5	31.9	18.9
11. Households using iodized salt (%)	98.4	97.4	97.7	97.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	41.6	53.1	50.3	13.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.2	7.6	9.0	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	80.1	55.6	61.7	na
15. Men who are literate[4] (%)	92.0	77.4	81.3	na
16. Women with 10 or more years of schooling (%)	54.4	26.3	33.2	28.7
17. Men with 10 or more years of schooling (%)	66.2	39.4	46.6	40.2
18. Women who have ever used the internet (%)	57.8	22.7	31.4	na
19. Men who have ever used the internet (%)	70.8	53.2	58.0	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	19.4	36.1	32.2	37.9
21. Men age 25-29 years married before age 21 years (%)	10.2	26.9	22.7	30.5
22. Total fertility rate (children per woman)	1.6	2.5	2.3	2.6
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.2	11.2	9.8	12.0
24. Adolescent fertility rate for women age 15-19 years[5]	34	73	64	77
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	17.7	30.4	28.2	33.0
26. Infant mortality rate (IMR)	22.2	41.1	37.9	43.8
27. Under-five mortality rate (U5MR)	27.3	49.2	45.4	54.3
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	66.0	60.4	61.7	40.4
29. Any modern method[6] (%)	51.4	48.9	49.5	37.5
30. Female sterilization (%)	37.3	37.4	37.4	31.1
31. Male sterilization (%)	0.4	0.2	0.3	0.2
32. IUD/PPIUD (%)	2.1	1.6	1.7	1.0
33. Pill (%)	3.1	3.1	3.1	2.6
34. Condom (%)	6.0	3.5	4.1	2.2
35. Injectables (%)	0.5	0.5	0.5	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	11.2	11.6	11.5	18.4
37. Unmet need for spacing[7] (%)	4.7	4.8	4.8	9.0
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	27.9	29.5	29.1	19.6
39. Current users ever told about side effects of current method[8] (%)	52.8	50.6	51.1	39.4

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

Jharkhand - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	76.2	66.2	68.0	52.0
41. Mothers who had at least 4 antenatal care visits (%)	48.5	36.4	38.6	30.3
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.8	90.8	90.8	91.7
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	37.7	26.1	28.2	15.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.3	13.2	14.9	4.2
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	87.7	92.3	91.5	86.9
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.8	66.7	69.1	44.4
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,584	1,980	2,069	1,476
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.2	3.5	3.4	2.2
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.6	66.1	68.7	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	89.1	73.1	75.8	61.9
51. Institutional births in public facility (%)	47.3	58.8	56.8	41.8
52. Home births that were conducted by skilled health personnel[10] (%)	4.2	9.3	8.4	8.0
53. Births attended by skilled health personnel[10] (%)	92.6	80.5	82.5	69.6
54. Births delivered by caesarean section (%)	25.8	10.2	12.8	9.9
55. Births in a private health facility that were delivered by caesarean section (%)	47.7	46.1	46.7	39.5
56. Births in a public health facility that were delivered by caesarean section (%)	12.4	6.1	7.0	4.6
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	67.8	75.1	73.9	61.9
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	74.6	80.1	79.2	72.7
59. Children age 12-23 months who have received BCG (%)	93.0	95.4	95.0	95.8
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	71.2	77.8	76.8	73.8
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.8	86.7	85.6	82.4
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.0	87.8	86.7	82.6
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.7	32.8	32.3	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	65.2	76.4	74.6	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.6	85.2	84.4	56.4
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.5	70.6	70.9	56.6
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.1	98.0	96.5	95.3
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	10.9	1.4	2.9	4.6
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.5	7.3	7.2	6.9
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	55.2	55.7	55.6	44.8
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	42.2	26.4	28.9	19.1
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	66.9	58.3	59.7	56.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	2.2	2.1	3.2
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.4	58.2	59.8	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 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.

Jharkhand - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	22.5	21.3	21.5	33.1
76. Children under age 6 months exclusively breastfed[16] (%)	61.6	78.6	76.1	64.8
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	33.5	39.9	38.8	47.2
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.6	9.9	10.0	7.2
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(7.3)	18.6	16.3	7.1
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	10.3	10.5	10.5	7.2
81. Children under 5 years who are stunted (height-for-age)[18] (%)	26.8	42.3	39.6	45.3
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	23.0	22.3	22.4	29.0
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	10.7	8.8	9.1	11.4
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	30.0	41.4	39.4	47.8
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.8	2.8	2.8	1.5
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] (%)	17.3	29.2	26.2	31.5
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	12.1	18.9	17.1	23.8
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	21.6	8.6	11.9	10.3
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	21.7	12.8	15.1	11.1
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.4	56.2	58.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	53.6	44.0	46.5	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	65.5	67.9	67.5	69.9
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.6	67.0	65.7	65.3
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	45.5	59.2	56.8	62.6
95. All women age 15-49 years who are anaemic[22] (%)	61.1	66.7	65.3	65.2
96. All women age 15-19 years who are anaemic[22] (%)	63.2	66.5	65.8	65.0
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	27.1	30.5	29.6	29.8
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	39.0	39.9	39.7	35.3
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.8	5.2	5.4	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.6	3.7	4.2	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.5	9.5	10.2	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.9	6.9	6.9	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.9	5.9	6.4	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.8	13.4	14.1	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.0	10.5	11.1	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.7	5.1	5.0	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1	17.0	17.8	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.3	14.6	15.1	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.5	6.0	6.1	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.3	21.6	22.6	na

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

Jharkhand - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	0.4	0.5	0.5	na
112. Ever undergone a breast examination for breast cancer (%)	0.1	0.1	0.1	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.2	0.2	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.1	0.5	0.4	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	21.7	11.2	13.8	15.8
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	39.4	28.1	31.2	18.0
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	76.1	62.5	65.9	45.5
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	90.7	76.8	80.6	67.8
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	94.6	89.8	91.0	86.6
120. Women who worked in the last 12 months and were paid in cash (%)	18.8	17.7	18.0	24.8
121. Women owning a house and/or land (alone or jointly with others) (%)	57.4	66.5	64.2	49.7
122. Women having a bank or savings account that they themselves use (%)	79.2	79.8	79.6	45.1
123. Women having a mobile phone that they themselves use (%)	65.2	43.7	49.0	35.2
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	88.2	70.8	74.9	49.6
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	25.3	33.4	31.5	34.0
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.1	3.4	3.1	2.8
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.5	1.5	1.3	2.1
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	4.8	9.6	8.4	na
129. Men age 15 years and above who use any kind of tobacco (%)	37.2	51.0	47.4	na
130. Women age 15 years and above who consume alcohol (%)	2.0	7.4	6.1	na
131. Men age 15 years and above who consume alcohol (%)	24.6	38.7	35.0	na

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

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

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

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

National Family Health Survey (NFHS-5) 2019-21

STATE FACT SHEET

MADHYA PRADESH

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 (2020-21)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
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 (2020-21)			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 (2020-21)			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 (2020-21)			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.

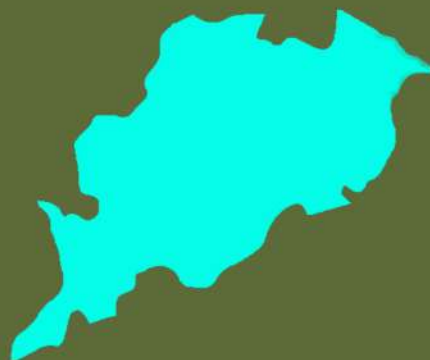[27]Spousal violence is defined as physical and/or sexual violence.

National Family Health Survey (NFHS-5) 2019-21

STATE FACT SHEET

ODISHA

Ministry of Health & Family Welfare
Government of India

सत्यमेव जयते

Introduction

The National Family Health Survey 2020-21 (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 Odisha. 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 Odisha was conducted from 19th January 2020 to 21st March 2020 prior to the lockdown and from 30th November 2020 to 31st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). Information was gathered from 26,467 households, 27,971 women, and 3,865 men. Fact sheets for each district in Odisha are also available separately.

Odisha - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	83.1	69.1	71.5	67.8
2. Population below age 15 years (%)	22.0	25.6	24.9	26.6
3. Sex ratio of the total population (females per 1,000 males)	1,010	1,074	1,063	1,036
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	950	885	894	932
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.2	90.0	90.8	82.1
6. Deaths in the last 3 years registered with the civil authority (%)	80.1	67.8	69.8	na
7. Population living in households with electricity (%)	99.1	96.6	97.0	86.6
8. Population living in households with an improved drinking-water source[1] (%)	97.3	89.8	91.1	89.1
9. Population living in households that use an improved sanitation facility[2] (%)	72.3	58.0	60.5	30.0
10. Households using clean fuel for cooking[3] (%)	76.9	26.1	34.7	19.2
11. Households using iodized salt (%)	99.5	97.7	98.0	93.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	29.5	51.7	47.9	47.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.5	11.2	10.8	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	81.9	66.7	69.5	na
15. Men who are literate[4] (%)	88.8	83.4	84.6	na
16. Women with 10 or more years of schooling (%)	47.9	29.6	33.0	26.7
17. Men with 10 or more years of schooling (%)	46.0	36.6	38.6	37.1
18. Women who have ever used the internet (%)	39.7	21.3	24.9	na
19. Men who have ever used the internet (%)	64.2	47.2	50.7	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	14.5	21.7	20.5	21.3
21. Men age 25-29 years married before age 21 years (%)	7.8	14.8	13.3	11.0
22. Total fertility rate (children per woman)	1.5	1.9	1.8	2.1
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.1	7.9	7.6	7.6
24. Adolescent fertility rate for women age 15-19 years[5]	27	43	40	46
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	24.6	27.5	27.0	28.2
26. Infant mortality rate (IMR)	31.2	37.2	36.3	39.6
27. Under-five mortality rate (U5MR)	32.0	42.7	41.1	48.1
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	76.9	73.6	74.1	57.3
29. Any modern method[6] (%)	47.2	49.1	48.8	45.4
30. Female sterilization (%)	24.4	28.8	28.0	28.2
31. Male sterilization (%)	0.2	0.3	0.3	0.2
32. IUD/PPIUD (%)	2.3	2.6	2.6	1.1
33. Pill (%)	10.3	11.0	10.8	12.0
34. Condom (%)	8.8	4.9	5.5	3.4
35. Injectables (%)	0.4	0.2	0.2	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	6.6	7.3	7.2	13.6
37. Unmet need for spacing[7] (%)	1.9	2.7	2.5	4.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	19.9	26.7	25.5	23.0
39. Current users ever told about side effects of current method[8] (%)	71.8	73.3	73.1	61.6

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.
[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.

Odisha - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	79.2	76.5	76.9	64.0
41. Mothers who had at least 4 antenatal care visits (%)	82.0	77.4	78.1	61.9
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.5	95.3	95.2	94.3
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	64.4	60.2	60.8	36.5
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	38.0	33.8	34.4	4.2
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.4	99.4	99.4	97.2
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.7	87.8	88.4	73.2
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,066	3,998	4,139	4,226
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	10.3	10.5	6.9
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.2	87.6	88.1	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	97.5	91.3	92.2	85.3
51. Institutional births in public facility (%)	70.8	80.0	78.7	75.8
52. Home births that were conducted by skilled health personnel[10] (%)	1.0	2.1	1.9	3.3
53. Births attended by skilled health personnel[10] (%)	94.8	91.3	91.8	86.5
54. Births delivered by caesarean section (%)	34.1	19.5	21.6	13.8
55. Births in a private health facility that were delivered by caesarean section (%)	68.6	71.5	70.7	53.7
56. Births in a public health facility that were delivered by caesarean section (%)	22.3	14.2	15.3	11.5
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	92.0	90.2	90.5	78.6
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	93.4	90.2	90.7	89.8
59. Children age 12-23 months who have received BCG (%)	98.2	97.1	97.3	94.1
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	92.6	91.6	91.7	82.8
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	98.4	94.0	94.7	89.2
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	97.7	95.6	95.9	87.9
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	39.2	46.4	45.3	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	90.6	87.7	88.1	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	98.4	93.7	94.4	83.2
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	82.5	87.9	87.1	75.6
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.8	99.1	98.1	98.3
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.8	0.5	1.4	1.0
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.2	9.6	9.7	9.8
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	61.1	66.5	65.7	68.6
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	31.4	37.9	36.9	17.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	55.2	56.4	56.2	68.6
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.8	3.2	3.2	2.4
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.9	64.8	65.4	72.9

[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 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.

Odisha - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	67.9	68.6	68.5	68.5
76. Children under age 6 months exclusively breastfed[16] (%)	68.3	73.7	72.9	65.6
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(51.1)	69.6	67.5	54.9
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	14.0	21.3	20.3	8.9
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	22.3	22.5	5.0
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	14.7	21.4	20.4	8.5
81. Children under 5 years who are stunted (height-for-age)[18] (%)	24.9	32.0	31.0	34.1
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	14.9	18.6	18.1	20.4
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	3.9	6.4	6.1	6.4
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	21.5	31.0	29.7	34.4
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.5	3.2	3.5	2.6
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	12.6	22.6	20.8	26.5
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	10.9	16.5	15.3	19.5
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	40.1	19.2	23.0	16.5
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	32.2	19.7	22.2	17.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	70.7	61.3	63.0	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	59.7	54.6	55.6	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	56.2	65.6	64.2	44.6
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.6	65.0	64.4	51.2
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	59.5	62.2	61.8	47.6
95. All women age 15-49 years who are anaemic[22] (%)	61.5	64.9	64.3	51.0
96. All women age 15-19 years who are anaemic[22] (%)	61.4	66.3	65.5	51.0
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	24.0	29.6	28.5	28.3
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	20.4	32.6	30.0	30.3
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.1	6.4	6.5	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.9	6.2	6.6	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.4	13.3	14.0	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.5	7.3	7.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	11.1	8.3	8.7	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	20.3	16.4	17.0	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.3	12.9	12.9	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.4	5.7	5.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.5	21.9	22.4	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.3	16.5	16.8	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.9	6.0	6.1	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.3	24.9	25.6	na

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

Odisha - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	1.0	0.9	0.9	na
112. Ever undergone a breast examination for breast cancer (%)	0.2	0.2	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.1	0.3	0.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	2.9	0.8	1.2	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	25.1	20.5	21.4	20.3
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	25.3	24.5	24.6	32.8
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	74.4	71.2	71.9	59.4
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	86.9	86.5	86.6	80.4
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	89.9	90.3	90.2	81.8
120. Women who worked in the last 12 months and were paid in cash (%)	26.3	25.6	25.7	22.5
121. Women owning a house and/or land (alone or jointly with others) (%)	35.4	45.5	43.5	63.5
122. Women having a bank or savings account that they themselves use (%)	82.8	87.4	86.5	56.2
123. Women having a mobile phone that they themselves use (%)	58.8	48.0	50.1	39.2
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	91.7	79.5	81.5	47.4
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	30.6	30.6	30.6	35.2
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.1	3.8	3.5	3.2
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.6	0.8	0.8	1.8
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	16.6	28.0	26.0	na
129. Men age 15 years and above who use any kind of tobacco (%)	40.5	54.1	51.6	na
130. Women age 15 years and above who consume alcohol (%)	1.4	4.9	4.3	na
131. Men age 15 years and above who consume alcohol (%)	22.7	30.2	28.8	na

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

National Family Health Survey (NFHS-5) 2019-21

STATE FACT SHEET

PUNJAB

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Punjab. 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 Punjab was conducted from 5th January 2020 to 21st March 2020 prior to the lockdown and from 6th December 2020 to 31st March 2021 post lockdown by Society for Promotion of Youth and Masses (SPYM). Information was gathered from 18,824 households, 21,771 women, and 3,296 men. Fact sheets for each district in Punjab are also available separately.

Punjab - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	82.7	73.8	77.2	76.0
2. Population below age 15 years (%)	21.0	22.7	22.0	23.2
3. Sex ratio of the total population (females per 1,000 males)	918	950	938	905
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	858	931	904	860
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1	98.1	97.7	98.3
6. Deaths in the last 3 years registered with the civil authority (%)	93.1	90.0	91.2	na
7. Population living in households with electricity (%)	99.8	99.6	99.7	99.6
8. Population living in households with an improved drinking-water source[1] (%)	99.4	98.5	98.8	99.6
9. Population living in households that use an improved sanitation facility[2] (%)	87.8	85.9	86.6	82.7
10. Households using clean fuel for cooking[3] (%)	93.8	65.6	76.7	65.9
11. Households using iodized salt (%)	94.1	95.3	94.8	98.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	27.5	23.6	25.2	21.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.3	9.2	7.8	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	81.6	78.0	79.4	na
15. Men who are literate[4] (%)	88.7	85.5	86.8	na
16. Women with 10 or more years of schooling (%)	62.4	52.2	56.0	55.1
17. Men with 10 or more years of schooling (%)	62.9	55.7	58.7	59.8
18. Women who have ever used the internet (%)	64.1	48.8	54.8	na
19. Men who have ever used the internet (%)	85.6	73.0	78.2	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	8.8	8.7	8.7	7.6
21. Men age 25-29 years married before age 21 years (%)	10.9	11.7	11.4	11.1
22. Total fertility rate (children per woman)	1.6	1.7	1.6	1.6
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.7	3.4	3.1	2.6
24. Adolescent fertility rate for women age 15-19 years[5]	17	23	21	20
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	16.0	24.9	21.8	21.2
26. Infant mortality rate (IMR)	20.1	32.4	28.0	29.2
27. Under-five mortality rate (U5MR)	24.1	37.5	32.7	33.2
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	68.4	65.4	66.6	75.8
29. Any modern method[6] (%)	49.4	51.1	50.5	66.3
30. Female sterilization (%)	18.0	25.6	22.8	37.5
31. Male sterilization (%)	0.5	0.4	0.5	0.6
32. IUD/PPIUD (%)	2.8	3.2	3.1	6.8
33. Pill (%)	1.1	1.7	1.5	2.5
34. Condom (%)	26.6	19.7	22.2	18.9
35. Injectables (%)	0.1	0.1	0.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	8.8	10.5	9.9	6.2
37. Unmet need for spacing[7] (%)	3.3	3.9	3.7	2.4
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	22.2	21.3	21.7	29.4
39. Current users ever told about side effects of current method[8] (%)	78.9	77.9	78.2	79.2

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.

Punjab - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	67.1	69.3	68.5	75.6
41. Mothers who had at least 4 antenatal care visits (%)	60.8	58.4	59.3	68.5
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	89.3	89.9	89.7	92.9
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.4	54.8	55.4	42.6
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	38.6	41.6	40.5	19.9
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.4	97.6	96.9	95.1
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.4	88.3	86.2	87.2
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,352	3,476	3,745	1,890
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	2.7	1.3	2.8
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.2	87.8	84.7	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	92.0	95.5	94.3	90.5
51. Institutional births in public facility (%)	47.0	57.6	53.9	51.7
52. Home births that were conducted by skilled health personnel[10] (%)	3.0	2.3	2.6	4.5
53. Births attended by skilled health personnel[10] (%)	93.7	96.6	95.6	94.1
54. Births delivered by caesarean section (%)	38.8	38.4	38.5	24.6
55. Births in a private health facility that were delivered by caesarean section (%)	53.4	57.0	55.5	39.7
56. Births in a public health facility that were delivered by caesarean section (%)	31.4	29.1	29.9	17.8
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] (%)	73.2	77.9	76.2	89.1
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	81.7	87.1	85.2	93.4
59. Children age 12-23 months who have received BCG (%)	95.7	95.1	95.3	98.2
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	75.8	81.9	79.7	93.7
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.5	89.0	88.5	94.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.9	89.4	88.1	93.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	25.3	28.1	27.1	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	66.7	65.5	65.9	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.3	85.5	85.4	91.0
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.1	70.9	69.9	74.8
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	86.3	93.1	90.6	89.0
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	12.1	5.6	8.0	11.0
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.0	4.3	4.9	6.6
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	67.5	55.3	60.7	66.2
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	29.7	24.8	27.0	26.7
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	81.9	74.9	78.0	87.2
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.3	3.1	2.5	4.1
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	58.5	56.8	57.3	90.3

[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.

Punjab - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	52.3	53.5	53.1	30.7
76. Children under age 6 months exclusively breastfed[16] (%)	52.6	57.0	55.5	53.0
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	60.7	38.8	46.2	41.1
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.8	10.9	10.5	5.7
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	20.2	14.4	16.3	6.7
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.2	11.8	11.9	5.9
81. Children under 5 years who are stunted (height-for-age)[18] (%)	25.7	23.9	24.5	25.7
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	11.7	10.0	10.6	15.6
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.3	3.3	3.7	5.6
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	17.9	16.4	16.9	21.6
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.4	4.0	4.1	2.3
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	11.9	13.1	12.7	11.7
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.2	13.5	12.5	10.9
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	44.3	38.8	40.8	31.3
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	35.2	30.2	32.2	27.8
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	73.0	72.6	72.8	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	70.4	58.1	63.1	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	71.0	71.1	71.1	56.6
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.3	58.6	58.8	54.0
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	46.2	54.4	51.7	42.0
95. All women age 15-49 years who are anaemic[22] (%)	59.0	58.5	58.7	53.5
96. All women age 15-19 years who are anaemic[22] (%)	58.6	61.3	60.3	58.0
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	20.2	24.3	22.6	25.9
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	30.2	34.6	32.7	30.8
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.8	5.8	5.8	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.6	7.6	8.0	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.5	14.3	14.7	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.7	6.0	6.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.0	6.4	7.0	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.9	13.0	14.1	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.3	18.6	18.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	7.5	9.3	8.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	30.8	31.4	31.2	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	24.4	24.5	24.5	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	9.3	11.9	11.0	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	36.5	38.4	37.7	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.

Punjab - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	2.4	2.5	2.4	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.3	0.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.6	0.3	0.4	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.5	0.3	0.4	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	24.0	18.4	20.6	49.3
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	42.4	34.2	37.6	62.3
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	72.5	65.3	68.1	87.7
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	89.3	84.4	86.4	94.2
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	93.3	90.3	91.4	90.2
120. Women who worked in the last 12 months and were paid in cash (%)	25.6	20.2	22.3	18.5
121. Women owning a house and/or land (alone or jointly with others) (%)	58.0	67.1	63.5	32.1
122. Women having a bank or savings account that they themselves use (%)	80.9	82.1	81.6	58.8
123. Women having a mobile phone that they themselves use (%)	71.0	54.9	61.2	57.2
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	95.4	91.9	93.2	84.4
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	10.2	12.6	11.6	20.5
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.4	1.7	1.6	2.3
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.0	0.2	0.1	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	0.5	0.3	0.4	na
129. Men age 15 years and above who use any kind of tobacco (%)	12.0	13.4	12.9	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.4	0.3	na
131. Men age 15 years and above who consume alcohol (%)	19.7	24.8	22.8	na

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

सत्यमेव जयते

National Family Health Survey (NFHS-5) 2019-21

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Rajasthan. 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 Rajasthan was conducted from 2nd January 2020 to 21st March 2020 prior to the lockdown and from 10th December 2020 to 1st March 2021 post lockdown by Indian Institute of Health Management Research (IIHMR). Information was gathered from 31,817 households, 42,990 women, and 6,353 men. Fact sheets for each district in Rajasthan are also available separately.

Rajasthan - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	76.9	59.4	63.5	57.2
2. Population below age 15 years (%)	24.9	29.4	28.3	31.2
3. Sex ratio of the total population (females per 1,000 males)	968	1,022	1,009	973
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	940	879	891	887
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.3	90.5	91.4	66.6
6. Deaths in the last 3 years registered with the civil authority (%)	85.1	74.9	77.1	na
7. Population living in households with electricity (%)	99.7	97.7	98.1	91.2
8. Population living in households with an improved drinking-water source[1] (%)	99.1	95.6	96.5	93.7
9. Population living in households that use an improved sanitation facility[2] (%)	87.2	66.1	71.1	46.1
10. Households using clean fuel for cooking[3] (%)	87.8	26.2	41.4	31.8
11. Households using iodized salt (%)	97.4	93.2	94.2	93.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	80.0	90.4	87.8	18.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.3	8.0	8.9	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	80.1	59.9	64.7	na
15. Men who are literate[4] (%)	91.4	88.0	88.9	na
16. Women with 10 or more years of schooling (%)	51.2	27.8	33.4	25.1
17. Men with 10 or more years of schooling (%)	62.2	48.4	51.9	43.8
18. Women who have ever used the internet (%)	56.1	30.8	36.9	na
19. Men who have ever used the internet (%)	81.7	59.4	65.2	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	15.1	28.3	25.4	35.4
21. Men age 25-29 years married before age 21 years (%)	16.1	33.2	28.2	35.7
22. Total fertility rate (children per woman)	1.7	2.1	2.0	2.4
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.8	4.2	3.7	6.3
24. Adolescent fertility rate for women age 15-19 years[5]	17	34	31	46
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	13.3	21.9	20.2	29.8
26. Infant mortality rate (IMR)	22.2	32.2	30.3	41.3
27. Under-five mortality rate (U5MR)	32.3	38.8	37.6	50.7
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	74.2	71.7	72.3	59.7
29. Any modern method[6] (%)	63.2	61.8	62.1	53.5
30. Female sterilization (%)	35.5	44.5	42.4	40.7
31. Male sterilization (%)	0.2	0.3	0.3	0.2
32. IUD/PPIUD (%)	1.9	1.3	1.4	1.2
33. Pill (%)	3.4	3.0	3.1	2.4
34. Condom (%)	21.3	11.4	13.7	8.7
35. Injectables (%)	0.4	0.7	0.6	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	6.9	7.8	7.6	12.3
37. Unmet need for spacing[7] (%)	2.9	4.0	3.7	5.7
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	23.4	24.4	24.1	17.5
39. Current users ever told about side effects of current method[8] (%)	61.6	60.9	61.0	43.5

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

Rajasthan - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	80.5	75.1	76.3	63.0
41. Mothers who had at least 4 antenatal care visits (%)	60.6	53.9	55.3	38.5
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.9	93.0	93.4	89.7
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.6	32.3	33.9	17.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.7	13.7	14.4	6.0
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.2	98.1	98.1	92.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.0	84.8	85.3	63.7
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,384	2,034	2,102	3,052
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	1.4	1.3	1.2
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.1	86.3	86.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	97.5	94.2	94.9	84.0
51. Institutional births in public facility (%)	70.5	78.6	77.0	63.5
52. Home births that were conducted by skilled health personnel[10] (%)	0.8	1.6	1.4	3.2
53. Births attended by skilled health personnel[10] (%)	98.0	95.0	95.6	86.6
54. Births delivered by caesarean section (%)	19.7	8.1	10.4	8.6
55. Births in a private health facility that were delivered by caesarean section (%)	33.0	24.4	26.9	23.2
56. Births in a public health facility that were delivered by caesarean section (%)	15.3	5.5	7.2	6.1
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	83.2	79.7	80.4	54.8
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	88.3	84.5	85.3	69.7
59. Children age 12-23 months who have received BCG (%)	97.4	95.1	95.6	88.8
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	86.0	84.2	84.6	65.4
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.6	88.8	89.3	71.6
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.5	90.5	91.2	78.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.8	26.5	26.8	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	65.5	60.7	61.6	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.1	87.7	88.2	53.1
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.5	64.5	64.5	44.0
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.3	98.7	98.0	94.4
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.2	0.9	1.6	4.4
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.4	6.3	6.1	7.4
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	65.7	64.0	64.3	56.2
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	27.9	27.1	27.2	17.5
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	82.2	79.2	79.7	73.9
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.6	3.0	2.9	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 (%)	68.8	71.7	71.1	82.6

[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.

Rajasthan - Key Indicators

Indicators	NFHS-5 (2020-21) Urban	NFHS-5 (2020-21) Rural	NFHS-5 (2020-21) Total	NFHS-4 (2015-16) Total
Child Feeding Practices and Nutritional Status of Children				
75. Children under age 3 years breastfed within one hour of birth[15] (%)	37.1	41.6	40.7	28.4
76. Children under age 6 months exclusively breastfed[16] (%)	70.6	70.3	70.4	58.2
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	51.6	34.5	38.0	30.1
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.0	8.3	8.4	3.4
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.5	5.7	7.5	3.7
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.7	8.0	8.3	3.4
81. Children under 5 years who are stunted (height-for-age)[18] (%)	28.3	32.6	31.8	39.1
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.3	16.4	16.8	23.0
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.0	7.5	7.6	8.6
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.4	28.1	27.6	36.7
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.9	3.1	3.3	2.1
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	14.0	21.3	19.6	27.0
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.0	15.0	14.0	22.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.6	10.5	12.9	14.1
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	19.1	13.6	15.0	13.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.1	58.1	59.0	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	42.5	42.3	42.4	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	68.3	72.4	71.5	60.3
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	50.2	56.1	54.7	46.8
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	41.4	47.5	46.3	46.6
95. All women age 15-49 years who are anaemic[22] (%)	49.9	55.7	54.4	46.8
96. All women age 15-19 years who are anaemic[22] (%)	56.6	60.1	59.4	49.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	19.2	24.6	23.2	17.2
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	29.0	35.7	34.0	22.1
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	3.7	3.9	3.9	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.1	2.7	2.8	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.9	7.0	7.2	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	5.0	5.0	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.6	3.2	3.3	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.6	8.7	8.9	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.3	9.7	9.8	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.3	3.2	3.3	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.9	14.9	15.4	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	12.6	12.7	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	3.9	3.6	3.6	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.2	17.4	17.9	na

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

Rajasthan - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	0.6	0.3	0.4	na
112. Ever undergone a breast examination for breast cancer (%)	0.3	0.1	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.1	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.2	0.7	0.8	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	32.1	25.1	26.8	19.1
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	40.7	34.3	36.0	37.4
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.6	73.1	74.9	50.4
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	93.6	89.6	90.6	79.1
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	90.6	86.8	87.7	81.7
120. Women who worked in the last 12 months and were paid in cash (%)	17.0	17.5	17.4	18.6
121. Women owning a house and/or land (alone or jointly with others) (%)	26.5	26.6	26.6	24.1
122. Women having a bank or savings account that they themselves use (%)	81.7	79.0	79.6	58.2
123. Women having a mobile phone that they themselves use (%)	65.5	45.3	50.2	41.4
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	92.2	81.9	84.1	55.2
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	22.4	24.9	24.3	25.2
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.8	2.2	2.1	1.4
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.0	1.2	0.9	0.8
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	5.9	7.2	6.9	na
129. Men age 15 years and above who use any kind of tobacco (%)	33.3	44.9	42.0	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.3	0.3	na
131. Men age 15 years and above who consume alcohol (%)	9.3	11.6	11.0	na

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

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

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

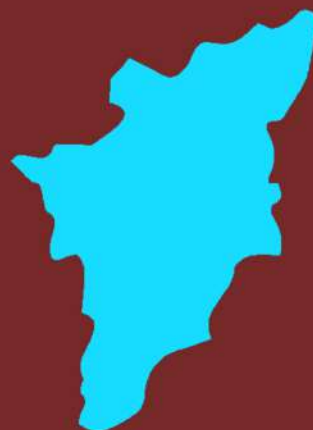[27]Spousal violence is defined as physical and/or sexual violence.

सत्यमेव जयते

National Family Health Survey (NFHS-5) 2019-21

TAMIL NADU

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Tamil Nadu. 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 Tamil Nadu was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 21st December 2020 to 31st March 2021 post lockdown by School of Public Health, SRM University. Information was gathered from 27,929 households, 25,650 women, and 3,372 men. Fact sheets for each district in Tamil Nadu are also available separately.

Tamil Nadu - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
Population and Household Profile	**Urban**	**Rural**	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	86.8	74.5	80.4	77.2
2. Population below age 15 years (%)	20.0	21.9	21.0	23.3
3. Sex ratio of the total population (females per 1,000 males)	1,062	1,113	1,088	1,033
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	893	867	878	954
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.3	98.3	98.3	98.3
6. Deaths in the last 3 years registered with the civil authority (%)	94.9	91.6	93.0	na
7. Population living in households with electricity (%)	99.6	99.1	99.3	99.0
8. Population living in households with an improved drinking-water source[1] (%)	99.1	98.1	98.6	97.7
9. Population living in households that use an improved sanitation facility[2] (%)	82.8	63.3	72.6	52.5
10. Households using clean fuel for cooking[3] (%)	92.9	73.7	82.9	73.0
11. Households using iodized salt (%)	95.0	89.3	92.0	82.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	61.1	71.4	66.5	64.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	31.4	19.9	25.2	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	88.9	79.6	84.0	na
15. Men who are literate[4] (%)	92.0	89.6	90.7	na
16. Women with 10 or more years of schooling (%)	63.7	49.9	56.6	50.9
17. Men with 10 or more years of schooling (%)	64.4	54.3	59.1	58.3
18. Women who have ever used the internet (%)	55.8	39.2	46.9	na
19. Men who have ever used the internet (%)	76.1	64.9	70.2	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	10.4	15.2	12.8	16.3
21. Men age 25-29 years married before age 21 years (%)	6.0	3.3	4.5	9.0
22. Total fertility rate (children per woman)	1.6	1.9	1.8	1.7
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.2	8.2	6.3	5.0
24. Adolescent fertility rate for women age 15-19 years[5]	23	44	34	39
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	8.5	16.1	12.7	14.0
26. Infant mortality rate (IMR)	14.9	21.7	18.6	20.2
27. Under-five mortality rate (U5MR)	17.3	26.4	22.3	26.8
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	67.6	69.5	68.6	53.2
29. Any modern method[6] (%)	64.0	66.8	65.5	52.6
30. Female sterilization (%)	55.6	59.9	57.8	49.4
31. Male sterilization (%)	0.1	0.1	0.1	0.0
32. IUD/PPIUD (%)	4.8	4.7	4.8	1.9
33. Pill (%)	0.4	0.3	0.3	0.2
34. Condom (%)	2.6	1.2	1.8	0.8
35. Injectables (%)	0.1	0.3	0.2	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	8.1	6.9	7.5	10.1
37. Unmet need for spacing[7] (%)	3.3	2.8	3.0	4.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	27.4	29.5	28.5	30.2
39. Current users ever told about side effects of current method[8] (%)	83.0	82.3	82.6	76.6

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.
[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.

Tamil Nadu - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	76.7	78.0	77.4	64.0
41. Mothers who had at least 4 antenatal care visits (%)	88.8	90.8	89.9	81.1
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	89.5	89.9	89.7	71.0
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	84.2	81.0	82.5	64.0
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	66.4	60.3	63.1	40.1
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.1	99.4	98.8	96.0
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	92.5	93.7	93.2	74.0
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,647	3,097	3,316	2,609
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	(11.3)
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	95.1	94.8	94.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	99.8	99.4	99.6	98.9
51. Institutional births in public facility (%)	58.0	74.0	66.9	66.7
52. Home births that were conducted by skilled health personnel[10] (%)	0.2	0.3	0.2	0.6
53. Births attended by skilled health personnel[10] (%)	100.0	99.7	99.8	99.2
54. Births delivered by caesarean section (%)	47.5	42.9	44.9	34.1
55. Births in a private health facility that were delivered by caesarean section (%)	61.5	66.7	63.8	51.3
56. Births in a public health facility that were delivered by caesarean section (%)	37.5	35.1	36.0	26.3
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	86.4	91.7	89.2	69.7
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	89.4	91.3	90.4	76.1
59. Children age 12-23 months who have received BCG (%)	96.9	98.2	97.6	94.9
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	89.9	92.9	91.5	82.3
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.0	96.3	94.8	84.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.7	96.8	95.8	85.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	40.9	48.0	44.7	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	65.8	67.0	66.4	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.4	94.1	92.3	68.2
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.3	68.0	68.2	73.0
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	83.1	95.6	89.8	86.1
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	16.9	4.2	10.1	14.0
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.6	3.8	3.7	8.0
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	51.0	55.9	53.8	61.8
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	26.9	30.4	28.9	41.3
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	62.0	58.9	60.2	73.2
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.4	0.9	1.1	2.8
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.0	67.0	67.4	82.2

[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.

Tamil Nadu - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	60.0	60.4	60.2	54.7
76. Children under age 6 months exclusively breastfed[16] (%)	45.5	61.9	55.1	48.3
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	70.2	64.0	66.5	67.5
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	14.9	11.2	12.8	21.4
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	23.5	24.6	24.1	47.1
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	17.9	15.0	16.3	30.7
81. Children under 5 years who are stunted (height-for-age)[18] (%)	22.2	27.2	25.0	27.1
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.9	15.2	14.6	19.7
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.3	5.6	5.5	7.9
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	20.0	23.5	22.0	23.8
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.1	3.7	4.3	5.0
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	9.7	15.2	12.6	14.6
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.3	12.8	12.1	12.4
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	46.1	35.4	40.4	30.9
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	43.1	31.6	37.0	28.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.3	53.8	55.9	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	55.6	56.8	56.2	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	53.7	60.4	57.4	50.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	51.5	55.4	53.6	55.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	42.6	53.1	48.3	44.4
95. All women age 15-49 years who are anaemic[22] (%)	51.3	55.3	53.4	55.0
96. All women age 15-19 years who are anaemic[22] (%)	50.6	54.9	52.9	54.2
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	15.0	15.5	15.2	20.4
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	24.3	24.9	24.6	26.0
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.2	6.9	7.5	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	13.2	9.4	11.1	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	23.8	18.0	20.7	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.7	7.6	8.1	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	12.7	11.2	11.9	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	23.7	20.6	22.1	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.8	13.8	14.3	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.5	5.9	6.2	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.4	23.4	24.8	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.1	19.0	19.5	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	7.6	7.1	7.4	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	31.5	29.0	30.2	na

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

Tamil Nadu - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	10.0	9.6	9.8	na
112. Ever undergone a breast examination for breast cancer (%)	5.9	5.3	5.6	na
113. Ever undergone an oral cavity examination for oral cancer (%)	1.3	1.1	1.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.3	1.0	0.7	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	24.6	22.8	23.6	16.0
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	31.1	22.4	26.6	10.9
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.7	75.6	77.9	64.7
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	89.7	90.4	90.1	79.8
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	91.8	93.7	92.8	84.0
120. Women who worked in the last 12 months and were paid in cash (%)	35.4	45.5	40.8	30.5
121. Women owning a house and/or land (alone or jointly with others) (%)	43.2	52.0	47.9	36.2
122. Women having a bank or savings account that they themselves use (%)	92.7	91.7	92.2	77.0
123. Women having a mobile phone that they themselves use (%)	81.2	68.9	74.6	62.0
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	98.6	98.0	98.3	91.4
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	32.9	42.2	38.1	40.7
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	3.3	3.4	3.3	6.2
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.0	0.0	0.0	0.9
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	2.3	7.3	4.9	na
129. Men age 15 years and above who use any kind of tobacco (%)	16.7	23.3	20.1	na
130. Women age 15 years and above who consume alcohol (%)	0.2	0.4	0.3	na
131. Men age 15 years and above who consume alcohol (%)	21.5	29.2	25.4	na

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

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

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

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

National Family Health Survey (NFHS-5) 2019-21

STATE FACT SHEET

UTTAR PRADESH

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Uttar 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 Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS) and Research and Development Initiative (RDI) Pvt. Ltd. Information was gathered from 70,710 households, 93,124 women, and 12,043 men. Fact sheets for each district in Uttar Pradesh are also available separately.

Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	76.2	64.6	67.4	63.0
2. Population below age 15 years (%)	26.7	32.4	31.0	33.8
3. Sex ratio of the total population (females per 1,000 males)	961	1,036	1,017	995
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	933	943	941	903
5. Children under age 5 years whose birth was registered with the civil authority (%)	84.4	78.2	79.5	60.2
6. Deaths in the last 3 years registered with the civil authority (%)	61.8	43.2	47.3	na
7. Population living in households with electricity (%)	97.6	88.9	91.0	72.6
8. Population living in households with an improved drinking-water source[1] (%)	99.4	99.1	99.2	98.4
9. Population living in households that use an improved sanitation facility[2] (%)	80.9	64.8	68.8	36.4
10. Households using clean fuel for cooking[3] (%)	88.3	36.2	49.5	32.7
11. Households using iodized salt (%)	97.0	90.6	92.3	93.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.8	15.5	15.9	6.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	11.9	8.6	9.3	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	77.2	62.4	66.1	na
15. Men who are literate[4] (%)	84.1	81.2	82.0	na
16. Women with 10 or more years of schooling (%)	51.9	35.0	39.3	32.9
17. Men with 10 or more years of schooling (%)	56.8	45.6	48.6	42.2
18. Women who have ever used the internet (%)	50.2	24.5	30.6	na
19. Men who have ever used the internet (%)	72.4	54.2	59.1	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	9.6	17.9	15.8	21.1
21. Men age 25-29 years married before age 21 years (%)	17.1	25.4	23.0	28.7
22. Total fertility rate (children per woman)	1.9	2.5	2.4	2.7
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.5	3.3	2.9	3.8
24. Adolescent fertility rate for women age 15-19 years[5]	14	24	22	28
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	27.7	37.8	35.7	45.1
26. Infant mortality rate (IMR)	42.0	52.6	50.4	63.5
27. Under-five mortality rate (U5MR)	49.7	62.5	59.8	78.1
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	67.6	60.8	62.4	45.5
29. Any modern method[6] (%)	48.6	43.2	44.5	31.7
30. Female sterilization (%)	13.5	18.0	16.9	17.3
31. Male sterilization (%)	0.1	0.1	0.1	0.1
32. IUD/PPIUD (%)	2.0	1.3	1.5	1.2
33. Pill (%)	4.0	4.5	4.4	1.9
34. Condom (%)	27.1	16.6	19.1	10.8
35. Injectables (%)	0.9	1.2	1.2	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	9.2	14.0	12.9	18.1
37. Unmet need for spacing[7] (%)	3.5	5.2	4.8	6.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	23.8	25.6	25.1	12.8
39. Current users ever told about side effects of current method[8] (%)	71.7	70.4	70.6	47.5

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.

Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	70.8	60.2	62.5	45.9
41. Mothers who had at least 4 antenatal care visits (%)	52.3	39.6	42.4	26.4
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.7	91.6	92.1	86.5
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.8	20.2	22.3	12.9
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.1	8.5	9.7	3.9
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.1	95.8	95.7	79.8
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.2	70.0	72.0	54.0
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,252	2,117	2,300	1,956
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.2	2.4	2.4	0.8
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.9	68.1	70.2	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	85.5	82.9	83.4	67.8
51. Institutional births in public facility (%)	43.1	61.5	57.7	44.5
52. Home births that were conducted by skilled health personnel[10] (%)	5.2	4.6	4.7	4.1
53. Births attended by skilled health personnel[10] (%)	88.4	83.8	84.8	70.4
54. Births delivered by caesarean section (%)	24.2	11.0	13.7	9.4
55. Births in a private health facility that were delivered by caesarean section (%)	42.6	37.8	39.4	31.3
56. Births in a public health facility that were delivered by caesarean section (%)	14.4	4.7	6.2	4.7
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] (%)	67.2	70.2	69.6	51.1
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	76.6	78.8	78.4	66.2
59. Children age 12-23 months who have received BCG (%)	92.0	93.6	93.2	87.6
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	71.4	75.1	74.3	68.3
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.4	81.5	80.8	66.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.0	83.9	83.3	70.8
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.9	30.5	30.2	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	53.5	47.9	49.1	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.5	78.8	78.3	52.8
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.1	74.1	73.9	43.8
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.7	95.6	94.4	84.5
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.7	1.0	2.2	5.1
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.2	5.7	5.6	15.0
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	47.5	51.5	50.7	37.9
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	29.7	28.2	28.5	12.6
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	73.3	69.1	69.9	66.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.7	3.8	3.5	4.7
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	67.2	62.1	63.0	71.3

[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.

Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	24.9	23.7	23.9	25.2
76. Children under age 6 months exclusively breastfed[16] (%)	54.8	60.9	59.7	41.6
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	35.9	29.9	31.0	32.6
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.7	5.7	5.9	5.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.4	6.8	7.0	5.3
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.8	5.9	6.1	5.3
81. Children under 5 years who are stunted (height-for-age)[18] (%)	33.0	41.3	39.7	46.3
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.7	17.0	17.3	17.9
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.2	7.1	7.3	6.0
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.2	33.1	32.1	39.5
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.6	2.9	3.1	1.5
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	13.6	20.8	19.0	25.3
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	13.4	19.5	17.9	25.9
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	30.6	18.3	21.3	16.5
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	24.9	16.2	18.5	12.5
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	61.7	55.2	56.8	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	56.2	50.6	52.1	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	65.3	66.7	66.4	63.2
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	50.5	50.7	50.6	52.5
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	37.1	47.9	45.9	51.0
95. All women age 15-49 years who are anaemic[22] (%)	50.1	50.5	50.4	52.4
96. All women age 15-19 years who are anaemic[22] (%)	53.4	52.8	52.9	53.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	18.0	22.7	21.5	23.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	22.5	29.9	28.2	31.5
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	4.7	4.7	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.6	4.2	4.5	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.3	9.6	10.0	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.1	5.7	5.8	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.1	4.6	5.0	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.2	11.1	11.6	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	11.0	11.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.5	4.7	4.9	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.9	17.6	18.4	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.3	14.5	15.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.0	5.0	5.2	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.8	20.7	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 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.

Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2020-21)			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	1.7	1.5	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.4	0.4	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.6	0.6	0.6	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.0	1.2	1.1	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	18.3	11.5	13.1	17.5
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	25.5	20.8	22.1	26.2
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	71.4	62.5	64.6	47.4
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.7	77.3	78.2	73.1
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	90.1	86.8	87.6	81.7
120. Women who worked in the last 12 months and were paid in cash (%)	17.7	14.8	15.5	16.6
121. Women owning a house and/or land (alone or jointly with others) (%)	46.8	53.5	51.9	34.2
122. Women having a bank or savings account that they themselves use (%)	79.8	74.1	75.4	54.6
123. Women having a mobile phone that they themselves use (%)	59.9	42.4	46.5	37.1
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	86.7	68.4	72.6	47.1
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	32.7	35.5	34.8	36.7
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	3.1	3.8	3.7	4.3
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.6	0.7	0.7	1.1
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	6.5	9.1	8.4	na
129. Men age 15 years and above who use any kind of tobacco (%)	34.7	47.6	44.1	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.3	0.3	na
131. Men age 15 years and above who consume alcohol (%)	13.2	15.1	14.6	na

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

National Family Health Survey (NFHS-5) 2019-21

STATE FACT SHEET

UTTARAKHAND

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Uttarakhand. 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 Uttarakhand was conducted from 7th January 2020 to 21st March 2020 prior to the lockdown and from 5th December 2020 to 31st March 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. Information was gathered from 12,169 households, 13,280 women, and 1,586 men. Fact sheets for each district in Uttarakhand are also available separately.

Uttarakhand - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	82.4	72.0	75.2	72.7
2. Population below age 15 years (%)	24.7	27.1	26.3	28.9
3. Sex ratio of the total population (females per 1,000 males)	943	1,052	1,016	1,015
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,094	937	984	888
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.2	91.8	91.9	76.7
6. Deaths in the last 3 years registered with the civil authority (%)	81.4	68.4	72.3	na
7. Population living in households with electricity (%)	99.7	99.6	99.6	97.8
8. Population living in households with an improved drinking-water source[1] (%)	99.6	94.2	95.9	93.6
9. Population living in households that use an improved sanitation facility[2] (%)	81.0	77.7	78.8	66.2
10. Households using clean fuel for cooking[3] (%)	92.9	42.9	59.2	51.0
11. Households using iodized salt (%)	95.4	92.2	93.2	95.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	61.6	62.9	62.5	19.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	35.8	32.2	33.2	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	83.4	78.0	79.8	na
15. Men who are literate[4] (%)	87.5	90.1	89.3	na
16. Women with 10 or more years of schooling (%)	59.4	46.0	50.4	44.6
17. Men with 10 or more years of schooling (%)	62.2	58.7	59.8	53.6
18. Women who have ever used the internet (%)	58.4	39.4	45.1	na
19. Men who have ever used the internet (%)	82.1	71.2	74.6	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	10.0	9.8	9.8	13.8
21. Men age 25-29 years married before age 21 years (%)	21.0	13.8	16.7	17.1
22. Total fertility rate (children per woman)	1.8	1.9	1.9	2.1
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.1	2.6	2.5	2.8
24. Adolescent fertility rate for women age 15-19 years[5]	17	21	19	23
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	36.2	30.6	32.4	27.9
26. Infant mortality rate (IMR)	38.3	39.5	39.1	39.7
27. Under-five mortality rate (U5MR)	46.2	45.3	45.6	46.5
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	73.5	69.5	70.8	53.4
29. Any modern method[6] (%)	59.5	57.1	57.8	49.3
30. Female sterilization (%)	17.8	29.8	26.0	27.4
31. Male sterilization (%)	0.2	0.9	0.7	0.7
32. IUD/PPIUD (%)	2.0	1.3	1.5	1.6
33. Pill (%)	2.6	2.7	2.7	3.2
34. Condom (%)	35.4	21.0	25.6	16.1
35. Injectables (%)	0.6	0.3	0.4	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	6.5	9.9	8.8	15.5
37. Unmet need for spacing[7] (%)	2.3	3.6	3.2	5.2
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	20.3	20.1	20.2	15.2
39. Current users ever told about side effects of current method[8] (%)	62.0	60.3	60.7	45.4

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

Uttarakhand - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	74.6	66.0	68.8	53.5
41. Mothers who had at least 4 antenatal care visits (%)	71.0	57.3	61.8	30.9
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.2	92.8	93.6	91.4
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.1	43.8	46.6	24.9
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.7	23.2	25.0	7.2
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.5	96.9	97.1	93.4
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.0	75.0	78.0	54.8
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,124	3,447	3,343	2,618
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	7.7	1.7	3.1	2.4
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.1	76.4	78.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	89.4	80.4	83.2	68.6
51. Institutional births in public facility (%)	52.3	53.8	53.3	43.8
52. Home births that were conducted by skilled health personnel[10] (%)	1.3	4.4	3.4	4.6
53. Births attended by skilled health personnel[10] (%)	86.6	82.4	83.7	71.2
54. Births delivered by caesarean section (%)	28.6	16.7	20.4	13.1
55. Births in a private health facility that were delivered by caesarean section (%)	47.0	40.9	43.3	36.4
56. Births in a public health facility that were delivered by caesarean section (%)	21.4	10.7	14.0	9.3
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	82.0	80.2	80.8	57.6
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	86.0	89.9	88.6	71.0
59. Children age 12-23 months who have received BCG (%)	92.5	96.5	95.2	92.8
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	85.3	83.4	84.0	67.9
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.8	88.7	89.7	79.9
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.1	90.3	90.6	80.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	41.0	33.4	35.8	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	38.5	29.4	32.3	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.6	85.7	86.6	59.4
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.7	51.4	53.7	40.2
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.7	96.0	95.3	91.0
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.3	2.0	3.0	6.3
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1	4.1	4.4	17.0
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(62.6)	52.0	55.9	56.0
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(40.8)	23.8	30.1	30.3
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(91.2)	72.8	79.6	73.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.0	1.9	2.3	4.6
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	70.3	71.4	71.0	79.0

[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.

Uttarakhand - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	42.8	40.6	41.3	27.8
76. Children under age 6 months exclusively breastfed[16] (%)	45.0	56.4	52.5	51.2
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(58.9)	47.0	50.6	46.7
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.4	13.1	13.2	8.6
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	13.1	8.6	10.3	7.8
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	13.3	12.2	12.5	8.5
81. Children under 5 years who are stunted (height-for-age)[18] (%)	24.3	28.2	27.0	33.5
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.4	11.3	13.2	19.5
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.7	4.7	4.7	9.0
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	21.0	20.9	21.0	26.6
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.4	3.9	4.1	3.5
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	11.6	14.9	13.9	18.4
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	20.7	14.1	16.2	16.1
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	39.1	25.4	29.7	20.4
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	31.4	25.0	27.1	17.7
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.8	63.0	62.9	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	60.4	53.9	56.0	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	63.8	56.6	58.8	59.8
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	45.6	41.0	42.4	45.1
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	51.9	44.3	46.4	46.5
95. All women age 15-49 years who are anaemic[22] (%)	45.8	41.1	42.6	45.2
96. All women age 15-19 years who are anaemic[22] (%)	41.0	40.9	40.9	46.4
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	14.2	15.6	15.1	15.6
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	(31.2)	26.3	27.6	22.2
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.4	4.1	4.2	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.6	4.8	5.6	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.0	9.6	10.8	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.4	5.7	5.6	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.7	6.6	7.6	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.3	13.3	14.3	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.3	13.4	13.7	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.1	6.3	6.3	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.4	22.0	22.9	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	21.2	19.6	20.1	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	10.2	9.2	9.5	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	34.8	30.5	31.8	na

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

Uttarakhand - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	0.9	0.2	0.4	na
112. Ever undergone a breast examination for breast cancer (%)	0.2	0.2	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.0	0.5	0.3	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.0	0.5	0.4	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	33.6	20.6	24.5	28.6
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	42.1	33.3	36.1	36.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.4	71.0	73.8	65.3
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	91.4	91.6	91.5	83.4
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	91.8	90.6	91.0	89.8
120. Women who worked in the last 12 months and were paid in cash (%)	20.2	22.2	21.6	15.5
121. Women owning a house and/or land (alone or jointly with others) (%)	23.3	25.1	24.6	29.2
122. Women having a bank or savings account that they themselves use (%)	81.3	79.8	80.2	58.5
123. Women having a mobile phone that they themselves use (%)	73.1	55.7	60.9	55.4
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	94.5	89.7	91.2	69.9
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	12.5	16.2	15.1	12.7
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.4	2.0	2.1	1.4
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.0	0.4	0.3	0.1
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	2.8	5.4	4.6	na
129. Men age 15 years and above who use any kind of tobacco (%)	27.6	36.8	33.7	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.4	0.3	na
131. Men age 15 years and above who consume alcohol (%)	21.7	27.5	25.5	na

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

National Family Health Survey (NFHS-5) 2019-21

UNION TERRITORY FACT SHEET

CHANDIGARH

Introduction

The National Family Health Survey 2020-21 (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 Chandigarh. 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 Chandigarh was conducted from 5th January 2020 to 21st March 2020 prior to the lockdown and from 6th December 2020 to 31st March 2021 post lockdown by Society for Promotion of Youth and Masses (SPYM). Information was gathered from 761 households, 746 women, and 104 men.

Chandigarh - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	86.8	(69.2)	86.7	83.7
2. Population below age 15 years (%)	23.2	32.3	23.3	22.9
3. Sex ratio of the total population (females per 1,000 males)	918	868	917	934
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	820	*	838	981
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.0	*	97.6	95.1
6. Deaths in the last 3 years registered with the civil authority (%)	93.6	*	93.6	na
7. Population living in households with electricity (%)	99.9	100.0	99.9	99.6
8. Population living in households with an improved drinking-water source[1] (%)	99.1	100.0	99.1	100.0
9. Population living in households that use an improved sanitation facility[2] (%)	85.4	47.6	85.0	83.7
10. Households using clean fuel for cooking[3] (%)	95.8	*	95.8	93.9
11. Households using iodized salt (%)	96.8	*	96.8	99.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	32.3	*	32.2	21.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.4	*	6.3	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	78.9	(57.7)	78.7	na
15. Men who are literate[4] (%)	90.2	*	90.2	na
16. Women with 10 or more years of schooling (%)	59.9	(30.8)	59.6	59.2
17. Men with 10 or more years of schooling (%)	64.5	*	64.5	65.9
18. Women who have ever used the internet (%)	75.2	*	75.2	na
19. Men who have ever used the internet (%)	91.9	*	91.9	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	9.8	*	9.7	12.7
21. Men age 25-29 years married before age 21 years (%)	*	*	*	*
22. Total fertility rate (children per woman)	1.4	*	1.4	1.6
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.8	*	0.8	2.1
24. Adolescent fertility rate for women age 15-19 years[5]	9	0	9	20
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	*	*	*	*
26. Infant mortality rate (IMR)	*	*	*	*
27. Under-five mortality rate (U5MR)	*	*	*	*
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	77.5	*	77.4	74.0
29. Any modern method[6] (%)	55.8	*	55.6	58.2
30. Female sterilization (%)	19.0	*	19.0	20.6
31. Male sterilization (%)	0.3	*	0.3	1.3
32. IUD/PPIUD (%)	4.3	*	4.2	5.4
33. Pill (%)	0.4	*	0.5	3.6
34. Condom (%)	31.2	*	31.1	27.3
35. Injectables (%)	0.0	*	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	7.0	*	6.9	6.3
37. Unmet need for spacing[7] (%)	2.5	*	2.5	1.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	34.3	*	34.0	25.1
39. Current users ever told about side effects of current method[8] (%)	(91.5)	*	(91.7)	62.6

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.
[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.

Chandigarh - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	82.2	*	82.3	67.4
41. Mothers who had at least 4 antenatal care visits (%)	79.1	*	78.7	64.5
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.1	*	93.2	95.1
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	73.9	*	73.9	44.9
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	64.3	*	64.5	29.8
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.4	*	97.2	98.0
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	90.5	*	90.6	89.0
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,586	*	5,546	2,357
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	*
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	89.4	*	89.3	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	97.0	*	96.9	91.6
51. Institutional births in public facility (%)	83.4	*	83.2	72.4
52. Home births that were conducted by skilled health personnel[10] (%)	0.0	*	0.2	1.7
53. Births attended by skilled health personnel[10] (%)	97.0	*	97.0	93.3
54. Births delivered by caesarean section (%)	31.7	*	31.3	22.6
55. Births in a private health facility that were delivered by caesarean section (%)	(44.8)	*	(44.3)	(44.0)
56. Births in a public health facility that were delivered by caesarean section (%)	30.6	*	30.4	19.5
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(81.7)	*	(80.9)	(79.5)
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(83.6)	*	(82.8)	(93.2)
59. Children age 12-23 months who have received BCG (%)	(96.7)	*	(96.8)	(95.9)
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(81.7)	*	(80.9)	(79.5)
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(88.7)	*	(87.9)	(95.9)
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(88.7)	*	(87.9)	(95.9)
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(15.1)	*	(15.0)	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(85.7)	*	(84.9)	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(85.7)	*	(84.9)	(82.7)
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.4	*	72.6	56.1
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(92.8)	*	(92.9)	(93.1)
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.2)	*	(7.1)	(6.9)
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	*	4.3	4.6
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*	*	*
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*	*	*
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*	*	*
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.3	*	0.3	2.8
74. 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.

Chandigarh - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	63.7	*	63.7	33.5
76. Children under age 6 months exclusively breastfed[16] (%)	*	*	*	*
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*	*	*
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(22.9)	*	(22.7)	(0.0)
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*	*	*
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	(19.1)	*	(19.0)	0.0
81. Children under 5 years who are stunted (height-for-age)[18] (%)	25.2	*	25.3	28.7
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	8.3	*	8.4	10.9
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	2.4	*	2.3	3.9
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	20.2	*	20.6	24.5
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.9	*	1.9	1.1
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	13.1	*	13.0	13.3
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	15.1	*	15.1	21.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	43.9	*	44.0	41.5
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	34.4	*	34.4	32.0
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.4	*	60.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	66.9	*	66.9	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	55.0	*	54.6	73.1
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	60.1	*	60.1	75.9
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*	*	*	*
95. All women age 15-49 years who are anaemic[22] (%)	60.3	(64.0)	60.3	75.9
96. All women age 15-19 years who are anaemic[22] (%)	57.5	*	57.7	74.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	8.1	*	8.1	19.3
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	*	*	*	(22.4)
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.0	(3.5)	6.0	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	12.0	(13.8)	12.0	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.0	(17.2)	19.0	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.1	(8.0)	7.1	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.8	(8.0)	8.8	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.6	(16.0)	16.6	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.4	(20.0)	14.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.5	(6.7)	5.6	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.0	(30.0)	25.0	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.6	(19.2)	18.7	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	8.6	(15.4)	8.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	30.6	(34.6)	30.6	na

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

Chandigarh - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	1.4	*	1.4	na
112. Ever undergone a breast examination for breast cancer (%)	0.0	*	0.0	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	*	0.4	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	(2.4)	*	(2.4)	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	20.3	*	20.3	41.1
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	53.6	*	53.6	66.4
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	72.3	*	72.3	87.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	85.0	*	85.0	92.9
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	94.6	*	94.6	96.6
120. Women who worked in the last 12 months and were paid in cash (%)	22.0	*	22.0	32.6
121. Women owning a house and/or land (alone or jointly with others) (%)	30.4	*	30.4	21.6
122. Women having a bank or savings account that they themselves use (%)	87.1	*	87.1	79.6
123. Women having a mobile phone that they themselves use (%)	70.0	*	70.0	74.2
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	93.3	*	93.4	92.1
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	9.7	*	9.7	22.5
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	0.0	*	0.0	3.5
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	*	*	*	(0.0)
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	0.6	(0.0)	0.6	na
129. Men age 15 years and above who use any kind of tobacco (%)	12.0	(23.7)	12.1	na
130. Women age 15 years and above who consume alcohol (%)	0.3	(0.0)	0.3	na
131. Men age 15 years and above who consume alcohol (%)	18.5	(31.6)	18.6	na

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

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

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

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

National Family Health Survey (NFHS-5) 2019-21

UNION TERRITORY FACT SHEET

NCT OF DELHI

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 NCT Delhi. 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 NCT Delhi was conducted from 4th January 2020 to 21st March 2020 prior to the lockdown and from 21st November 2020 to 20th January 2021 post lockdown by Population Research Centre (PRC), Institute of Economic Growth (IEG). Information was gathered from 9,486 households, 11,159 women, and 1,700 men. Fact sheets for each district in NCT Delhi are also available separately.

NCT Delhi - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
Population and Household Profile	Urban	Rural	Total	Total
1. Female population age 6 years and above who ever attended school (%)	83.8	82.6	83.8	80.9
2. Population below age 15 years (%)	24.3	25.6	24.3	25.0
3. Sex ratio of the total population (females per 1,000 males)	914	859	913	854
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	927	792	923	812
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.2	99.7	94.4	88.0
6. Deaths in the last 3 years registered with the civil authority (%)	89.1	(83.1)	89.0	na
7. Population living in households with electricity (%)	99.9	99.9	99.9	99.8
8. Population living in households with an improved drinking-water source[1] (%)	99.5	98.0	99.4	99.8
9. Population living in households that use an improved sanitation facility[2] (%)	81.0	87.3	81.1	75.1
10. Households using clean fuel for cooking[3] (%)	99.0	97.6	98.9	97.9
11. Households using iodized salt (%)	96.8	98.4	96.8	98.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	25.0	27.1	25.0	15.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.0	(9.4)	15.8	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	83.6	87.8	83.7	na
15. Men who are literate[4] (%)	90.2	(93.5)	90.2	na
16. Women with 10 or more years of schooling (%)	59.5	68.7	59.7	54.2
17. Men with 10 or more years of schooling (%)	60.7	(70.1)	60.9	54.8
18. Women who have ever used the internet (%)	63.7	(69.2)	63.8	na
19. Men who have ever used the internet (%)	85.1	(87.4)	85.2	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	9.8	11.4	9.9	14.3
21. Men age 25-29 years married before age 21 years (%)	12.1	*	12.0	21.0
22. Total fertility rate (children per woman)	1.6	2.5	1.6	1.8
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.2	9.7	3.3	2.1
24. Adolescent fertility rate for women age 15-19 years[5]	18	42	19	21
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	17.0	*	17.5	17.8
26. Infant mortality rate (IMR)	24.2	*	24.5	31.2
27. Under-five mortality rate (U5MR)	30.5	*	30.6	42.2
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	76.5	71.3	76.4	54.9
29. Any modern method[6] (%)	57.6	59.7	57.7	48.6
30. Female sterilization (%)	18.0	18.6	18.0	19.8
31. Male sterilization (%)	0.2	0.5	0.2	0.2
32. IUD/PPIUD (%)	6.6	11.0	6.7	5.4
33. Pill (%)	2.7	3.4	2.7	2.9
34. Condom (%)	28.4	23.3	28.3	20.0
35. Injectables (%)	0.3	1.8	0.4	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	6.1	8.0	6.1	15.0
37. Unmet need for spacing[7] (%)	2.0	1.1	2.0	4.5
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	16.9	18.3	16.9	12.1
39. Current users ever told about side effects of current method[8] (%)	70.1	(84.1)	70.8	40.8

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

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NCT Delhi - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	76.5	73.5	76.4	63.0
41. Mothers who had at least 4 antenatal care visits (%)	77.1	83.1	77.2	67.9
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.5	89.1	93.4	90.6
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	68.9	75.7	69.1	53.8
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	48.8	54.1	49.0	29.9
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.1	89.5	94.0	86.6
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.6	81.0	85.4	62.3
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,577	1,402	2,548	8,518
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	4.4	*	4.5	2.3
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.9	81.6	86.7	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	91.8	90.4	91.8	84.4
51. Institutional births in public facility (%)	62.8	51.9	62.4	55.5
52. Home births that were conducted by skilled health personnel[10] (%)	2.4	0.7	2.3	3.6
53. Births attended by skilled health personnel[10] (%)	93.5	91.1	93.4	86.6
54. Births delivered by caesarean section (%)	23.4	28.2	23.6	26.7
55. Births in a private health facility that were delivered by caesarean section (%)	42.9	40.8	42.8	41.5
56. Births in a public health facility that were delivered by caesarean section (%)	17.5	24.0	17.7	26.5
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	76.0	(74.7)	76.0	68.8
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	79.4	(79.9)	79.4	79.6
59. Children age 12-23 months who have received BCG (%)	96.6	(100.0)	96.8	95.0
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	80.1	(81.3)	80.2	79.0
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.9	(87.0)	85.0	84.8
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.1	(89.5)	90.1	91.1
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	37.6	(27.3)	37.2	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	26.5	(29.5)	26.6	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.9	(82.2)	81.9	62.7
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	53.0	50.7	52.9	61.4
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.5	(93.7)	88.7	92.9
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	11.3	(6.3)	11.1	6.9
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.5	11.9	10.6	9.6
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	65.8	*	64.5	62.1
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	33.7	*	32.8	25.3
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	78.6	*	78.2	80.6
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.6	6.0	5.6	2.4
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	76.5	(81.9)	76.7	81.4

[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.

NCT Delhi - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	51.3	49.3	51.2	28.0
76. Children under age 6 months exclusively breastfed[16] (%)	64.3	*	64.3	49.6
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	63.2	*	62.9	35.4
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	18.3	(29.5)	18.8	4.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.6	*	9.5	9.4
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	16.4	(28.4)	16.8	5.2
81. Children under 5 years who are stunted (height-for-age)[18] (%)	31.0	26.3	30.9	31.9
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	11.4	7.6	11.2	15.9
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.9	3.7	4.9	4.6
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	22.2	11.3	21.8	27.0
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.0	4.5	4.0	1.2
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	10.1	6.8	10.0	14.9
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	9.2	(2.2)	9.1	17.7
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	41.2	44.6	41.3	33.5
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	37.9	(43.7)	38.0	24.6
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.6	69.0	67.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	62.1	(44.2)	61.8	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	68.7	81.7	69.2	59.7
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	49.9	59.7	50.2	54.7
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	42.2	*	42.2	46.1
95. All women age 15-49 years who are anaemic[22] (%)	49.7	58.6	49.9	54.3
96. All women age 15-19 years who are anaemic[22] (%)	51.5	52.3	51.6	55.1
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	12.5	(20.2)	12.6	21.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	18.7	*	18.9	25.9
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.2	4.9	4.2	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.3	5.3	6.3	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.3	10.8	12.2	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.3	6.6	5.3	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.4	5.0	7.3	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.0	14.8	14.1	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.7	13.5	14.7	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.0	3.4	5.9	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.2	20.2	24.1	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	21.9	18.1	21.8	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	8.7	10.5	8.7	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	32.8	31.0	32.8	na

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

NCT Delhi - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	0.7	0.5	0.7	na
112. Ever undergone a breast examination for breast cancer (%)	0.3	0.5	0.3	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.9	1.1	0.9	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.5	*	0.5	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	29.4	(38.0)	29.5	32.7
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	44.1	(28.1)	43.9	27.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	82.3	(83.4)	82.3	72.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	93.0	(87.3)	92.9	83.3
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	92.0	(94.3)	92.0	73.8
120. Women who worked in the last 12 months and were paid in cash (%)	25.0	(17.2)	24.9	21.1
121. Women owning a house and/or land (alone or jointly with others) (%)	22.6	(27.4)	22.7	34.9
122. Women having a bank or savings account that they themselves use (%)	72.3	(84.8)	72.5	64.5
123. Women having a mobile phone that they themselves use (%)	73.7	(81.0)	73.8	66.6
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	96.9	98.4	96.9	90.7
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	22.8	(10.3)	22.6	26.8
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	3.7	(0.0)	3.6	3.4
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.6	*	1.6	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	2.2	3.4	2.2	na
129. Men age 15 years and above who use any kind of tobacco (%)	26.2	32.1	26.3	na
130. Women age 15 years and above who consume alcohol (%)	0.5	0.3	0.5	na
131. Men age 15 years and above who consume alcohol (%)	21.6	22.9	21.6	na

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

National Family Health Survey (NFHS-5) 2019-21

UNION TERRITORY FACT SHEET

PUDUCHERRY

Ministry of Health & Family Welfare
Government of India

Introduction

The National Family Health Survey 2020-21 (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 Puducherry. 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 Puducherry was conducted from 6th January 2020 to 21st March 2020 prior to the lockdown and from 21st December 2020 to 31st March 2021 post lockdown by School of Public Health, SRM University. Information was gathered from 3,520 households, 3,669 women, and 534 men. Fact sheets for each district in Puducherry are also available separately.

Puducherry - Key Indicators

Indicators	NFHS-5 (2020-21)			NFHS-4 (2015-16)
	Urban	**Rural**	**Total**	**Total**
Population and Household Profile				
1. Female population age 6 years and above who ever attended school (%)	87.7	78.0	84.6	81.4
2. Population below age 15 years (%)	20.7	19.7	20.4	23.7
3. Sex ratio of the total population (females per 1,000 males)	1,086	1,172	1,112	1,068
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	857	1,268	959	843
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.0	100.0	99.3	99.0
6. Deaths in the last 3 years registered with the civil authority (%)	92.2	92.7	92.4	na
7. Population living in households with electricity (%)	100.0	99.7	99.9	99.8
8. Population living in households with an improved drinking-water source[1] (%)	99.9	99.9	99.9	99.6
9. Population living in households that use an improved sanitation facility[2] (%)	89.8	74.0	84.9	64.8
10. Households using clean fuel for cooking[3] (%)	95.8	84.6	92.3	84.8
11. Households using iodized salt (%)	96.2	86.9	93.4	92.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	30.0	30.5	30.1	32.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	24.5	(21.4)	23.6	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate[4] (%)	90.7	87.4	89.7	na
15. Men who are literate[4] (%)	93.2	95.5	93.8	na
16. Women with 10 or more years of schooling (%)	68.9	57.8	65.4	60.3
17. Men with 10 or more years of schooling (%)	78.0	64.5	74.2	66.1
18. Women who have ever used the internet (%)	66.9	50.4	61.9	na
19. Men who have ever used the internet (%)	85.1	69.4	80.7	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	8.6	1.0	6.5	10.7
21. Men age 25-29 years married before age 21 years (%)	10.6	*	6.5	5.1
22. Total fertility rate (children per woman)	1.6	1.2	1.5	1.7
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.0	4.5	4.1	3.5
24. Adolescent fertility rate for women age 15-19 years[5]	30	15	25	23
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	3.2	*	2.3	5.8
26. Infant mortality rate (IMR)	4.1	*	2.9	15.7
27. Under-five mortality rate (U5MR)	4.1	*	3.9	16.2
Current Use of Family Planning Methods (currently married women age 15–49 years)				
28. Any method[6] (%)	65.8	66.4	66.0	61.9
29. Any modern method[6] (%)	61.2	64.3	62.1	61.2
30. Female sterilization (%)	51.7	58.5	53.8	57.4
31. Male sterilization (%)	0.4	0.0	0.3	0.0
32. IUD/PPIUD (%)	2.1	1.3	1.9	2.6
33. Pill (%)	0.5	0.4	0.5	0.4
34. Condom (%)	5.8	3.1	5.0	0.8
35. Injectables (%)	0.2	0.9	0.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need[7] (%)	10.7	10.2	10.5	8.3
37. Unmet need for spacing[7] (%)	3.2	3.1	3.2	4.8
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	23.9	29.4	25.7	35.9
39. Current users ever told about side effects of current method[8] (%)	61.4	66.5	63.0	70.5

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

Puducherry - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	87.8	68.6	82.4	80.6
41. Mothers who had at least 4 antenatal care visits (%)	90.0	78.9	86.9	87.7
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.5	90.5	91.9	82.1
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	82.4	88.4	84.1	66.3
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	61.7	73.1	64.9	36.3
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	99.5	98.8	98.0
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	91.9	96.2	93.1	84.9
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,778	4,297	3,259	2,101
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*	*	*
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	95.1	97.4	95.7	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	99.5	99.7	99.6	99.9
51. Institutional births in public facility (%)	72.4	86.7	76.6	82.0
52. Home births that were conducted by skilled health personnel[10] (%)	0.5	0.0	0.3	0.1
53. Births attended by skilled health personnel[10] (%)	99.9	99.7	99.9	100.0
54. Births delivered by caesarean section (%)	38.9	29.9	36.3	33.6
55. Births in a private health facility that were delivered by caesarean section (%)	36.8	(68.9)	42.0	48.3
56. Births in a public health facility that were delivered by caesarean section (%)	40.0	24.2	34.8	30.4
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	85.5	(68.4)	82.0	91.3
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	90.2	*	89.7	92.8
59. Children age 12-23 months who have received BCG (%)	97.8	(91.3)	96.4	99.9
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	91.8	(69.9)	87.3	95.4
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.6	(89.8)	92.0	96.0
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	97.2	(89.3)	95.6	95.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	55.7	(35.8)	51.6	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	10.0	(0.0)	8.0	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	89.0	(87.9)	88.8	89.4
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.8	82.5	81.2	77.2
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.3	(100.0)	97.1	89.7
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.3	(0.0)	2.6	10.3
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.9	5.7	3.7	11.3
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*	*	71.2
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*	*	69.6
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*	*	73.6
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	6.2	1.5	4.9	3.0
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(56.9)	*	64.3	74.0

[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.

Puducherry - Key Indicators

Indicators	NFHS-5 (2020-21)			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] (%)	51.6	62.2	54.1	65.3
76. Children under age 6 months exclusively breastfed[16] (%)	71.4	*	64.8	45.5
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(59.7)	*	(65.6)	76.8
78. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	17.6	(42.0)	22.7	21.8
79. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(27.7)	*	(23.6)	54.8
80. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	20.6	(31.9)	22.9	31.1
81. Children under 5 years who are stunted (height-for-age)[18] (%)	21.7	15.6	20.0	23.7
82. Children under 5 years who are wasted (weight-for-height)[18] (%)	12.1	12.9	12.4	23.6
83. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.2	2.5	3.7	7.8
84. Children under 5 years who are underweight (weight-for-age)[18] (%)	15.9	13.7	15.3	22.0
85. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.7	6.5	3.8	2.2
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	7.6	12.0	9.0	11.3
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2) (%)	11.2	10.7	11.1	10.2
88. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	47.6	43.2	46.2	36.7
89. Men who are overweight or obese (BMI ≥25.0 kg/m^2) (%)	43.6	42.5	43.3	37.1
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	55.4	52.0	54.3	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	50.2	63.0	53.9	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	65.3	60.8	64.0	44.9
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	53.0	61.0	55.5	53.4
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	35.2	*	42.5	26.0
95. All women age 15-49 years who are anaemic[22] (%)	52.3	61.4	55.1	52.4
96. All women age 15-19 years who are anaemic[22] (%)	61.1	53.0	58.4	55.0
97. Men age 15-49 years who are anaemic (<13.0 g/dl)[22] (%)	20.0	18.4	19.5	15.9
98. Men age 15-19 years who are anaemic (<13.0 g/dl)[22] (%)	35.8	*	30.7	40.6
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.2	7.4	7.2	na
100. Blood sugar level - very high (>160 mg/dl)[23] (%)	10.4	9.4	10.1	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	21.2	17.8	20.1	na
Men				
102. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.0	7.0	7.0	na
103. Blood sugar level - very high (>160 mg/dl)[23] (%)	13.5	9.3	12.2	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	23.2	18.3	21.7	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.4	11.7	12.1	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.4	3.0	4.0	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.3	20.2	23.0	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.0	17.1	19.1	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.0	7.4	6.4	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	31.1	28.0	30.1	na

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

Puducherry - Key Indicators

Indicators	NFHS-5 (2020-21)			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 (%)	5.0	12.6	7.4	na
112. Ever undergone a breast examination for breast cancer (%)	4.1	4.5	4.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	2.0	0.4	1.5	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.1	(0.0)	0.1	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	30.2	30.2	30.2	25.4
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	35.2	25.4	32.5	18.0
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.8	75.9	79.3	72.7
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	91.4	87.5	90.3	84.6
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	98.4	96.6	97.9	85.1
120. Women who worked in the last 12 months and were paid in cash (%)	35.4	44.8	38.2	21.2
121. Women owning a house and/or land (alone or jointly with others) (%)	36.8	38.3	37.3	40.3
122. Women having a bank or savings account that they themselves use (%)	90.9	96.7	92.6	68.2
123. Women having a mobile phone that they themselves use (%)	85.5	76.6	82.9	67.3
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	99.1	99.1	99.1	96.9
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	29.8	32.5	30.5	34.6
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	1.3	2.4	1.6	4.6
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.0	(0.0)	0.0	0.1
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	1.2	5.6	2.6	na
129. Men age 15 years and above who use any kind of tobacco (%)	13.8	17.3	14.8	na
130. Women age 15 years and above who consume alcohol (%)	0.1	0.5	0.3	na
131. Men age 15 years and above who consume alcohol (%)	26.7	30.1	27.7	na

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

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