सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

Compendium of Fact Sheets

KEY INDICATORS

STATE AND DISTRICTS OF ASSAM

National Family Health Survey (NFHS-5) 2019-20

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

International Institute for Population Sciences
(Deemed University)

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Key Indicators Content

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

State Fact Sheet

Assam

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

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

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

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

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

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

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

Assam - Key Indicators

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

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

Assam - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Maternal and Child Health	**Urban**	**Rural**	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	72.7	62.7	63.8	55.1
41. Mothers who had at least 4 antenatal care visits (%)	62.6	49.2	50.7	46.4
42. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.2	94.3	94.5	89.8
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	54.4	46.6	47.5	32.0
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.6	18.0	18.5	5.6
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.9	98.7	98.7	96.3
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.8	63.8	65.3	54.0
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,651	5,269	5,415	3,821
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.8	1.9	2.0	1.9
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.7	68.5	69.9	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	93.5	82.9	84.1	70.6
51. Institutional births in public facility (%)	66.3	75.4	74.4	60.0
52. Home births that were conducted by skilled health personnel[10] (%)	2.2	2.6	2.6	3.9
53. Births attended by skilled health personnel[10] (%)	94.9	85.1	86.1	74.3
54. Births delivered by caesarean section (%)	39.2	15.6	18.1	13.4
55. Births in a private health facility that were delivered by caesarean section (%)	78.8	66.9	70.6	53.3
56. Births in a public health facility that were delivered by caesarean section (%)	26.7	13.9	15.2	12.9
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	63.2	66.9	66.4	47.1
58. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	70.6	72.0	71.8	67.8
59. Children age 12-23 months who have received BCG (%)	92.6	92.5	92.5	82.3
60. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	69.3	74.0	73.4	56.0
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.7	82.0	81.7	66.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	77.3	83.6	82.8	71.4
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	12.5	20.3	19.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	44.8	45.5	45.4	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	72.7	75.4	75.1	52.0
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.0	57.4	58.2	57.9
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.4	96.6	95.6	93.3
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	9.2	1.3	2.3	5.3
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.7	5.8	5.5	2.9
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(81.0)	68.4	69.1	51.9
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(27.0)	28.0	28.0	22.0
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(61.8)	53.0	53.5	50.8
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	2.5	2.5	1.0
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	55.0	50.8	51.2	46.8

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

Assam - Key Indicators

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

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

Assam - Key Indicators

Indicators	NFHS-5 (2019-20)			NFHS-4 (2015-16)
Screening for Cancer among Adults (age 30-49 years)	**Urban**	**Rural**	**Total**	**Total**
Women				
111. Ever undergone a screening test for cervical cancer (%)	0.6	0.1	0.2	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.2	0.2	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.2	0.2	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	0.0	1.6	1.4	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge[24] of HIV/AIDS (%)	24.1	18.3	19.2	9.4
116. Men who have comprehensive knowledge[24] of HIV/AIDS (%)	29.0	24.6	25.3	22.5
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	76.3	70.6	71.5	44.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	86.9	84.9	85.2	70.6
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions[25] (%)	93.9	91.8	92.1	87.4
120. Women who worked in the last 12 months and were paid in cash (%)	17.2	19.3	19.0	17.0
121. Women owning a house and/or land (alone or jointly with others) (%)	36.3	43.9	42.7	52.3
122. Women having a bank or savings account that they themselves use (%)	81.9	77.9	78.5	45.4
123. Women having a mobile phone that they themselves use (%)	75.4	53.9	57.2	46.0
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period[26] (%)	82.9	63.8	66.3	44.8
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence[27] (%)	26.6	32.9	32.0	24.5
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.2	2.3	2.3	2.0
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.1	1.4	1.4	0.6
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	16.2	23.2	22.1	na
129. Men age 15 years and above who use any kind of tobacco (%)	43.9	53.3	51.8	na
130. Women age 15 years and above who consume alcohol (%)	2.6	8.2	7.3	na
131. Men age 15 years and above who consume alcohol (%)	21.3	25.9	25.1	na

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Baksa
Assam

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

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Baksa. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Baksa, information was gathered from 921 households, 1,175 women, and 156 men.

Baksa, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	74.1	71.9
2. Population below age 15 years (%)	26.5	28.3
3. Sex ratio of the total population (females per 1,000 males)	1,057	1,046
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,097	968
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.9	97.3
6. Deaths in the last 3 years registered with the civil authority (%)	50.1	na
7. Population living in households with electricity (%)	98.1	83.6
8. Population living in households with an improved drinking-water source[1] (%)	89.8	83.3
9. Population living in households that use an improved sanitation facility[2] (%)	68.9	57.6
10. Households using clean fuel for cooking[3] (%)	35.2	16.6
11. Households using iodized salt (%)	98.9	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	69.0	3.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	74.8	na
15. Women with 10 or more years of schooling (%)	27.8	28.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	24.9	27.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.3	11.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	67.0	40.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	59.2	58.1
21. Any modern method[6] (%)	47.3	38.5
22. Female sterilization (%)	7.1	8.0
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.3	4.0
25. Pill (%)	33.5	24.4
26. Condom (%)	2.7	1.5
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	12.5	12.4
29. Unmet need for spacing[7] (%)	5.7	6.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	24.8	22.8
31. Current users ever told about side effects of current method[8] (%)	76.2	78.4

Note: Major indicators are highlighted in grey.

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

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

Baksa, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.1	60.6
33. Mothers who had at least 4 antenatal care visits (%)	56.0	49.8
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.0	92.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.2	39.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	30.2	0.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.8	99.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	65.0	70.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	7,312	3,614
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(3.4)	(7.7)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	70.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.9	87.8
43. Institutional births in public facility (%)	82.2	77.5
44. Home births that were conducted by skilled health personnel[10] (%)	4.6	1.5
45. Births attended by skilled health personnel[10] (%)	92.1	89.3
46. Births delivered by caesarean section (%)	17.6	18.7
47. Births in a private health facility that were delivered by caesarean section (%)	(81.7)	(82.6)
48. Births in a public health facility that were delivered by caesarean section (%)	13.8	13.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	70.5	59.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	67.3	(64.9)
51. Children age 12-23 months who have received BCG (%)	93.6	91.6
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	78.3	64.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.2	82.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.9	81.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	53.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	68.3	60.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	55.8	60.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	97.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.8	2.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.8	1.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	59.0	(42.2)

[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.

Baksa, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	34.9	74.3
68. Children under age 6 months exclusively breastfed[16] (%)	(60.6)	(62.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(69.4)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	12.6	12.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	14.0	12.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	41.2	32.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.0	10.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.2	2.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	34.0	22.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	8.6	2.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	15.1	17.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	18.8	15.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	78.6	39.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	73.8	53.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(65.3)	(46.8)
84. All women age 15-49 years who are anaemic[22] (%)	73.6	53.4
85. All women age 15-19 years who are anaemic[22] (%)	76.6	48.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.7	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.4	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	14.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	57.6	na
103. Women age 15 years and above who consume alcohol (%)	11.9	na
104. Men age 15 years and above who consume alcohol (%)	33.4	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Barpeta
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

This fact sheet provides information on key indicators and trends for Barpeta. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Barpeta, information was gathered from 914 households, 1,163 women, and 159 men.

Barpeta, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	75.4	70.5
2. Population below age 15 years (%)	30.1	33.3
3. Sex ratio of the total population (females per 1,000 males)	1,027	982
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,007	906
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.0	96.9
6. Deaths in the last 3 years registered with the civil authority (%)	74.3	na
7. Population living in households with electricity (%)	88.9	72.7
8. Population living in households with an improved drinking-water source[1] (%)	98.1	98.5
9. Population living in households that use an improved sanitation facility[2] (%)	63.7	36.3
10. Households using clean fuel for cooking[3] (%)	38.7	22.6
11. Households using iodized salt (%)	96.3	99.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.9	25.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	74.8	na
15. Women with 10 or more years of schooling (%)	31.7	23.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	40.1	43.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	14.2	16.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	61.5	44.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	57.3	56.7
21. Any modern method[6] (%)	47.4	40.2
22. Female sterilization (%)	5.5	3.5
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	2.0	2.5
25. Pill (%)	35.3	30.0
26. Condom (%)	3.6	3.0
27. Injectables (%)	0.7	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	12.3	10.1
29. Unmet need for spacing[7] (%)	3.9	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.4	11.8
31. Current users ever told about side effects of current method[8] (%)	55.1	48.2

Note: Major indicators are highlighted in grey.

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

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

Barpeta, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	62.2	64.3
33. Mothers who had at least 4 antenatal care visits (%)	43.6	47.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.9	86.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	49.4	18.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.8	0.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.1	96.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	70.5	36.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,829	2,448
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	0.6
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	87.6	51.9
43. Institutional births in public facility (%)	82.3	49.0
44. Home births that were conducted by skilled health personnel[10] (%)	0.6	12.3
45. Births attended by skilled health personnel[10] (%)	87.6	63.4
46. Births delivered by caesarean section (%)	12.7	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	12.4	11.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	54.6	34.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	59.6	(61.0)
51. Children age 12-23 months who have received BCG (%)	94.3	67.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	67.5	45.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	73.6	54.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.8	66.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	23.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	40.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	67.8	40.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	48.2	50.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.4	98.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.4	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.7	1.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.5	1.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(64.9)	(55.4)

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

Barpeta, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	46.4	68.0
68. Children under age 6 months exclusively breastfed[16] (%)	(62.9)	(56.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	5.9	10.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.5	9.7
73. Children under 5 years who are stunted (height-for-age)[18] (%)	29.8	41.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.5	16.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.5	5.8
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	26.2	33.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	6.1	1.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	14.6	26.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.6	12.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	63.5	30.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	65.6	35.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	47.6	*
84. All women age 15-49 years who are anaemic[22] (%)	64.8	35.5
85. All women age 15-19 years who are anaemic[22] (%)	70.7	30.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	10.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	14.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.4	na
103. Women age 15 years and above who consume alcohol (%)	0.7	na
104. Men age 15 years and above who consume alcohol (%)	8.0	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Biswanath

Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Biswanath. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Biswanath, information was gathered from 901 households, 1,000 women, and 135 men.

Biswanath, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	72.1
2. Population below age 15 years (%)	28.7
3. Sex ratio of the total population (females per 1,000 males)	996
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,014
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.7
6. Deaths in the last 3 years registered with the civil authority (%)	62.5
7. Population living in households with electricity (%)	91.1
8. Population living in households with an improved drinking-water source[1] (%)	76.2
9. Population living in households that use an improved sanitation facility[2] (%)	76.6
10. Households using clean fuel for cooking[3] (%)	35.0
11. Households using iodized salt (%)	98.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	68.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.9
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	69.2
15. Women with 10 or more years of schooling (%)	23.0
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	25.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	70.9
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	72.4
21. Any modern method[6] (%)	56.1
22. Female sterilization (%)	11.9
23. Male sterilization (%)	0.3
24. IUD/PPIUD (%)	2.1
25. Pill (%)	36.3
26. Condom (%)	4.5
27. Injectables (%)	0.6
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	5.3
29. Unmet need for spacing[7] (%)	1.4
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	29.9
31. Current users ever told about side effects of current method[8] (%)	73.5

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

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

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

Biswanath, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	41.2
33. Mothers who had at least 4 antenatal care visits (%)	46.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	63.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	21.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	56.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,676
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.8)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	58.1
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	84.3
43. Institutional births in public facility (%)	74.0
44. Home births that were conducted by skilled health personnel[10] (%)	0.6
45. Births attended by skilled health personnel[10] (%)	84.6
46. Births delivered by caesarean section (%)	15.3
47. Births in a private health facility that were delivered by caesarean section (%)	(70.6)
48. Births in a public health facility that were delivered by caesarean section (%)	11.0
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	66.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	74.3
51. Children age 12-23 months who have received BCG (%)	88.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	69.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.4
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	54.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	82.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(49.1)

[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.

Biswanath, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	62.7
68. Children under age 6 months exclusively breastfed[16] (%)	(68.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	14.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	14.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	42.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	27.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	13.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	41.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.3
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	22.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.3
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	79.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	65.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(45.1)
84. All women age 15-49 years who are anaemic[22] (%)	64.4
85. All women age 15-19 years who are anaemic[22] (%)	67.8
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.5
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.6
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.1
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.7
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.4
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.4
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.0
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.5
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.1
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.6
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.4
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.5
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	27.8
102. Men age 15 years and above who use any kind of tobacco (%)	61.6
103. Women age 15 years and above who consume alcohol (%)	11.5
104. Men age 15 years and above who consume alcohol (%)	40.5

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Bongaigaon

Assam

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

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Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Bongaigaon. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Bongaigaon, information was gathered from 916 households, 1,092 women, and 169 men.

Bongaigaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	77.0	73.4
2. Population below age 15 years (%)	28.9	32.1
3. Sex ratio of the total population (females per 1,000 males)	998	951
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	881	895
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.2	94.3
6. Deaths in the last 3 years registered with the civil authority (%)	69.1	na
7. Population living in households with electricity (%)	97.0	89.0
8. Population living in households with an improved drinking-water source[1] (%)	95.3	75.6
9. Population living in households that use an improved sanitation facility[2] (%)	72.5	46.7
10. Households using clean fuel for cooking[3] (%)	49.8	27.2
11. Households using iodized salt (%)	98.3	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	57.6	9.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	75.8	na
15. Women with 10 or more years of schooling (%)	28.6	23.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	41.7	41.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9	0.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.4	22.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	69.0	51.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	57.6	59.4
21. Any modern method[6] (%)	45.3	38.9
22. Female sterilization (%)	5.9	3.8
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	2.6	1.5
25. Pill (%)	30.6	31.2
26. Condom (%)	4.8	2.3
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	16.1	9.9
29. Unmet need for spacing[7] (%)	5.1	4.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.4	17.5
31. Current users ever told about side effects of current method[8] (%)	65.1	60.4

Note: Major indicators are highlighted in grey.

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

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

Bongaigaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.1	54.6
33. Mothers who had at least 4 antenatal care visits (%)	33.9	24.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.8	87.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	46.7	35.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.3	7.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.5	97.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	57.0	47.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,778	3,004
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.4)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.5	67.0
43. Institutional births in public facility (%)	74.9	56.8
44. Home births that were conducted by skilled health personnel[10] (%)	4.9	3.7
45. Births attended by skilled health personnel[10] (%)	89.1	70.4
46. Births delivered by caesarean section (%)	15.2	11.7
47. Births in a private health facility that were delivered by caesarean section (%)	(78.7)	(74.0)
48. Births in a public health facility that were delivered by caesarean section (%)	10.2	7.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	67.9	42.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	73.2	(64.6)
51. Children age 12-23 months who have received BCG (%)	94.1	84.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	74.7	45.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.4	70.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	84.2	79.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	40.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	71.3	42.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.0	55.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.8	96.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.2	3.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	1.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	0.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	46.6	(14.1)

[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.

Bongaigaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	46.7	70.0
68. Children under age 6 months exclusively breastfed[16] (%)	*	(68.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	17.0	14.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	16.5	13.7
73. Children under 5 years who are stunted (height-for-age)[18] (%)	46.2	39.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.2	23.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.4	12.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.3	32.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	8.8	6.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	13.1	19.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.9	13.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	77.2	34.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	71.4	48.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(51.2)	39.9
84. All women age 15-49 years who are anaemic[22] (%)	70.6	48.0
85. All women age 15-19 years who are anaemic[22] (%)	73.8	47.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	13.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.8	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.7	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	18.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	45.7	na
103. Women age 15 years and above who consume alcohol (%)	1.0	na
104. Men age 15 years and above who consume alcohol (%)	13.2	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Cachar
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

This fact sheet provides information on key indicators and trends for Cachar. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Cachar, information was gathered from 907 households, 1,110 women, and 152 men.

Cachar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	80.5	78.0
2. Population below age 15 years (%)	30.9	30.1
3. Sex ratio of the total population (females per 1,000 males)	1,012	992
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	991	942
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.0	93.5
6. Deaths in the last 3 years registered with the civil authority (%)	72.4	na
7. Population living in households with electricity (%)	81.7	66.4
8. Population living in households with an improved drinking-water source[1] (%)	43.8	59.7
9. Population living in households that use an improved sanitation facility[2] (%)	57.6	37.6
10. Households using clean fuel for cooking[3] (%)	43.0	28.8
11. Households using iodized salt (%)	98.6	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	57.9	3.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	77.2	na
15. Women with 10 or more years of schooling (%)	25.8	28.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	29.9	16.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0	2.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.5	10.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	57.8	28.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	48.0	54.4
21. Any modern method[6] (%)	38.2	29.1
22. Female sterilization (%)	6.9	14.0
23. Male sterilization (%)	0.1	0.2
24. IUD/PPIUD (%)	1.0	2.0
25. Pill (%)	22.9	7.0
26. Condom (%)	6.1	5.2
27. Injectables (%)	0.6	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	15.6	12.9
29. Unmet need for spacing[7] (%)	6.9	8.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.6	23.8
31. Current users ever told about side effects of current method[8] (%)	82.2	78.5

Note: Major indicators are highlighted in grey.

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

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

Cachar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	52.0	37.3
33. Mothers who had at least 4 antenatal care visits (%)	32.7	50.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.0	88.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	35.6	18.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.0	3.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.2	96.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	57.3	62.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,799	5,087
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.8	1.5
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	61.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	79.2	70.7
43. Institutional births in public facility (%)	74.9	56.4
44. Home births that were conducted by skilled health personnel[10] (%)	2.1	5.1
45. Births attended by skilled health personnel[10] (%)	80.2	75.3
46. Births delivered by caesarean section (%)	12.5	14.9
47. Births in a private health facility that were delivered by caesarean section (%)	*	47.9
48. Births in a public health facility that were delivered by caesarean section (%)	13.2	14.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	70.4	45.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	82.1	(53.2)
51. Children age 12-23 months who have received BCG (%)	88.3	82.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	74.4	57.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.5	71.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.9	68.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	9.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	39.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	63.8	60.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.9	64.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.6	91.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	7.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.2	6.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.1	2.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	50.4	46.3

[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.

Cachar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	29.8	31.2
68. Children under age 6 months exclusively breastfed[16] (%)	(50.8)	(28.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	2.9	2.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	2.7	2.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	28.7	36.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	30.7	30.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	12.5	11.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	38.2	36.3
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.3	4.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	19.7	31.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	9.1	7.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	79.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	61.8	30.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.2	50.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	44.0	(66.1)
84. All women age 15-49 years who are anaemic[22] (%)	57.4	51.0
85. All women age 15-19 years who are anaemic[22] (%)	57.6	51.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	33.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	51.0	na
103. Women age 15 years and above who consume alcohol (%)	2.5	na
104. Men age 15 years and above who consume alcohol (%)	14.6	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Charaideo
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Charaideo. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Charaideo, information was gathered from 922 households, 1,117 women, and 166 men.

Charaideo, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	75.0
2. Population below age 15 years (%)	25.8
3. Sex ratio of the total population (females per 1,000 males)	1,027
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,040
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.4
6. Deaths in the last 3 years registered with the civil authority (%)	50.6
7. Population living in households with electricity (%)	91.7
8. Population living in households with an improved drinking-water source[1] (%)	96.4
9. Population living in households that use an improved sanitation facility[2] (%)	75.9
10. Households using clean fuel for cooking[3] (%)	27.3
11. Households using iodized salt (%)	99.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	64.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	71.9
15. Women with 10 or more years of schooling (%)	26.2
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	22.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	68.7
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	67.0
21. Any modern method[6] (%)	43.9
22. Female sterilization (%)	20.1
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	4.0
25. Pill (%)	14.4
26. Condom (%)	4.4
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	8.3
29. Unmet need for spacing[7] (%)	3.7
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	22.0
31. Current users ever told about side effects of current method[8] (%)	69.5

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

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

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

Charaideo, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	74.1
33. Mothers who had at least 4 antenatal care visits (%)	64.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	51.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	70.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,858
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(7.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.8
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	88.2
43. Institutional births in public facility (%)	76.7
44. Home births that were conducted by skilled health personnel[10] (%)	2.2
45. Births attended by skilled health personnel[10] (%)	90.5
46. Births delivered by caesarean section (%)	20.0
47. Births in a private health facility that were delivered by caesarean section (%)	(62.5)
48. Births in a public health facility that were delivered by caesarean section (%)	16.7
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(74.0)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(81.5)
51. Children age 12-23 months who have received BCG (%)	(96.2)
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(82.0)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(90.1)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(90.0)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(27.8)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(35.9)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(79.6)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(87.7)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.6)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(68.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(11.8)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(72.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	58.7

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

Charaideo, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	58.3
68. Children under age 6 months exclusively breastfed[16] (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.9
73. Children under 5 years who are stunted (height-for-age)[18] (%)	39.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	23.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	34.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.0
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	24.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.5
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	69.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	72.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(61.6)
84. All women age 15-49 years who are anaemic[22] (%)	72.3
85. All women age 15-19 years who are anaemic[22] (%)	76.1
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.1
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.9
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.8
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.0
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.9
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.2
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.6
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.0
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.9
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	25.4
102. Men age 15 years and above who use any kind of tobacco (%)	57.9
103. Women age 15 years and above who consume alcohol (%)	17.7
104. Men age 15 years and above who consume alcohol (%)	50.4

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

CHIRANG
ASSAM

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

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Chirang. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Chirang, information was gathered from 912 households, 1,076 women, and 148 men.

Chirang, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	71.5	67.2
2. Population below age 15 years (%)	28.0	31.2
3. Sex ratio of the total population (females per 1,000 males)	1,015	965
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	906	1,106
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.3	94.7
6. Deaths in the last 3 years registered with the civil authority (%)	72.7	na
7. Population living in households with electricity (%)	97.8	72.2
8. Population living in households with an improved drinking-water source[1] (%)	92.1	71.2
9. Population living in households that use an improved sanitation facility[2] (%)	77.1	33.1
10. Households using clean fuel for cooking[3] (%)	44.5	18.3
11. Households using iodized salt (%)	98.6	98.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	61.5	6.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	71.5	na
15. Women with 10 or more years of schooling (%)	23.0	20.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	30.9	32.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	1.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	13.7	18.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	63.5	34.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	65.8	62.6
21. Any modern method[6] (%)	55.6	30.7
22. Female sterilization (%)	3.9	1.3
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	5.2	2.3
25. Pill (%)	39.9	23.0
26. Condom (%)	6.1	3.4
27. Injectables (%)	0.2	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	9.8	7.9
29. Unmet need for spacing[7] (%)	3.7	3.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	34.2	14.3
31. Current users ever told about side effects of current method[8] (%)	75.3	38.9

Note: Major indicators are highlighted in grey.

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

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

Chirang, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	55.9	61.9
33. Mothers who had at least 4 antenatal care visits (%)	56.5	41.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.1	86.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	47.1	34.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.8	1.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.2	97.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	59.7	36.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,052	2,989
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.3)	1.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.7	59.4
43. Institutional births in public facility (%)	71.1	50.1
44. Home births that were conducted by skilled health personnel[10] (%)	2.7	3.5
45. Births attended by skilled health personnel[10] (%)	82.9	62.7
46. Births delivered by caesarean section (%)	15.3	7.5
47. Births in a private health facility that were delivered by caesarean section (%)	(69.0)	(49.9)
48. Births in a public health facility that were delivered by caesarean section (%)	9.3	5.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	71.1	40.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	68.2	60.3
51. Children age 12-23 months who have received BCG (%)	98.2	77.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.9	49.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.4	60.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.3	68.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	43.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.5	46.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.7	55.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.5	95.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.5	1.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.3	0.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	33.2	*

[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.

Chirang, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	40.5	77.4
68. Children under age 6 months exclusively breastfed[16] (%)	(76.8)	(71.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.9	4.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.7	4.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	42.7	40.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.5	13.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.5	4.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	39.7	24.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.5	2.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	17.2	21.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.3	15.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	64.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	70.4	35.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	65.7	50.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(54.1)	(34.7)
84. All women age 15-49 years who are anaemic[22] (%)	65.2	50.3
85. All women age 15-19 years who are anaemic[22] (%)	68.8	42.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.7	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.9	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	18.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.1	na
103. Women age 15 years and above who consume alcohol (%)	8.9	na
104. Men age 15 years and above who consume alcohol (%)	30.9	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Darrang
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

This fact sheet provides information on key indicators and trends for Darrang. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Darrang, information was gathered from 918 households, 1,053 women, and 176 men.

Darrang, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	75.2	70.5
2. Population below age 15 years (%)	29.2	31.5
3. Sex ratio of the total population (females per 1,000 males)	929	977
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	757	1,001
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.9	94.0
6. Deaths in the last 3 years registered with the civil authority (%)	69.2	na
7. Population living in households with electricity (%)	89.5	75.9
8. Population living in households with an improved drinking-water source[1] (%)	99.7	97.1
9. Population living in households that use an improved sanitation facility[2] (%)	67.9	45.8
10. Households using clean fuel for cooking[3] (%)	30.1	17.6
11. Households using iodized salt (%)	97.4	99.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	53.7	4.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	75.6	na
15. Women with 10 or more years of schooling (%)	27.5	23.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	42.8	37.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6	0.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	16.1	16.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	62.2	39.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	46.8	65.7
21. Any modern method[6] (%)	36.5	44.4
22. Female sterilization (%)	3.5	2.7
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	2.8	2.1
25. Pill (%)	25.8	36.0
26. Condom (%)	3.1	3.3
27. Injectables (%)	0.9	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	14.8	6.3
29. Unmet need for spacing[7] (%)	5.8	3.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.0	12.9
31. Current users ever told about side effects of current method[8] (%)	51.2	51.7

Note: Major indicators are highlighted in grey.

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

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

Darrang, Assam - Key Indicators

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Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	56.5	61.5
33. Mothers who had at least 4 antenatal care visits (%)	37.5	39.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.1	95.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.3	25.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.3	2.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.0	92.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	53.2	40.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	7,001	3,644
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(6.0)	1.8
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	66.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.4	66.1
43. Institutional births in public facility (%)	81.1	64.8
44. Home births that were conducted by skilled health personnel[10] (%)	2.3	3.1
45. Births attended by skilled health personnel[10] (%)	87.0	69.5
46. Births delivered by caesarean section (%)	10.8	9.1
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	10.0	13.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	57.1	40.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	58.1	(59.2)
51. Children age 12-23 months who have received BCG (%)	94.9	81.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	68.7	49.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.7	63.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.2	61.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	11.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	34.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	70.4	51.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	48.2	54.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.9	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.1	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.1	0.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	0.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	62.4	*

[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.

Darrang, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	51.7	69.1
68. Children under age 6 months exclusively breastfed[16] (%)	(61.1)	(59.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.2	1.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	9.1	1.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	42.0	43.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	27.0	19.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.1	5.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	33.1	37.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.6	3.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	17.4	27.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.3	9.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	71.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	66.8	45.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	71.4	45.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	51.6	33.9
84. All women age 15-49 years who are anaemic[22] (%)	70.4	45.1
85. All women age 15-19 years who are anaemic[22] (%)	69.9	40.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	10.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.0	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	7.8	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Dhemaji
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Dhemaji. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Dhemaji, information was gathered from 918 households, 989 women, and 148 men.

Dhemaji, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	77.3	75.1
2. Population below age 15 years (%)	30.6	32.5
3. Sex ratio of the total population (females per 1,000 males)	1,028	1,014
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,022	887
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.4	96.8
6. Deaths in the last 3 years registered with the civil authority (%)	47.2	na
7. Population living in households with electricity (%)	95.0	63.9
8. Population living in households with an improved drinking-water source[1] (%)	95.3	92.3
9. Population living in households that use an improved sanitation facility[2] (%)	70.8	43.3
10. Households using clean fuel for cooking[3] (%)	21.6	11.0
11. Households using iodized salt (%)	99.6	99.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	66.8	9.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	81.5	na
15. Women with 10 or more years of schooling (%)	43.6	36.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.0	36.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.8	13.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	74.7	52.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.6	54.8
21. Any modern method[6] (%)	45.0	34.0
22. Female sterilization (%)	14.6	19.2
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	3.8	3.2
25. Pill (%)	23.9	9.8
26. Condom (%)	1.6	1.4
27. Injectables (%)	1.3	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.1	17.9
29. Unmet need for spacing[7] (%)	3.5	7.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.2	19.5
31. Current users ever told about side effects of current method[8] (%)	67.0	44.8

Note: Major indicators are highlighted in grey.

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

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

Dhemaji, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	76.2	58.6
33. Mothers who had at least 4 antenatal care visits (%)	62.2	49.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.5	94.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	45.3	34.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.6	8.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.9	96.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.8	65.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,168	3,527
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(3.1)	2.5
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	87.3	76.1
43. Institutional births in public facility (%)	84.1	73.4
44. Home births that were conducted by skilled health personnel[10] (%)	4.2	3.9
45. Births attended by skilled health personnel[10] (%)	91.5	80.0
46. Births delivered by caesarean section (%)	16.1	14.1
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	15.8	16.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	89.7	47.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	90.8	62.3
51. Children age 12-23 months who have received BCG (%)	96.7	96.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	95.3	61.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.7	80.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.2	79.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	13.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	76.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.0	68.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.1	50.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.3	95.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	0.9	4.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.0	1.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(40.0)	(41.2)

[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.

Dhemaji, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	45.5	67.9
68. Children under age 6 months exclusively breastfed[16] (%)	(75.5)	(79.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.9	10.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.8	11.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	37.2	35.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.3	6.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	10.1	0.8
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.7	15.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.5	0.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	12.1	17.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.6	12.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	57.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	73.1	38.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	62.9	39.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(61.7)	(42.6)
84. All women age 15-49 years who are anaemic[22] (%)	62.9	39.8
85. All women age 15-19 years who are anaemic[22] (%)	59.3	35.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	7.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.2	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	26.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	62.7	na
103. Women age 15 years and above who consume alcohol (%)	30.6	na
104. Men age 15 years and above who consume alcohol (%)	59.5	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

DHUBRI
ASSAM

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Dhubri. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Dhubri, information was gathered from 912 households, 1,017 women, and 128 men.

Dhubri, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	71.8
2. Population below age 15 years (%)	32.3
3. Sex ratio of the total population (females per 1,000 males)	1,000
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	914
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.4
6. Deaths in the last 3 years registered with the civil authority (%)	73.1
7. Population living in households with electricity (%)	92.5
8. Population living in households with an improved drinking-water source[1] (%)	96.7
9. Population living in households that use an improved sanitation facility[2] (%)	61.8
10. Households using clean fuel for cooking[3] (%)	40.7
11. Households using iodized salt (%)	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	59.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.3
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	69.5
15. Women with 10 or more years of schooling (%)	20.4
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	50.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	22.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	48.8
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	64.1
21. Any modern method[6] (%)	53.2
22. Female sterilization (%)	1.8
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	1.3
25. Pill (%)	44.2
26. Condom (%)	5.1
27. Injectables (%)	0.7
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	11.5
29. Unmet need for spacing[7] (%)	4.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	22.6
31. Current users ever told about side effects of current method[8] (%)	76.7

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

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

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

Dhubri, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	49.9
33. Mothers who had at least 4 antenatal care visits (%)	37.6
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	47.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	48.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,691
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.8
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	54.5
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	64.2
43. Institutional births in public facility (%)	61.8
44. Home births that were conducted by skilled health personnel[10] (%)	5.8
45. Births attended by skilled health personnel[10] (%)	68.9
46. Births delivered by caesarean section (%)	6.9
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	8.0
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	71.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	69.5
51. Children age 12-23 months who have received BCG (%)	90.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	84.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.8
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	47.4
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	50.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(69.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(22.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(43.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	39.7

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

Dhubri, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	57.9
68. Children under age 6 months exclusively breastfed[16] (%)	(66.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	48.5
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	37.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	6.0
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	22.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	12.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	68.1
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	73.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	63.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(69.7)
84. All women age 15-49 years who are anaemic[22] (%)	63.2
85. All women age 15-19 years who are anaemic[22] (%)	65.2
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	4.6
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.2
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.4
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.4
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.2
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.4
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.8
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.0
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	21.8
102. Men age 15 years and above who use any kind of tobacco (%)	55.0
103. Women age 15 years and above who consume alcohol (%)	0.3
104. Men age 15 years and above who consume alcohol (%)	5.1

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Dibrugarh

Assam

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

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Introduction

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

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

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

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

This fact sheet provides information on key indicators and trends for Dibrugarh. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Dibrugarh, information was gathered from 920 households, 1,086 women, and 161 men.

Dibrugarh, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	79.5	75.9
2. Population below age 15 years (%)	24.0	27.2
3. Sex ratio of the total population (females per 1,000 males)	1,002	1,035
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	979	931
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.9	86.4
6. Deaths in the last 3 years registered with the civil authority (%)	72.3	na
7. Population living in households with electricity (%)	94.4	76.7
8. Population living in households with an improved drinking-water source[1] (%)	98.1	98.8
9. Population living in households that use an improved sanitation facility[2] (%)	75.3	59.7
10. Households using clean fuel for cooking[3] (%)	44.7	28.1
11. Households using iodized salt (%)	99.5	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	58.8	7.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	76.6	na
15. Women with 10 or more years of schooling (%)	33.7	25.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	23.0	26.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.8	10.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	79.8	56.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	64.6	53.8
21. Any modern method[6] (%)	43.6	37.7
22. Female sterilization (%)	24.3	20.9
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	3.0	3.3
25. Pill (%)	10.7	10.6
26. Condom (%)	4.5	2.7
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.7	13.7
29. Unmet need for spacing[7] (%)	4.8	6.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.9	15.1
31. Current users ever told about side effects of current method[8] (%)	76.5	71.3

Note: Major indicators are highlighted in grey.

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

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

Dibrugarh, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	75.8	71.3
33. Mothers who had at least 4 antenatal care visits (%)	75.6	67.6
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.1	92.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.9	55.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.0	11.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	97.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.1	71.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,125	4,792
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(6.7)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.1	88.5
43. Institutional births in public facility (%)	71.6	62.2
44. Home births that were conducted by skilled health personnel[10] (%)	1.2	1.5
45. Births attended by skilled health personnel[10] (%)	95.3	90.7
46. Births delivered by caesarean section (%)	27.7	24.3
47. Births in a private health facility that were delivered by caesarean section (%)	62.9	47.5
48. Births in a public health facility that were delivered by caesarean section (%)	19.9	19.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(83.8)	71.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(85.5)	(77.4)
51. Children age 12-23 months who have received BCG (%)	(97.8)	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(83.8)	78.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(93.0)	82.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(97.8)	92.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(35.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(50.0)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(93.0)	71.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	56.5	69.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(87.2)	77.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(7.6)	18.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.8	1.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	0.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	56.1	*

[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.

Dibrugarh, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	52.6	66.9
68. Children under age 6 months exclusively breastfed[16] (%)	*	(69.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	5.7	14.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.6	16.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	27.3	33.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.6	22.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.4	8.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.0	33.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.0	3.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	20.3	29.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.9	14.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	66.4	52.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	72.0	53.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	47.2	(56.0)
84. All women age 15-49 years who are anaemic[22] (%)	70.8	53.7
85. All women age 15-19 years who are anaemic[22] (%)	64.3	60.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	27.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	57.7	na
103. Women age 15 years and above who consume alcohol (%)	19.0	na
104. Men age 15 years and above who consume alcohol (%)	51.9	na

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

NOTES

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Dima Hasao

Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Dima Hasao. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Dima Hasao, information was gathered from 918 households, 1,001 women, and 149 men.

Dima Hasao, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	85.1	74.1
2. Population below age 15 years (%)	27.7	31.6
3. Sex ratio of the total population (females per 1,000 males)	959	969
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	908	953
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.0	84.2
6. Deaths in the last 3 years registered with the civil authority (%)	(60.3)	na
7. Population living in households with electricity (%)	95.9	79.2
8. Population living in households with an improved drinking-water source[1] (%)	50.2	51.2
9. Population living in households that use an improved sanitation facility[2] (%)	83.8	61.1
10. Households using clean fuel for cooking[3] (%)	48.2	24.3
11. Households using iodized salt (%)	99.4	100.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	61.9	5.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	87.7	na
15. Women with 10 or more years of schooling (%)	42.4	28.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.5	20.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7	2.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.4	9.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	79.1	61.3
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	65.5	48.7
21. Any modern method[6] (%)	44.9	29.7
22. Female sterilization (%)	10.2	3.2
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	4.0	2.7
25. Pill (%)	27.0	21.7
26. Condom (%)	3.1	1.4
27. Injectables (%)	0.0	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	9.7	18.4
29. Unmet need for spacing[7] (%)	2.6	5.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.3	10.8
31. Current users ever told about side effects of current method[8] (%)	66.6	37.9

Note: Major indicators are highlighted in grey.

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

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

Dima Hasao, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	58.9	44.8
33. Mothers who had at least 4 antenatal care visits (%)	46.9	35.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.8	85.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	40.8	34.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	17.6	6.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.2	95.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.8	48.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,825	3,922
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	2.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.5	57.1
43. Institutional births in public facility (%)	84.6	53.2
44. Home births that were conducted by skilled health personnel[10] (%)	1.8	3.4
45. Births attended by skilled health personnel[10] (%)	91.9	60.2
46. Births delivered by caesarean section (%)	19.7	11.3
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	18.5	19.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(63.6)	59.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(63.8)	(81.4)
51. Children age 12-23 months who have received BCG (%)	(91.3)	91.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(73.6)	69.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(71.9)	78.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(71.7)	86.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(15.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(46.1)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(69.9)	61.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.3	48.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(98.1)	96.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	1.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.0	2.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.7	2.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(39.9)	(57.5)

[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.

Dima Hasao, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	58.0	60.9
68. Children under age 6 months exclusively breastfed[16] (%)	*	(75.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.3	5.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.7	6.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	30.6	34.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	23.6	6.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	11.3	1.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	21.7	18.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	12.5	1.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	10.0	16.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.2	14.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	73.1	28.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.1	39.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(43.3)	(48.1)
84. All women age 15-49 years who are anaemic[22] (%)	60.5	39.8
85. All women age 15-19 years who are anaemic[22] (%)	70.9	39.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	21.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.2	na
103. Women age 15 years and above who consume alcohol (%)	23.9	na
104. Men age 15 years and above who consume alcohol (%)	57.2	na

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

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Goalpara

Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Goalpara. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Goalpara, information was gathered from 917 households, 1,158 women, and 164 men.

Goalpara, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	78.5	73.4
2. Population below age 15 years (%)	30.0	34.0
3. Sex ratio of the total population (females per 1,000 males)	1,007	986
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,027	851
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.8	95.0
6. Deaths in the last 3 years registered with the civil authority (%)	73.3	na
7. Population living in households with electricity (%)	89.6	69.8
8. Population living in households with an improved drinking-water source[1] (%)	90.7	87.2
9. Population living in households that use an improved sanitation facility[2] (%)	75.3	47.5
10. Households using clean fuel for cooking[3] (%)	36.3	21.3
11. Households using iodized salt (%)	99.1	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	71.1	11.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	74.1	na
15. Women with 10 or more years of schooling (%)	23.4	22.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	41.8	35.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.3	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	13.3	27.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	64.5	33.5
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	66.8	43.7
21. Any modern method[6] (%)	55.1	33.9
22. Female sterilization (%)	6.0	2.8
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	3.2	2.1
25. Pill (%)	40.1	26.1
26. Condom (%)	3.6	1.8
27. Injectables (%)	1.4	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	7.4	17.7
29. Unmet need for spacing[7] (%)	2.2	8.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.3	17.8
31. Current users ever told about side effects of current method[8] (%)	68.1	53.5

Note: Major indicators are highlighted in grey.

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

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

Goalpara, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.3	57.5
33. Mothers who had at least 4 antenatal care visits (%)	44.1	42.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.6	83.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.2	31.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	20.4	6.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	97.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.5	58.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,407	3,195
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	2.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.3	71.2
43. Institutional births in public facility (%)	87.2	66.0
44. Home births that were conducted by skilled health personnel[10] (%)	2.7	6.5
45. Births attended by skilled health personnel[10] (%)	94.2	77.2
46. Births delivered by caesarean section (%)	16.2	9.9
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	13.4	8.7
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	70.3	43.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	72.7	(68.9)
51. Children age 12-23 months who have received BCG (%)	98.4	83.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	71.9	53.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.6	64.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.6	71.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	16.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	52.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.3	51.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	57.8	65.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	97.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.8	2.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(84.2)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(27.8)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(51.1)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.1	1.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	50.9	(46.9)

[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.

Goalpara, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	45.7	80.5
68. Children under age 6 months exclusively breastfed[16] (%)	*	(59.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.0	12.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.5	12.7
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.9	42.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	24.3	22.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	14.3	8.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.4	39.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.4	2.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	12.2	24.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.3	11.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	68.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	60.7	36.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	65.5	49.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(49.2)	(65.8)
84. All women age 15-49 years who are anaemic[22] (%)	64.9	49.7
85. All women age 15-19 years who are anaemic[22] (%)	66.9	49.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	15.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	52.0	na
103. Women age 15 years and above who consume alcohol (%)	5.0	na
104. Men age 15 years and above who consume alcohol (%)	16.2	na

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

NOTES

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

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

This fact sheet provides information on key indicators and trends for Golaghat. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Golaghat, information was gathered from 919 households, 1,028 women, and 129 men.

Golaghat, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	77.6	80.8
2. Population below age 15 years (%)	24.3	25.2
3. Sex ratio of the total population (females per 1,000 males)	1,002	1,016
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,145	1,017
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.9	95.8
6. Deaths in the last 3 years registered with the civil authority (%)	55.2	na
7. Population living in households with electricity (%)	96.4	88.7
8. Population living in households with an improved drinking-water source[1] (%)	93.7	94.4
9. Population living in households that use an improved sanitation facility[2] (%)	73.1	62.8
10. Households using clean fuel for cooking[3] (%)	33.1	15.7
11. Households using iodized salt (%)	98.7	100.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	69.3	9.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	75.1	na
15. Women with 10 or more years of schooling (%)	27.9	28.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.7	27.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.5	13.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	70.6	49.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	61.6	46.0
21. Any modern method[6] (%)	35.7	32.0
22. Female sterilization (%)	13.2	8.4
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	3.1	3.1
25. Pill (%)	13.0	18.0
26. Condom (%)	5.6	2.2
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	10.9	16.3
29. Unmet need for spacing[7] (%)	4.7	6.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.3	26.4
31. Current users ever told about side effects of current method[8] (%)	63.3	66.4

Note: Major indicators are highlighted in grey.

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

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

Golaghat, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	76.1	52.9
33. Mothers who had at least 4 antenatal care visits (%)	65.7	62.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.7	94.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	63.7	44.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.2	5.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	99.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.5	78.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,186	2,449
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.7)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.4	88.4
43. Institutional births in public facility (%)	81.4	75.4
44. Home births that were conducted by skilled health personnel[10] (%)	2.2	1.5
45. Births attended by skilled health personnel[10] (%)	92.1	89.6
46. Births delivered by caesarean section (%)	22.6	11.2
47. Births in a private health facility that were delivered by caesarean section (%)	*	(55.6)
48. Births in a public health facility that were delivered by caesarean section (%)	19.6	5.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(72.4)	67.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(75.9)	(80.0)
51. Children age 12-23 months who have received BCG (%)	(92.6)	90.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(79.7)	73.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(84.9)	83.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(87.5)	91.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(35.4)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(47.2)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(82.8)	77.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.1	78.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(95.5)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.2)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.0	1.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.1	0.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(54.4)	*

[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.

Golaghat, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	53.6	80.4
68. Children under age 6 months exclusively breastfed[16] (%)	*	(68.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	4.8	10.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	4.4	10.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	26.3	32.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.2	13.9
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.4	6.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.5	20.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.4	3.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	25.1	26.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.0	12.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	75.1	33.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	77.2	46.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(76.7)	(22.4)
84. All women age 15-49 years who are anaemic[22] (%)	77.2	45.5
85. All women age 15-19 years who are anaemic[22] (%)	74.7	42.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.4	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	21.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	52.0	na
103. Women age 15 years and above who consume alcohol (%)	10.4	na
104. Men age 15 years and above who consume alcohol (%)	38.2	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

HAILAKANDI
ASSAM

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Hailakandi. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Hailakandi, information was gathered from 905 households, 1,057 women, and 130 men.

Hailakandi, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	81.5	75.9
2. Population below age 15 years (%)	33.7	32.5
3. Sex ratio of the total population (females per 1,000 males)	1,054	962
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	951	963
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.6	97.7
6. Deaths in the last 3 years registered with the civil authority (%)	60.3	na
7. Population living in households with electricity (%)	91.2	55.7
8. Population living in households with an improved drinking-water source[1] (%)	41.2	51.5
9. Population living in households that use an improved sanitation facility[2] (%)	60.0	36.1
10. Households using clean fuel for cooking[3] (%)	35.2	13.8
11. Households using iodized salt (%)	97.6	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	53.6	8.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	82.2	na
15. Women with 10 or more years of schooling (%)	25.3	20.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.9	22.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	2.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.4	11.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	56.1	25.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	66.8	54.2
21. Any modern method[6] (%)	49.5	34.0
22. Female sterilization (%)	4.1	5.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	4.3	2.9
25. Pill (%)	25.0	20.6
26. Condom (%)	12.8	4.3
27. Injectables (%)	2.2	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.6	16.6
29. Unmet need for spacing[7] (%)	4.2	4.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	26.1	21.7
31. Current users ever told about side effects of current method[8] (%)	94.7	77.4

Note: Major indicators are highlighted in grey.

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

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

Hailakandi, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	77.6	49.6
33. Mothers who had at least 4 antenatal care visits (%)	43.1	34.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.2	96.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.0	24.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.3	6.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	96.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	68.8	39.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,090	4,082
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(3.7)	2.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	70.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.0	56.5
43. Institutional births in public facility (%)	75.1	51.9
44. Home births that were conducted by skilled health personnel[10] (%)	2.2	0.5
45. Births attended by skilled health personnel[10] (%)	84.8	56.9
46. Births delivered by caesarean section (%)	12.8	7.8
47. Births in a private health facility that were delivered by caesarean section (%)	(69.3)	*
48. Births in a public health facility that were delivered by caesarean section (%)	9.7	8.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	68.6	39.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	76.9	64.7
51. Children age 12-23 months who have received BCG (%)	95.4	68.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.8	49.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.9	59.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.6	59.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	50.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.4	45.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.0	73.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1	0.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.9	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	45.4	*

[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.

Hailakandi, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	24.4	31.3
68. Children under age 6 months exclusively breastfed[16] (%)	(50.9)	(45.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(25.8)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	1.7	6.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	1.6	6.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	42.9	38.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	22.2	19.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.2	6.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	42.4	32.5
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.0	1.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	25.7	33.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	10.9	7.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	77.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	59.5	29.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.5	47.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	58.7	(49.6)
84. All women age 15-49 years who are anaemic[22] (%)	61.4	47.2
85. All women age 15-19 years who are anaemic[22] (%)	58.1	44.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.0	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	18.9	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	45.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	58.3	na
103. Women age 15 years and above who consume alcohol (%)	3.1	na
104. Men age 15 years and above who consume alcohol (%)	10.1	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Hojai
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Hojai. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Hojai, information was gathered from 896 households, 1,027 women, and 148 men.

Hojai, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	79.1
2. Population below age 15 years (%)	27.5
3. Sex ratio of the total population (females per 1,000 males)	986
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,017
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.7
6. Deaths in the last 3 years registered with the civil authority (%)	79.7
7. Population living in households with electricity (%)	96.3
8. Population living in households with an improved drinking-water source[1] (%)	99.9
9. Population living in households that use an improved sanitation facility[2] (%)	63.1
10. Households using clean fuel for cooking[3] (%)	52.0
11. Households using iodized salt (%)	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	67.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	83.2
15. Women with 10 or more years of schooling (%)	23.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	30.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	64.6
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	61.1
21. Any modern method[6] (%)	48.2
22. Female sterilization (%)	4.3
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	1.2
25. Pill (%)	37.2
26. Condom (%)	4.9
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	13.2
29. Unmet need for spacing[7] (%)	4.9
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	21.7
31. Current users ever told about side effects of current method[8] (%)	73.5

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

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

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

Hojai, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	52.7
33. Mothers who had at least 4 antenatal care visits (%)	51.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	50.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,299
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	68.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	82.1
43. Institutional births in public facility (%)	59.4
44. Home births that were conducted by skilled health personnel[10] (%)	4.1
45. Births attended by skilled health personnel[10] (%)	83.5
46. Births delivered by caesarean section (%)	18.4
47. Births in a private health facility that were delivered by caesarean section (%)	51.6
48. Births in a public health facility that were delivered by caesarean section (%)	11.2
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	55.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(63.6)
51. Children age 12-23 months who have received BCG (%)	82.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	60.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	60.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	59.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	14.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	41.4
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	55.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	52.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	86.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	7.8
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	44.7

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

Hojai, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	54.9
68. Children under age 6 months exclusively breastfed[16] (%)	(64.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	2.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	2.7
73. Children under 5 years who are stunted (height-for-age)[18] (%)	39.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	12.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.6
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	6.0
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	19.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	20.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.6
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	56.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	56.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(51.4)
84. All women age 15-49 years who are anaemic[22] (%)	56.3
85. All women age 15-19 years who are anaemic[22] (%)	54.3
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.3
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.5
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.6
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.6
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.0
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	16.5
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.6
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.9
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.0
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.9
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.3
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.2
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.9
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	18.8
102. Men age 15 years and above who use any kind of tobacco (%)	53.7
103. Women age 15 years and above who consume alcohol (%)	2.2
104. Men age 15 years and above who consume alcohol (%)	16.7

[15]Based on the last child born in the 3 years before the survey.
[16]Based on the youngest child living with the mother.
[17]Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).
[18]Below -2 standard deviations, based on the WHO standard.
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[20]Above +2 standard deviations, based on the WHO standard.
[21]Excludes pregnant women and women with a birth in the preceding 2 months.
[22]Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.
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Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

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

This fact sheet provides information on key indicators for Jorhat. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Jorhat, information was gathered from 917 households, 1,019 women, and 148 men.

Jorhat, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	84.4
2. Population below age 15 years (%)	21.6
3. Sex ratio of the total population (females per 1,000 males)	1,009
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	833
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.8
6. Deaths in the last 3 years registered with the civil authority (%)	57.2
7. Population living in households with electricity (%)	95.1
8. Population living in households with an improved drinking-water source[1] (%)	85.9
9. Population living in households that use an improved sanitation facility[2] (%)	80.4
10. Households using clean fuel for cooking[3] (%)	48.3
11. Households using iodized salt (%)	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(11.1)
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	85.1
15. Women with 10 or more years of schooling (%)	42.9
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	24.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	76.7
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	63.8
21. Any modern method[6] (%)	32.3
22. Female sterilization (%)	12.5
23. Male sterilization (%)	0.3
24. IUD/PPIUD (%)	3.6
25. Pill (%)	9.9
26. Condom (%)	6.0
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	10.4
29. Unmet need for spacing[7] (%)	3.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	14.4
31. Current users ever told about side effects of current method[8] (%)	62.6

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

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

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

Jorhat, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	78.3
33. Mothers who had at least 4 antenatal care visits (%)	67.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	8,435
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	96.5
43. Institutional births in public facility (%)	74.9
44. Home births that were conducted by skilled health personnel[10] (%)	0.4
45. Births attended by skilled health personnel[10] (%)	97.4
46. Births delivered by caesarean section (%)	44.4
47. Births in a private health facility that were delivered by caesarean section (%)	87.7
48. Births in a public health facility that were delivered by caesarean section (%)	33.9
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	69.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	70.4
51. Children age 12-23 months who have received BCG (%)	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	79.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	25.9
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	50.3
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	78.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	50.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.1
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	56.6

[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.

Jorhat, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	51.6
68. Children under age 6 months exclusively breastfed[16] (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	11.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.5
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	33.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.4
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	22.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	19.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.5
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	74.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	72.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(56.4)
84. All women age 15-49 years who are anaemic[22] (%)	71.8
85. All women age 15-19 years who are anaemic[22] (%)	75.1
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.7
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.3
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.3
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.5
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.3
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.0
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.1
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.9
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.3
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	16.5
102. Men age 15 years and above who use any kind of tobacco (%)	47.1
103. Women age 15 years and above who consume alcohol (%)	4.0
104. Men age 15 years and above who consume alcohol (%)	30.9

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Kamrup Metropolitan

Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Kamrup Metropolitan. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Kamrup Metropolitan, information was gathered from 903 households, 926 women, and 165 men.

Kamrup Metropolitan, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	87.5	87.3
2. Population below age 15 years (%)	20.0	22.1
3. Sex ratio of the total population (females per 1,000 males)	946	964
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	986	751
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.2	97.6
6. Deaths in the last 3 years registered with the civil authority (%)	(77.4)	na
7. Population living in households with electricity (%)	99.2	95.5
8. Population living in households with an improved drinking-water source[1] (%)	87.2	83.2
9. Population living in households that use an improved sanitation facility[2] (%)	65.2	65.3
10. Households using clean fuel for cooking[3] (%)	85.1	79.0
11. Households using iodized salt (%)	99.7	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	45.5	16.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(2.6)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	86.0	na
15. Women with 10 or more years of schooling (%)	49.1	48.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.9	21.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	0.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.1	7.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	86.3	77.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	56.8	46.3
21. Any modern method[6] (%)	41.5	36.0
22. Female sterilization (%)	13.4	12.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	4.5	4.4
25. Pill (%)	16.8	14.4
26. Condom (%)	6.6	5.0
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.8	17.8
29. Unmet need for spacing[7] (%)	2.5	6.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.6	11.8
31. Current users ever told about side effects of current method[8] (%)	50.3	47.9

Note: Major indicators are highlighted in grey.

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

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

Kamrup Metropolitan, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	77.6	64.9
33. Mothers who had at least 4 antenatal care visits (%)	68.9	56.6
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.3	85.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	51.7	45.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.9	16.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	90.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.6	71.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	8,275	5,093
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.1	92.9
43. Institutional births in public facility (%)	55.7	56.7
44. Home births that were conducted by skilled health personnel[10] (%)	2.2	0.0
45. Births attended by skilled health personnel[10] (%)	90.1	92.4
46. Births delivered by caesarean section (%)	38.0	40.6
47. Births in a private health facility that were delivered by caesarean section (%)	65.8	64.8
48. Births in a public health facility that were delivered by caesarean section (%)	28.7	30.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(53.6)	(72.8)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(69.0)	(86.5)
51. Children age 12-23 months who have received BCG (%)	(90.6)	(93.7)
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(59.1)	(78.4)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(77.0)	(85.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(74.7)	(91.5)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(11.1)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(50.9)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(71.2)	(64.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	54.9	75.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(78.9)	(59.2)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(19.2)	(40.8)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.2	6.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.3	0.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(58.8)	(74.5)

[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.

Kamrup Metropolitan, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	53.0	58.8
68. Children under age 6 months exclusively breastfed[16] (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	(1.1)	10.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	1.0	11.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	25.4	24.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.2	11.0
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.3	2.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.0	23.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	8.7	2.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	12.6	17.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	21.3	26.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	80.4	34.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	75.2	53.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(56.4)	*
84. All women age 15-49 years who are anaemic[22] (%)	74.6	53.8
85. All women age 15-19 years who are anaemic[22] (%)	80.6	60.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.3	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.8	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	10.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	20.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	39.9	na
103. Women age 15 years and above who consume alcohol (%)	3.9	na
104. Men age 15 years and above who consume alcohol (%)	24.2	na

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Kamrup. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Kamrup, information was gathered from 894 households, 1,021 women, and 138 men.

Kamrup, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	79.4	76.1
2. Population below age 15 years (%)	25.6	27.8
3. Sex ratio of the total population (females per 1,000 males)	997	1,002
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	701	961
5. Children under age 5 years whose birth was registered with the civil authority (%)	91.4	94.4
6. Deaths in the last 3 years registered with the civil authority (%)	52.4	na
7. Population living in households with electricity (%)	94.8	90.2
8. Population living in households with an improved drinking-water source[1] (%)	92.1	94.2
9. Population living in households that use an improved sanitation facility[2] (%)	68.7	55.0
10. Households using clean fuel for cooking[3] (%)	57.4	37.3
11. Households using iodized salt (%)	98.2	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	47.0	6.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(6.5)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	79.6	na
15. Women with 10 or more years of schooling (%)	39.2	31.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.9	31.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.7	9.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	62.1	54.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	38.7	35.9
21. Any modern method[6] (%)	32.3	29.6
22. Female sterilization (%)	8.0	7.6
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	3.4	2.4
25. Pill (%)	15.8	17.7
26. Condom (%)	4.8	1.5
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	17.6	19.6
29. Unmet need for spacing[7] (%)	7.7	5.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.1	14.6
31. Current users ever told about side effects of current method[8] (%)	58.9	52.1

Note: Major indicators are highlighted in grey.

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

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

Kamrup, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	57.0	49.0
33. Mothers who had at least 4 antenatal care visits (%)	46.9	40.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	85.9	80.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	42.5	23.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	24.3	7.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.5	96.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	61.4	61.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	8,654	4,763
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	(4.1)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.0	83.8
43. Institutional births in public facility (%)	69.8	76.9
44. Home births that were conducted by skilled health personnel[10] (%)	4.3	4.6
45. Births attended by skilled health personnel[10] (%)	88.5	87.7
46. Births delivered by caesarean section (%)	32.8	22.5
47. Births in a private health facility that were delivered by caesarean section (%)	(72.4)	*
48. Births in a public health facility that were delivered by caesarean section (%)	31.1	23.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	63.6	35.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(73.0)	(60.0)
51. Children age 12-23 months who have received BCG (%)	90.5	72.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	70.1	46.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.1	56.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.0	57.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	38.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	73.2	41.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.0	63.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.9	(95.3)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.1	(2.0)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.0	4.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.5	0.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	52.9	(52.5)

[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.

Kamrup, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	45.5	60.7
68. Children under age 6 months exclusively breastfed[16] (%)	*	(80.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	6.7	6.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	6.5	8.9
73. Children under 5 years who are stunted (height-for-age)[18] (%)	22.6	33.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	14.8	18.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.3	5.3
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	19.7	29.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	7.5	0.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	12.9	18.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	23.5	14.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	72.9	33.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	71.7	51.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(66.5)	(37.1)
84. All women age 15-49 years who are anaemic[22] (%)	71.5	51.1
85. All women age 15-19 years who are anaemic[22] (%)	72.5	48.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.1	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	18.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.3	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	7.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	14.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.7	na
103. Women age 15 years and above who consume alcohol (%)	3.2	na
104. Men age 15 years and above who consume alcohol (%)	19.1	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Karbi Anglong

Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

This fact sheet provides information on key indicators for Karbi Anglong. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Karbi Anglong, information was gathered from 919 households, 1,042 women, and 156 men.

Karbi Anglong, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	76.4
2. Population below age 15 years (%)	29.9
3. Sex ratio of the total population (females per 1,000 males)	994
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	882
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.0
6. Deaths in the last 3 years registered with the civil authority (%)	60.7
7. Population living in households with electricity (%)	97.0
8. Population living in households with an improved drinking-water source[1] (%)	79.6
9. Population living in households that use an improved sanitation facility[2] (%)	75.2
10. Households using clean fuel for cooking[3] (%)	33.4
11. Households using iodized salt (%)	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	54.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.6
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	78.8
15. Women with 10 or more years of schooling (%)	30.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	26.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	77.6
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	66.3
21. Any modern method[6] (%)	41.1
22. Female sterilization (%)	9.3
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	6.2
25. Pill (%)	23.6
26. Condom (%)	1.8
27. Injectables (%)	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	9.3
29. Unmet need for spacing[7] (%)	2.4
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	23.6
31. Current users ever told about side effects of current method[8] (%)	74.6

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

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

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

Karbi Anglong, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	64.8
33. Mothers who had at least 4 antenatal care visits (%)	63.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	90.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	35.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	56.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,822
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	61.0
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	74.9
43. Institutional births in public facility (%)	69.2
44. Home births that were conducted by skilled health personnel[10] (%)	3.4
45. Births attended by skilled health personnel[10] (%)	78.3
46. Births delivered by caesarean section (%)	15.2
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	16.4
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	64.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(74.3)
51. Children age 12-23 months who have received BCG (%)	88.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	65.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	75.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	4.9
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	42.9
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	66.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	44.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.6
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.3)

[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.

Karbi Anglong, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	50.3
68. Children under age 6 months exclusively breastfed[16] (%)	(55.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	20.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	18.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	31.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	17.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	28.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.3
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	10.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	15.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	59.3
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	67.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(42.1)
84. All women age 15-49 years who are anaemic[22] (%)	59.0
85. All women age 15-19 years who are anaemic[22] (%)	57.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.5
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.2
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.7
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.5
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.6
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.0
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.6
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.8
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	20.5
102. Men age 15 years and above who use any kind of tobacco (%)	55.0
103. Women age 15 years and above who consume alcohol (%)	20.5
104. Men age 15 years and above who consume alcohol (%)	48.5

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Karimganj
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Karimganj. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Karimganj, information was gathered from 917 households, 1,170 women, and 160 men.

Karimganj, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	82.1	80.6
2. Population below age 15 years (%)	32.3	34.4
3. Sex ratio of the total population (females per 1,000 males)	1,000	986
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	885	952
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.2	98.1
6. Deaths in the last 3 years registered with the civil authority (%)	72.6	na
7. Population living in households with electricity (%)	87.1	72.7
8. Population living in households with an improved drinking-water source[1] (%)	62.3	62.5
9. Population living in households that use an improved sanitation facility[2] (%)	61.5	39.9
10. Households using clean fuel for cooking[3] (%)	39.6	22.5
11. Households using iodized salt (%)	98.7	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	64.4	5.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	80.7	na
15. Women with 10 or more years of schooling (%)	19.6	19.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	27.7	31.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3	3.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.9	7.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	59.8	26.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	64.3	52.1
21. Any modern method[6] (%)	54.9	34.3
22. Female sterilization (%)	6.1	5.6
23. Male sterilization (%)	0.5	0.0
24. IUD/PPIUD (%)	2.3	1.4
25. Pill (%)	34.0	22.0
26. Condom (%)	9.5	3.9
27. Injectables (%)	1.9	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	8.6	14.6
29. Unmet need for spacing[7] (%)	4.2	7.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.0	26.1
31. Current users ever told about side effects of current method[8] (%)	84.5	65.0

Note: Major indicators are highlighted in grey.

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

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

Karimganj, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	54.8	47.3
33. Mothers who had at least 4 antenatal care visits (%)	42.8	37.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.2	96.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.9	18.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.4	6.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.5	97.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.9	36.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,287	4,077
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	2.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	70.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	76.4	48.0
43. Institutional births in public facility (%)	69.8	41.8
44. Home births that were conducted by skilled health personnel[10] (%)	2.4	1.3
45. Births attended by skilled health personnel[10] (%)	78.3	48.9
46. Births delivered by caesarean section (%)	7.0	6.7
47. Births in a private health facility that were delivered by caesarean section (%)	(51.4)	(40.2)
48. Births in a public health facility that were delivered by caesarean section (%)	5.2	10.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	75.1	53.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	75.9	67.4
51. Children age 12-23 months who have received BCG (%)	95.5	80.5
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	84.2	65.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.0	72.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.5	66.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	47.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.2	60.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.7	72.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.0	97.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.6	3.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(68.4)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(55.6)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(45.8)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	59.6	*

[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.

Karimganj, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	40.3	29.8
68. Children under age 6 months exclusively breastfed[16] (%)	(53.1)	(36.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	(35.4)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	4.7	7.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	5.3	6.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	29.1	42.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	48.0	17.6
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	30.5	6.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	52.9	35.6
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	1.0	1.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	17.8	30.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	6.6	10.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	64.1	24.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	52.5	41.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	41.9	57.5
84. All women age 15-49 years who are anaemic[22] (%)	52.0	42.2
85. All women age 15-19 years who are anaemic[22] (%)	60.6	34.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.3	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.5	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	43.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	54.2	na
103. Women age 15 years and above who consume alcohol (%)	1.4	na
104. Men age 15 years and above who consume alcohol (%)	7.0	na

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

NOTES

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Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Kokrajhar
Assam

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

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Kokrajhar. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Kokrajhar, information was gathered from 897 households, 1,052 women, and 144 men.

Kokrajhar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	75.2	68.8
2. Population below age 15 years (%)	29.5	29.9
3. Sex ratio of the total population (females per 1,000 males)	1,025	1,009
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,003	863
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1	95.7
6. Deaths in the last 3 years registered with the civil authority (%)	69.5	na
7. Population living in households with electricity (%)	93.9	75.1
8. Population living in households with an improved drinking-water source[1] (%)	87.3	77.0
9. Population living in households that use an improved sanitation facility[2] (%)	72.2	41.0
10. Households using clean fuel for cooking[3] (%)	43.3	18.3
11. Households using iodized salt (%)	99.6	99.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	50.2	7.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	73.7	na
15. Women with 10 or more years of schooling (%)	27.5	21.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	36.2	40.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	11.3	12.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	72.3	46.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	72.3	56.7
21. Any modern method[6] (%)	58.0	36.0
22. Female sterilization (%)	6.0	2.8
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	4.1	3.6
25. Pill (%)	44.0	27.1
26. Condom (%)	3.2	1.8
27. Injectables (%)	0.5	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	10.0	11.6
29. Unmet need for spacing[7] (%)	3.7	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.7	16.4
31. Current users ever told about side effects of current method[8] (%)	51.3	50.0

Note: Major indicators are highlighted in grey.

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

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

Kokrajhar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	67.0	46.7
33. Mothers who had at least 4 antenatal care visits (%)	36.9	39.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	95.8	86.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	61.1	26.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.4	1.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.4	97.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	68.3	57.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,780	3,924
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(1.9)	4.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	65.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	81.9	66.7
43. Institutional births in public facility (%)	76.8	61.4
44. Home births that were conducted by skilled health personnel[10] (%)	0.9	6.1
45. Births attended by skilled health personnel[10] (%)	82.0	72.7
46. Births delivered by caesarean section (%)	12.0	9.4
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	12.2	11.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	51.1	42.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	52.6	(54.7)
51. Children age 12-23 months who have received BCG (%)	95.3	82.1
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	59.9	48.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.2	67.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.5	66.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	21.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	37.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	70.4	47.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	52.6	36.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.4	98.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.4	0.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.8	1.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(36.6)	(34.4)

[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.

Kokrajhar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	56.4	74.8
68. Children under age 6 months exclusively breastfed[16] (%)	*	(63.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	10.9	12.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	10.0	11.5
73. Children under 5 years who are stunted (height-for-age)[18] (%)	34.6	30.6
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	20.5	15.7
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	8.9	6.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	35.2	27.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.3	1.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	10.6	21.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.7	11.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	77.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	74.7	40.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	59.5	51.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(59.5)	(42.2)
84. All women age 15-49 years who are anaemic[22] (%)	59.5	51.0
85. All women age 15-19 years who are anaemic[22] (%)	63.7	41.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.6	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	25.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.5	na
103. Women age 15 years and above who consume alcohol (%)	12.3	na
104. Men age 15 years and above who consume alcohol (%)	31.3	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Lakhimpur
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

This fact sheet provides information on key indicators and trends for Lakhimpur. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Lakhimpur, information was gathered from 916 households, 957 women, and 140 men.

Lakhimpur, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	83.2	80.4
2. Population below age 15 years (%)	28.1	29.8
3. Sex ratio of the total population (females per 1,000 males)	983	1,044
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	985	1,010
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.7	92.9
6. Deaths in the last 3 years registered with the civil authority (%)	67.1	na
7. Population living in households with electricity (%)	97.2	76.0
8. Population living in households with an improved drinking-water source[1] (%)	81.2	74.1
9. Population living in households that use an improved sanitation facility[2] (%)	74.2	49.3
10. Households using clean fuel for cooking[3] (%)	36.1	18.9
11. Households using iodized salt (%)	99.9	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	67.0	9.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(11.0)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	83.9	na
15. Women with 10 or more years of schooling (%)	42.1	40.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	36.3	24.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.1	2.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.2	13.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	79.7	52.4
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	67.1	49.1
21. Any modern method[6] (%)	43.6	36.0
22. Female sterilization (%)	10.8	10.2
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	3.0	1.8
25. Pill (%)	23.5	22.5
26. Condom (%)	5.9	1.3
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	9.8	20.1
29. Unmet need for spacing[7] (%)	4.5	9.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.8	24.7
31. Current users ever told about side effects of current method[8] (%)	80.3	70.9

Note: Major indicators are highlighted in grey.

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

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

Lakhimpur, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.0	68.8
33. Mothers who had at least 4 antenatal care visits (%)	51.7	59.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.3	94.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	42.2	43.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.9	5.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	97.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.7	67.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,098	4,537
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.5)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.2	82.7
43. Institutional births in public facility (%)	91.6	77.7
44. Home births that were conducted by skilled health personnel[10] (%)	1.0	3.0
45. Births attended by skilled health personnel[10] (%)	96.8	85.8
46. Births delivered by caesarean section (%)	22.7	14.2
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	19.9	13.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	69.0	54.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	72.4	(78.0)
51. Children age 12-23 months who have received BCG (%)	94.5	89.3
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	74.3	57.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.7	80.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.3	78.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	16.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	53.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.6	58.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.0	56.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.7	1.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9	0.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	48.0	(71.0)

[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.

Lakhimpur, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	59.0	75.6
68. Children under age 6 months exclusively breastfed[16] (%)	(80.9)	(63.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.2	13.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.9	12.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.5	29.3
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.2	11.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.5	4.4
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	34.4	24.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.3	0.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	17.3	21.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	12.4	15.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	69.3	31.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	66.3	38.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(42.3)	(40.7)
84. All women age 15-49 years who are anaemic[22] (%)	65.4	39.0
85. All women age 15-19 years who are anaemic[22] (%)	71.5	38.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	27.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.8	na
103. Women age 15 years and above who consume alcohol (%)	15.5	na
104. Men age 15 years and above who consume alcohol (%)	39.9	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

MAJULI
ASSAM

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Majuli. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Majuli, information was gathered from 921 households, 1,052 women, and 146 men.

Majuli, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	78.4
2. Population below age 15 years (%)	26.2
3. Sex ratio of the total population (females per 1,000 males)	995
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	754
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.1
6. Deaths in the last 3 years registered with the civil authority (%)	59.3
7. Population living in households with electricity (%)	93.5
8. Population living in households with an improved drinking-water source[1] (%)	98.6
9. Population living in households that use an improved sanitation facility[2] (%)	65.6
10. Households using clean fuel for cooking[3] (%)	19.3
11. Households using iodized salt (%)	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.2
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	83.4
15. Women with 10 or more years of schooling (%)	41.7
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	25.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	75.4
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	63.7
21. Any modern method[6] (%)	31.3
22. Female sterilization (%)	12.2
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	3.4
25. Pill (%)	13.6
26. Condom (%)	1.2
27. Injectables (%)	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	11.6
29. Unmet need for spacing[7] (%)	4.7
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	25.1
31. Current users ever told about side effects of current method[8] (%)	85.6

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

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

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

Majuli, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	76.1
33. Mothers who had at least 4 antenatal care visits (%)	72.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,227
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.5
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	90.3
43. Institutional births in public facility (%)	85.8
44. Home births that were conducted by skilled health personnel[10] (%)	3.2
45. Births attended by skilled health personnel[10] (%)	93.5
46. Births delivered by caesarean section (%)	22.5
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	21.9
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	78.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	83.9
51. Children age 12-23 months who have received BCG (%)	95.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	84.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	17.9
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	55.6
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	62.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(56.4)

[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.

Majuli, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	51.1
68. Children under age 6 months exclusively breastfed[16] (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	14.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	14.2
73. Children under 5 years who are stunted (height-for-age)[18] (%)	35.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	14.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	3.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	22.2
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.8
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	18.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.0
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	73.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	68.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	*
84. All women age 15-49 years who are anaemic[22] (%)	67.8
85. All women age 15-19 years who are anaemic[22] (%)	65.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.8
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.9
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.1
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.8
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	5.3
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.9
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.2
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.7
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.8
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.3
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	26.6
102. Men age 15 years and above who use any kind of tobacco (%)	54.7
103. Women age 15 years and above who consume alcohol (%)	32.1
104. Men age 15 years and above who consume alcohol (%)	45.4

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Morigaon
Assam

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

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Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Morigaon. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Morigaon, information was gathered from 915 households, 1,071 women, and 136 men.

Morigaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	79.1	75.5
2. Population below age 15 years (%)	32.1	33.4
3. Sex ratio of the total population (females per 1,000 males)	1,055	1,016
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,070	1,081
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.8	93.7
6. Deaths in the last 3 years registered with the civil authority (%)	74.3	na
7. Population living in households with electricity (%)	89.5	78.5
8. Population living in households with an improved drinking-water source[1] (%)	94.6	98.0
9. Population living in households that use an improved sanitation facility[2] (%)	62.3	42.0
10. Households using clean fuel for cooking[3] (%)	37.6	18.0
11. Households using iodized salt (%)	97.0	99.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	62.5	25.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	78.7	na
15. Women with 10 or more years of schooling (%)	24.5	22.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	39.1	46.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	1.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	11.6	20.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	69.1	50.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	70.6	51.1
21. Any modern method[6] (%)	56.7	36.7
22. Female sterilization (%)	6.0	11.0
23. Male sterilization (%)	0.1	0.4
24. IUD/PPIUD (%)	3.8	1.7
25. Pill (%)	39.6	20.9
26. Condom (%)	5.5	2.4
27. Injectables (%)	1.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	6.5	14.1
29. Unmet need for spacing[7] (%)	1.9	5.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.0	16.2
31. Current users ever told about side effects of current method[8] (%)	66.4	40.4

Note: Major indicators are highlighted in grey.

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

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

Morigaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	64.0	48.9
33. Mothers who had at least 4 antenatal care visits (%)	42.0	43.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	94.8	94.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.4	37.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	18.4	8.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7	92.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.9	53.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,379	2,988
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.8)	1.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	88.3	72.2
43. Institutional births in public facility (%)	82.8	64.8
44. Home births that were conducted by skilled health personnel[10] (%)	1.7	1.4
45. Births attended by skilled health personnel[10] (%)	90.0	72.9
46. Births delivered by caesarean section (%)	12.3	12.6
47. Births in a private health facility that were delivered by caesarean section (%)	*	(74.0)
48. Births in a public health facility that were delivered by caesarean section (%)	10.8	11.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	73.4	44.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	82.9	(67.3)
51. Children age 12-23 months who have received BCG (%)	91.3	92.2
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	77.0	49.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.9	67.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.0	79.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	9.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	60.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.0	47.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	60.2	47.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.6	96.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.4	6.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(44.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(10.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(37.5)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.9	3.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	51.6	41.3

[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.

Morigaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	62.2	66.2
68. Children under age 6 months exclusively breastfed[16] (%)	(65.0)	69.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.6	6.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.6	6.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	43.2	38.4
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	16.1	10.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.5	0.9
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	30.5	25.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.3	1.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	15.0	28.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.2	11.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	74.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	53.3	38.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	64.9	41.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(48.0)	47.8
84. All women age 15-49 years who are anaemic[22] (%)	64.2	41.4
85. All women age 15-19 years who are anaemic[22] (%)	71.8	42.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.5	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	10.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.1	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	14.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	29.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	56.9	na
103. Women age 15 years and above who consume alcohol (%)	1.9	na
104. Men age 15 years and above who consume alcohol (%)	15.6	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Nagaon
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

This fact sheet provides information on key indicators for Nagaon. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Nagaon, information was gathered from 922 households, 1,122 women, and 169 men.

Nagaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	81.3
2. Population below age 15 years (%)	31.1
3. Sex ratio of the total population (females per 1,000 males)	1,050
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	969
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.2
6. Deaths in the last 3 years registered with the civil authority (%)	66.0
7. Population living in households with electricity (%)	94.5
8. Population living in households with an improved drinking-water source[1] (%)	96.1
9. Population living in households that use an improved sanitation facility[2] (%)	66.1
10. Households using clean fuel for cooking[3] (%)	38.6
11. Households using iodized salt (%)	98.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	59.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	78.4
15. Women with 10 or more years of schooling (%)	22.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	42.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	58.4
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	58.6
21. Any modern method[6] (%)	46.8
22. Female sterilization (%)	7.7
23. Male sterilization (%)	0.2
24. IUD/PPIUD (%)	2.8
25. Pill (%)	30.2
26. Condom (%)	5.4
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	12.3
29. Unmet need for spacing[7] (%)	3.1
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	16.6
31. Current users ever told about side effects of current method[8] (%)	73.7

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

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

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

Nagaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	73.1
33. Mothers who had at least 4 antenatal care visits (%)	59.4
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	97.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	46.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,670
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	65.3
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	83.7
43. Institutional births in public facility (%)	73.4
44. Home births that were conducted by skilled health personnel[10] (%)	2.7
45. Births attended by skilled health personnel[10] (%)	86.7
46. Births delivered by caesarean section (%)	17.9
47. Births in a private health facility that were delivered by caesarean section (%)	(80.8)
48. Births in a public health facility that were delivered by caesarean section (%)	13.0
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	58.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	68.0
51. Children age 12-23 months who have received BCG (%)	86.9
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	67.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	73.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	67.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	9.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	31.4
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	64.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	47.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.3
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(75.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(11.7)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(57.1)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	42.5

[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.

Nagaon, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	61.6
68. Children under age 6 months exclusively breastfed[16] (%)	(67.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	8.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.6
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.9
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	19.4
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	5.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.4
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	7.4
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	21.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.7
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	68.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	61.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(62.4)
84. All women age 15-49 years who are anaemic[22] (%)	61.0
85. All women age 15-19 years who are anaemic[22] (%)	65.1
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.3
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.2
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.9
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	10.6
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.1
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	21.4
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.9
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.4
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.7
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.5
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.0
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	18.2
102. Men age 15 years and above who use any kind of tobacco (%)	49.0
103. Women age 15 years and above who consume alcohol (%)	2.5
104. Men age 15 years and above who consume alcohol (%)	14.8

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Nalbari
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Nalbari. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Nalbari, information was gathered from 886 households, 1,011 women, and 145 men.

Nalbari, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	81.8	78.6
2. Population below age 15 years (%)	24.5	28.3
3. Sex ratio of the total population (females per 1,000 males)	1,043	964
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	994	891
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1	95.3
6. Deaths in the last 3 years registered with the civil authority (%)	55.0	na
7. Population living in households with electricity (%)	94.7	83.7
8. Population living in households with an improved drinking-water source[1] (%)	99.5	98.7
9. Population living in households that use an improved sanitation facility[2] (%)	68.1	54.2
10. Households using clean fuel for cooking[3] (%)	51.1	35.5
11. Households using iodized salt (%)	99.4	99.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	52.5	10.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	83.9	na
15. Women with 10 or more years of schooling (%)	41.6	33.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.1	25.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	1.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.6	8.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	74.0	51.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	53.3	63.2
21. Any modern method[6] (%)	38.7	44.5
22. Female sterilization (%)	11.8	7.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.6	2.0
25. Pill (%)	21.4	32.2
26. Condom (%)	2.9	2.8
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	13.2	7.0
29. Unmet need for spacing[7] (%)	4.8	1.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.8	8.3
31. Current users ever told about side effects of current method[8] (%)	60.6	32.2

Note: Major indicators are highlighted in grey.

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

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

Nalbari, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	70.7	62.3
33. Mothers who had at least 4 antenatal care visits (%)	55.9	49.2
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	92.8	94.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	38.6	33.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.7	2.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.9	99.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.8	50.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,478	4,653
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.8	82.8
43. Institutional births in public facility (%)	69.2	69.1
44. Home births that were conducted by skilled health personnel[10] (%)	0.4	2.2
45. Births attended by skilled health personnel[10] (%)	91.4	84.7
46. Births delivered by caesarean section (%)	38.7	19.9
47. Births in a private health facility that were delivered by caesarean section (%)	82.8	(65.6)
48. Births in a public health facility that were delivered by caesarean section (%)	28.8	15.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(65.5)	48.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(79.8)	(67.2)
51. Children age 12-23 months who have received BCG (%)	(89.9)	89.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(73.4)	55.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(85.2)	83.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(87.7)	79.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(24.4)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(44.1)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(71.1)	59.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.4	54.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.6)	96.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	1.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.6	1.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.2	0.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	64.1	*

[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.

Nalbari, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	41.8	71.9
68. Children under age 6 months exclusively breastfed[16] (%)	*	(81.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	9.1	2.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	8.8	2.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	27.5	26.8
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	15.4	15.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.9	6.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	26.7	20.0
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	4.6	1.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	16.4	20.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	21.8	17.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	71.0	45.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	66.9	44.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(53.2)	(36.8)
84. All women age 15-49 years who are anaemic[22] (%)	66.4	44.1
85. All women age 15-19 years who are anaemic[22] (%)	66.8	43.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.0	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.7	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	9.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	20.9	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	1.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.8	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.0	na
103. Women age 15 years and above who consume alcohol (%)	2.4	na
104. Men age 15 years and above who consume alcohol (%)	15.5	na

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

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Government of India

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National Family Health Survey - 5

2019-20

District Fact Sheet

Sivasagar
Assam

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

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

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

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

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

This fact sheet provides information on key indicators for Sivasagar. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Sivasagar, information was gathered from 919 households, 1,020 women, and 146 men.

Sivasagar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	87.1
2. Population below age 15 years (%)	23.8
3. Sex ratio of the total population (females per 1,000 males)	989
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	915
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.1
6. Deaths in the last 3 years registered with the civil authority (%)	57.9
7. Population living in households with electricity (%)	97.0
8. Population living in households with an improved drinking-water source[1] (%)	92.7
9. Population living in households that use an improved sanitation facility[2] (%)	82.3
10. Households using clean fuel for cooking[3] (%)	45.5
11. Households using iodized salt (%)	99.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	86.6
15. Women with 10 or more years of schooling (%)	47.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	27.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	75.7
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	67.3
21. Any modern method[6] (%)	39.5
22. Female sterilization (%)	12.4
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	4.4
25. Pill (%)	16.3
26. Condom (%)	5.1
27. Injectables (%)	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	8.3
29. Unmet need for spacing[7] (%)	3.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	22.1
31. Current users ever told about side effects of current method[8] (%)	80.1

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

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

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

Sivasagar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	85.1
33. Mothers who had at least 4 antenatal care visits (%)	80.9
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	96.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,466
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	95.3
43. Institutional births in public facility (%)	76.2
44. Home births that were conducted by skilled health personnel[10] (%)	0.4
45. Births attended by skilled health personnel[10] (%)	95.6
46. Births delivered by caesarean section (%)	30.0
47. Births in a private health facility that were delivered by caesarean section (%)	(75.3)
48. Births in a public health facility that were delivered by caesarean section (%)	20.6
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(77.6)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(76.7)
51. Children age 12-23 months who have received BCG (%)	(95.7)
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(81.9)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(90.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(90.5)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(22.5)
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(30.4)
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(83.8)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.2)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	58.3

[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.

Sivasagar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	54.9
68. Children under age 6 months exclusively breastfed[16] (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	24.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	24.4
73. Children under 5 years who are stunted (height-for-age)[18] (%)	26.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	6.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	25.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.5
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	20.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	21.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.4
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	67.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	68.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(54.3)
84. All women age 15-49 years who are anaemic[22] (%)	67.6
85. All women age 15-19 years who are anaemic[22] (%)	67.2
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.9
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.2
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	15.3
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.7
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	17.2
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.5
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.9
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.0
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.8
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.8
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.0
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.2
99. Ever undergone a breast examination for breast cancer (%)	0.3
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	25.5
102. Men age 15 years and above who use any kind of tobacco (%)	58.4
103. Women age 15 years and above who consume alcohol (%)	13.5
104. Men age 15 years and above who consume alcohol (%)	42.9

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Sonitpur
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

This fact sheet provides information on key indicators for Sonitpur. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Sonitpur, information was gathered from 909 households, 1,067 women, and 148 men.

Sonitpur, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	74.9
2. Population below age 15 years (%)	26.6
3. Sex ratio of the total population (females per 1,000 males)	1,027
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,325
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.0
6. Deaths in the last 3 years registered with the civil authority (%)	77.9
7. Population living in households with electricity (%)	88.2
8. Population living in households with an improved drinking-water source[1] (%)	82.9
9. Population living in households that use an improved sanitation facility[2] (%)	72.2
10. Households using clean fuel for cooking[3] (%)	45.8
11. Households using iodized salt (%)	99.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	66.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.6
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	76.9
15. Women with 10 or more years of schooling (%)	24.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	24.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	63.4
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	74.4
21. Any modern method[6] (%)	58.9
22. Female sterilization (%)	9.1
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	1.7
25. Pill (%)	41.9
26. Condom (%)	5.3
27. Injectables (%)	0.6
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	5.8
29. Unmet need for spacing[7] (%)	2.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	20.5
31. Current users ever told about side effects of current method[8] (%)	72.0

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

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

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

Sonitpur, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	48.8
33. Mothers who had at least 4 antenatal care visits (%)	45.5
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	99.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	56.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,123
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.8)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	83.5
43. Institutional births in public facility (%)	73.1
44. Home births that were conducted by skilled health personnel[10] (%)	1.3
45. Births attended by skilled health personnel[10] (%)	82.8
46. Births delivered by caesarean section (%)	21.1
47. Births in a private health facility that were delivered by caesarean section (%)	(73.4)
48. Births in a public health facility that were delivered by caesarean section (%)	18.5
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	70.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(76.8)
51. Children age 12-23 months who have received BCG (%)	90.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	76.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	21.5
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	62.4
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	42.6

[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.

Sonitpur, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	49.8
68. Children under age 6 months exclusively breastfed[16] (%)	(65.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	4.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	4.3
73. Children under 5 years who are stunted (height-for-age)[18] (%)	36.7
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	13.1
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	4.5
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	21.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.2
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	21.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	13.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	68.8
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	69.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	64.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(47.3)
84. All women age 15-49 years who are anaemic[22] (%)	63.6
85. All women age 15-19 years who are anaemic[22] (%)	55.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.1
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	3.9
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.5
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.9
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.6
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	11.1
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.0
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.8
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.4
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.7
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.5
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.4
99. Ever undergone a breast examination for breast cancer (%)	0.4
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	23.3
102. Men age 15 years and above who use any kind of tobacco (%)	59.1
103. Women age 15 years and above who consume alcohol (%)	4.4
104. Men age 15 years and above who consume alcohol (%)	28.9

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet
South Salmara Mancachar
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for South Salmara Mancachar. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In South Salmara Mancachar, information was gathered from 912 households, 1,085 women, and 162 men.

South Salmara Mancachar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	69.4
2. Population below age 15 years (%)	36.7
3. Sex ratio of the total population (females per 1,000 males)	968
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	911
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.6
6. Deaths in the last 3 years registered with the civil authority (%)	71.1
7. Population living in households with electricity (%)	79.5
8. Population living in households with an improved drinking-water source[1] (%)	98.2
9. Population living in households that use an improved sanitation facility[2] (%)	59.0
10. Households using clean fuel for cooking[3] (%)	28.5
11. Households using iodized salt (%)	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	68.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.9
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	63.5
15. Women with 10 or more years of schooling (%)	20.9
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	44.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	22.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	60.6
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	71.5
21. Any modern method[6] (%)	60.8
22. Female sterilization (%)	1.1
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	2.9
25. Pill (%)	53.0
26. Condom (%)	2.5
27. Injectables (%)	0.6
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	8.0
29. Unmet need for spacing[7] (%)	1.7
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	26.7
31. Current users ever told about side effects of current method[8] (%)	71.8

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

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

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

South Salmara Mancachar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	60.1
33. Mothers who had at least 4 antenatal care visits (%)	35.3
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	47.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	18.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,092
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.5
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	56.1
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	71.7
43. Institutional births in public facility (%)	69.9
44. Home births that were conducted by skilled health personnel[10] (%)	8.1
45. Births attended by skilled health personnel[10] (%)	79.4
46. Births delivered by caesarean section (%)	5.0
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	5.5
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	65.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	66.0
51. Children age 12-23 months who have received BCG (%)	97.0
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	74.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	6.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	47.1
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	73.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	60.9

[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.

South Salmara Mancachar, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	50.4
68. Children under age 6 months exclusively breastfed[16] (%)	(66.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	7.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	7.1
73. Children under 5 years who are stunted (height-for-age)[18] (%)	38.9
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	18.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	7.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	27.9
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.9
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	11.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	8.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	76.2
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	69.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	37.6
84. All women age 15-49 years who are anaemic[22] (%)	57.1
85. All women age 15-19 years who are anaemic[22] (%)	64.5
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	5.3
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.8
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	8.7
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	7.1
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.5
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Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3
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97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.5
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.3
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	25.2
102. Men age 15 years and above who use any kind of tobacco (%)	50.0
103. Women age 15 years and above who consume alcohol (%)	0.2
104. Men age 15 years and above who consume alcohol (%)	0.9

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

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Tinsukia
Assam

(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
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Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

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

This fact sheet provides information on key indicators and trends for Tinsukia. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Tinsukia, information was gathered from 919 households, 1,062 women, and 155 men.

Tinsukia, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	72.6	67.1
2. Population below age 15 years (%)	25.4	29.6
3. Sex ratio of the total population (females per 1,000 males)	1,023	989
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	884	883
5. Children under age 5 years whose birth was registered with the civil authority (%)	92.1	80.3
6. Deaths in the last 3 years registered with the civil authority (%)	64.3	na
7. Population living in households with electricity (%)	95.7	76.6
8. Population living in households with an improved drinking-water source[1] (%)	96.8	96.4
9. Population living in households that use an improved sanitation facility[2] (%)	66.7	51.6
10. Households using clean fuel for cooking[3] (%)	40.9	26.9
11. Households using iodized salt (%)	99.3	99.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	60.0	17.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	70.5	na
15. Women with 10 or more years of schooling (%)	25.6	19.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.8	25.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.5	2.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.1	8.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	74.6	48.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	59.2	56.1
21. Any modern method[6] (%)	36.5	44.4
22. Female sterilization (%)	16.7	31.3
23. Male sterilization (%)	0.1	0.6
24. IUD/PPIUD (%)	3.0	1.9
25. Pill (%)	13.4	7.3
26. Condom (%)	2.1	3.1
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	11.0	11.8
29. Unmet need for spacing[7] (%)	4.4	4.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.6	19.0
31. Current users ever told about side effects of current method[8] (%)	72.2	51.0

Note: Major indicators are highlighted in grey.

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

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

Tinsukia, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	70.7	64.1
33. Mothers who had at least 4 antenatal care visits (%)	63.1	56.1
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	93.9	90.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	43.8	39.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.2	10.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0	95.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.6	66.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,163	3,039
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.8)	7.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	82.6	76.3
43. Institutional births in public facility (%)	66.2	56.7
44. Home births that were conducted by skilled health personnel[10] (%)	1.0	0.5
45. Births attended by skilled health personnel[10] (%)	83.2	76.9
46. Births delivered by caesarean section (%)	26.5	17.5
47. Births in a private health facility that were delivered by caesarean section (%)	(58.4)	39.8
48. Births in a public health facility that were delivered by caesarean section (%)	25.5	17.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(75.0)	64.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(78.8)	(80.8)
51. Children age 12-23 months who have received BCG (%)	(97.2)	89.4
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(82.8)	73.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(92.7)	83.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(95.1)	89.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(38.0)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(39.3)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(90.2)	64.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	59.3	67.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(82.1)	91.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(6.0)	8.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.9	5.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.0	2.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(50.1)	49.1

[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.

Tinsukia, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	51.6	65.4
68. Children under age 6 months exclusively breastfed[16] (%)	*	(86.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	17.5	8.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	16.3	8.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	32.8	36.0
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.5	14.8
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	9.4	2.2
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.2	32.7
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	2.7	2.8
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	17.6	35.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	16.9	12.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	66.4	42.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	72.9	49.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(71.7)	(59.1)
84. All women age 15-49 years who are anaemic[22] (%)	72.8	49.6
85. All women age 15-19 years who are anaemic[22] (%)	71.5	55.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.9	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	13.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	10.8	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	8.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	19.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	23.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	51.1	na
103. Women age 15 years and above who consume alcohol (%)	15.7	na
104. Men age 15 years and above who consume alcohol (%)	43.7	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

National Family Health Survey - 5

2019-20

District Fact Sheet

Udalguri
Assam

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Udalguri. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In Udalguri, information was gathered from 916 households, 1,088 women, and 151 men.

Udalguri, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	**Total**	**Total**
1. Female population age 6 years and above who ever attended school (%)	70.6	68.9
2. Population below age 15 years (%)	27.2	29.9
3. Sex ratio of the total population (females per 1,000 males)	1,087	981
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,255	898
5. Children under age 5 years whose birth was registered with the civil authority (%)	96.1	95.4
6. Deaths in the last 3 years registered with the civil authority (%)	51.2	na
7. Population living in households with electricity (%)	95.5	85.7
8. Population living in households with an improved drinking-water source[1] (%)	82.3	82.5
9. Population living in households that use an improved sanitation facility[2] (%)	73.8	55.7
10. Households using clean fuel for cooking[3] (%)	34.0	14.1
11. Households using iodized salt (%)	99.3	99.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	70.6	2.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate[4] (%)	70.0	na
15. Women with 10 or more years of schooling (%)	23.8	21.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	32.0	28.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.1	1.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.7	10.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	61.8	52.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method[6] (%)	50.2	63.9
21. Any modern method[6] (%)	36.2	46.8
22. Female sterilization (%)	6.4	9.6
23. Male sterilization (%)	0.3	0.5
24. IUD/PPIUD (%)	2.0	2.8
25. Pill (%)	23.9	32.3
26. Condom (%)	3.0	1.4
27. Injectables (%)	0.2	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need[7] (%)	14.6	8.5
29. Unmet need for spacing[7] (%)	6.4	3.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.6	20.9
31. Current users ever told about side effects of current method[8] (%)	47.2	52.1

Note: Major indicators are highlighted in grey.

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

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

Udalguri, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	**Total**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	50.1	45.2
33. Mothers who had at least 4 antenatal care visits (%)	49.8	37.0
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	91.0	94.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	44.2	29.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	25.7	0.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	98.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	53.1	61.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	6,731	3,657
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	86.2	72.2
43. Institutional births in public facility (%)	78.5	65.2
44. Home births that were conducted by skilled health personnel[10] (%)	1.9	3.2
45. Births attended by skilled health personnel[10] (%)	87.9	76.4
46. Births delivered by caesarean section (%)	14.4	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	*	(50.6)
48. Births in a public health facility that were delivered by caesarean section (%)	10.8	7.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	(38.3)	52.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	(52.0)	*
51. Children age 12-23 months who have received BCG (%)	(78.6)	90.6
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	(48.6)	59.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(68.0)	79.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(75.9)	82.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(20.9)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	(52.2)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(65.7)	58.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	53.2	66.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(88.0)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.2	0.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	0.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	55.6	*

[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.

Udalguri, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	**Total**	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	46.5	80.5
68. Children under age 6 months exclusively breastfed[16] (%)	*	(70.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	2.6	3.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	2.5	3.0
73. Children under 5 years who are stunted (height-for-age)[18] (%)	33.8	39.1
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	21.3	18.3
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	11.6	8.1
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	32.5	31.8
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	5.2	4.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	16.1	20.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	14.0	10.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	77.6	39.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	82.2	54.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(63.9)	(50.2)
84. All women age 15-49 years who are anaemic[22] (%)	81.5	54.8
85. All women age 15-19 years who are anaemic[22] (%)	72.6	41.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.6	na
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	4.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	9.4	na
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	6.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	18.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	12.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	50.8	na
103. Women age 15 years and above who consume alcohol (%)	11.1	na
104. Men age 15 years and above who consume alcohol (%)	35.1	na

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

NOTES

सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

WEST KARBI ANGLONG

ASSAM

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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for West Karbi Anglong. NFHS-5 fieldwork for Assam was conducted from 17 June, 2019 to 21 December, 2019 by Nielsen India Pvt. Ltd. In West Karbi Anglong, information was gathered from 921 households, 1,065 women, and 146 men.

West Karbi Anglong, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	**Total**
1. Female population age 6 years and above who ever attended school (%)	73.8
2. Population below age 15 years (%)	31.7
3. Sex ratio of the total population (females per 1,000 males)	959
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,105
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.4
6. Deaths in the last 3 years registered with the civil authority (%)	43.5
7. Population living in households with electricity (%)	94.7
8. Population living in households with an improved drinking-water source[1] (%)	44.7
9. Population living in households that use an improved sanitation facility[2] (%)	76.7
10. Households using clean fuel for cooking[3] (%)	17.7
11. Households using iodized salt (%)	98.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	63.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.7
Characteristics of Women (age 15-49 years)	
14. Women who are literate[4] (%)	73.9
15. Women with 10 or more years of schooling (%)	21.7
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	21.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period[5] (%)	77.3
Current Use of Family Planning Methods (currently married women age 15–49 years)	
20. Any method[6] (%)	69.9
21. Any modern method[6] (%)	43.3
22. Female sterilization (%)	7.8
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	3.9
25. Pill (%)	26.8
26. Condom (%)	4.4
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need[7] (%)	7.1
29. Unmet need for spacing[7] (%)	3.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	23.0
31. Current users ever told about side effects of current method[8] (%)	80.5

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

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

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

West Karbi Anglong, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	**Total**
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	55.5
33. Mothers who had at least 4 antenatal care visits (%)	46.7
34. Mothers whose last birth was protected against neonatal tetanus[9] (%)	87.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	39.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	10.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	55.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,597
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	60.5
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	72.5
43. Institutional births in public facility (%)	68.9
44. Home births that were conducted by skilled health personnel[10] (%)	12.0
45. Births attended by skilled health personnel[10] (%)	84.5
46. Births delivered by caesarean section (%)	6.4
47. Births in a private health facility that were delivered by caesarean section (%)	*
48. Births in a public health facility that were delivered by caesarean section (%)	6.0
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall[11] (%)	47.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only[12] (%)	54.5
51. Children age 12-23 months who have received BCG (%)	92.7
52. Children age 12-23 months who have received 3 doses of polio vaccine[13] (%)	52.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	70.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	66.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	3.3
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine[14] (%)	50.5
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	65.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	42.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	50.7

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

West Karbi Anglong, Assam - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	**Total**
67. Children under age 3 years breastfed within one hour of birth[15] (%)	56.2
68. Children under age 6 months exclusively breastfed[16] (%)	(75.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk[16] (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	14.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet[16, 17] (%)	*
72. Total children age 6-23 months receiving an adequate diet[16, 17] (%)	12.8
73. Children under 5 years who are stunted (height-for-age)[18] (%)	40.9
74. Children under 5 years who are wasted (weight-for-height)[18] (%)	23.2
75. Children under 5 years who are severely wasted (weight-for-height)[19] (%)	12.7
76. Children under 5 years who are underweight (weight-for-age)[18] (%)	31.1
77. Children under 5 years who are overweight (weight-for-height)[20] (%)	3.9
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m^2)[21] (%)	13.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m^2)[21] (%)	9.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	54.4
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl)[22] (%)	79.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)[22] (%)	58.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)[22] (%)	(38.8)
84. All women age 15-49 years who are anaemic[22] (%)	57.9
85. All women age 15-19 years who are anaemic[22] (%)	58.8
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl)[23] (%)	6.0
87. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	9.1
Men	
89. Blood sugar level - high (141-160 mg/dl)[23] (%)	8.6
90. Blood sugar level - very high (>160 mg/dl)[23] (%)	2.3
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level[23] (%)	12.2
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.0
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.0
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.2
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.0
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	20.2
102. Men age 15 years and above who use any kind of tobacco (%)	58.2
103. Women age 15 years and above who consume alcohol (%)	23.0
104. Men age 15 years and above who consume alcohol (%)	54.2

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

NOTES

NOTES

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