



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

Compendium of Fact Sheets

KEY INDICATORS

STATE AND DISTRICTS OF UTTAR PRADESH

National Family
Health Survey (NFHS-5)

2019-21



(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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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

STATE FACT SHEET

UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
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Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Uttar Pradesh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS) and Research and Development Initiative (RDI) Pvt. Ltd. Information was gathered from 70,710 households, 93,124 women, and 12,043 men. Fact sheets for each district in Uttar Pradesh are also available separately.

Uttar Pradesh - Key Indicators

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

Note: Major indicators are highlighted in grey.

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

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

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.

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

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

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

Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Maternal and Child Health				
Maternity Care (for last birth in the 5 years before the survey)				
40. Mothers who had an antenatal check-up in the first trimester (%)	70.8	60.2	62.5	45.9
41. Mothers who had at least 4 antenatal care visits (%)	52.3	39.6	42.4	26.4
42. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.7	91.6	92.1	86.5
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.8	20.2	22.3	12.9
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.1	8.5	9.7	3.9
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.1	95.8	95.7	79.8
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.2	70.0	72.0	54.0
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,252	2,117	2,300	1,956
48. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.2	2.4	2.4	0.8
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.9	68.1	70.2	na
Delivery Care (for births in the 5 years before the survey)				
50. Institutional births (%)	85.5	82.9	83.4	67.8
51. Institutional births in public facility (%)	43.1	61.5	57.7	44.5
52. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.2	4.6	4.7	4.1
53. Births attended by skilled health personnel ¹⁰ (%)	88.4	83.8	84.8	70.4
54. Births delivered by caesarean section (%)	24.2	11.0	13.7	9.4
55. Births in a private health facility that were delivered by caesarean section (%)	42.6	37.8	39.4	31.3
56. Births in a public health facility that were delivered by caesarean section (%)	14.4	4.7	6.2	4.7
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	67.2	70.2	69.6	51.1
58. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	76.6	78.8	78.4	66.2
59. Children age 12-23 months who have received BCG (%)	92.0	93.6	93.2	87.6
60. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	71.4	75.1	74.3	68.3
61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.4	81.5	80.8	66.5
62. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.0	83.9	83.3	70.8
63. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.9	30.5	30.2	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	53.5	47.9	49.1	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.5	78.8	78.3	52.8
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.1	74.1	73.9	43.8
67. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.7	95.6	94.4	84.5
68. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.7	1.0	2.2	5.1
Treatment of Childhood Diseases (children under age 5 years)				
69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.2	5.7	5.6	15.0
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	47.5	51.5	50.7	37.9
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	29.7	28.2	28.5	12.6
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	73.3	69.1	69.9	66.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.7	3.8	3.5	4.7
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	67.2	62.1	63.0	71.3

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Child Feeding Practices and Nutritional Status of Children				
75. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	24.9	23.7	23.9	25.2
76. Children under age 6 months exclusively breastfed ¹⁶ (%)	54.8	60.9	59.7	41.6
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	35.9	29.9	31.0	32.6
78. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.7	5.7	5.9	5.3
79. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.4	6.8	7.0	5.3
80. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.8	5.9	6.1	5.3
81. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	33.0	41.3	39.7	46.3
82. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.7	17.0	17.3	17.9
83. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.2	7.1	7.3	6.0
84. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	28.2	33.1	32.1	39.5
85. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.6	2.9	3.1	1.5
Nutritional Status of Adults (age 15-49 years)				
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	13.6	20.8	19.0	25.3
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) (%)	13.4	19.5	17.9	25.9
88. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	30.6	18.3	21.3	16.5
89. Men who are overweight or obese (BMI ≥25.0 kg/m ²) (%)	24.9	16.2	18.5	12.5
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	61.7	55.2	56.8	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	56.2	50.6	52.1	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	65.3	66.7	66.4	63.2
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	50.5	50.7	50.6	52.5
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	37.1	47.9	45.9	51.0
95. All women age 15-49 years who are anaemic ²² (%)	50.1	50.5	50.4	52.4
96. All women age 15-19 years who are anaemic ²² (%)	53.4	52.8	52.9	53.7
97. Men age 15-49 years who are anaemic (<13.0 g/dl) ²² (%)	18.0	22.7	21.5	23.7
98. Men age 15-19 years who are anaemic (<13.0 g/dl) ²² (%)	22.5	29.9	28.2	31.5
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.0	4.7	4.7	na
100. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.6	4.2	4.5	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.3	9.6	10.0	na
Men				
102. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.1	5.7	5.8	na
103. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.1	4.6	5.0	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.2	11.1	11.6	na
Hypertension among Adults (age 15 years and above)				
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	11.0	11.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	5.5	4.7	4.9	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.9	17.6	18.4	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.3	14.5	15.2	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	6.0	5.0	5.2	na
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.8	20.7	21.7	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)			NFHS-4 (2015-16)
	Urban	Rural	Total	Total
Screening for Cancer among Adults (age 30-49 years)				
Women				
111. Ever undergone a screening test for cervical cancer (%)	1.1	1.7	1.5	na
112. Ever undergone a breast examination for breast cancer (%)	0.4	0.4	0.4	na
113. Ever undergone an oral cavity examination for oral cancer (%)	0.6	0.6	0.6	na
Men				
114. Ever undergone an oral cavity examination for oral cancer (%)	1.0	1.2	1.1	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)				
115. Women who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	18.3	11.5	13.1	17.5
116. Men who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	25.5	20.8	22.1	26.2
117. Women who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	71.4	62.5	64.6	47.4
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	80.7	77.3	78.2	73.1
Women's Empowerment (women age 15-49 years)				
119. Currently married women who usually participate in three household decisions ²⁵ (%)	90.1	86.8	87.6	81.7
120. Women who worked in the last 12 months and were paid in cash (%)	17.7	14.8	15.5	16.6
121. Women owning a house and/or land (alone or jointly with others) (%)	46.8	53.5	51.9	34.2
122. Women having a bank or savings account that they themselves use (%)	79.8	74.1	75.4	54.6
123. Women having a mobile phone that they themselves use (%)	59.9	42.4	46.5	37.1
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period ²⁶ (%)	86.7	68.4	72.6	47.1
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence ²⁷ (%)	32.7	35.5	34.8	36.7
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	3.1	3.8	3.7	4.3
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	0.6	0.7	0.7	1.1
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	6.5	9.1	8.4	na
129. Men age 15 years and above who use any kind of tobacco (%)	34.7	47.6	44.1	na
130. Women age 15 years and above who consume alcohol (%)	0.3	0.3	0.3	na
131. Men age 15 years and above who consume alcohol (%)	13.2	15.1	14.6	na

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

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

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

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



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

AGRA
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Agra. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Agra, information was gathered from 944 households, 1,226 women, and 159 men.

Agra, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.4	67.4
2. Population below age 15 years (%)	30.5	32.7
3. Sex ratio of the total population (females per 1,000 males)	952	941
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	902	991
5. Children under age 5 years whose birth was registered with the civil authority (%)	76.1	66.9
6. Deaths in the last 3 years registered with the civil authority (%)	50.1	na
7. Population living in households with electricity (%)	99.1	95.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	99.0
9. Population living in households that use an improved sanitation facility ² (%)	70.8	43.5
10. Households using clean fuel for cooking ³ (%)	67.5	46.7
11. Households using iodized salt (%)	93.1	94.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	9.4	5.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	63.1	na
15. Women with 10 or more years of schooling (%)	36.1	36.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	17.9	21.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.3	4.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.5	5.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.5	58.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	67.7	60.8
21. Any modern method ⁶ (%)	47.1	41.8
22. Female sterilization (%)	20.0	20.2
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	2.4	1.6
25. Pill (%)	4.2	2.4
26. Condom (%)	18.7	17.3
27. Injectables (%)	1.4	0.5
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	9.0	10.2
29. Unmet need for spacing ⁷ (%)	4.0	4.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	12.8	12.1
31. Current users ever told about side effects of current method ⁸ (%)	53.6	53.1

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Agra, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	62.1	61.4
33. Mothers who had at least 4 antenatal care visits (%)	42.7	37.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.1	89.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	20.9	13.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.3	5.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	85.9	68.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.2	65.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,879	2,348
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(1.9)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.1	78.7
43. Institutional births in public facility (%)	43.0	37.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.4	1.6
45. Births attended by skilled health personnel ¹⁰ (%)	90.1	77.7
46. Births delivered by caesarean section (%)	18.8	16.3
47. Births in a private health facility that were delivered by caesarean section (%)	31.6	34.9
48. Births in a public health facility that were delivered by caesarean section (%)	9.9	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 (%)	74.1	60.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	78.2	75.2
51. Children age 12-23 months who have received BCG (%)	99.1	94.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	75.8	70.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.2	74.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.4	83.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	48.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	45.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.3	57.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	71.9	38.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	87.5	83.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.7	11.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.8	13.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(38.5)	26.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(26.8)	2.8
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(71.0)	54.2
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.5	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 (%)	80.7	72.3

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Agra, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	19.5	18.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	43.1	46.1
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	32.9
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.7	3.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(10.1)	6.6
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.6	4.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.9	44.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	16.4	14.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.6	5.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.2	34.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.4	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	15.4	19.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	25.2	21.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	73.0	51.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.4	43.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(61.8)	39.6
84. All women age 15-49 years who are anaemic ²² (%)	59.4	43.1
85. All women age 15-19 years who are anaemic ²² (%)	61.4	46.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.2	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) (%)	10.3	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 (%)	16.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.9	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 (%)	0.4	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 (%)	8.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.1	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	20.9	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

ALIGARH
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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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 Aligarh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Aligarh, information was gathered from 883 households, 1,073 women, and 145 men.

Aligarh, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.0	63.8
2. Population below age 15 years (%)	32.1	33.9
3. Sex ratio of the total population (females per 1,000 males)	1,031	932
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,030	880
5. Children under age 5 years whose birth was registered with the civil authority (%)	64.6	61.2
6. Deaths in the last 3 years registered with the civil authority (%)	56.2	na
7. Population living in households with electricity (%)	95.3	86.5
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	98.5
9. Population living in households that use an improved sanitation facility ² (%)	69.4	41.1
10. Households using clean fuel for cooking ³ (%)	51.4	39.6
11. Households using iodized salt (%)	96.9	93.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	17.6	4.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	66.0	na
15. Women with 10 or more years of schooling (%)	37.5	29.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	15.8	23.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.9	6.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.5	6.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.6	58.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	68.2	58.7
21. Any modern method ⁶ (%)	39.7	37.6
22. Female sterilization (%)	12.7	14.8
23. Male sterilization (%)	0.2	0.1
24. IUD/PPIUD (%)	2.7	2.4
25. Pill (%)	2.3	3.7
26. Condom (%)	20.3	16.1
27. Injectables (%)	1.3	0.5
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	6.4	12.7
29. Unmet need for spacing ⁷ (%)	1.6	4.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.7	12.9
31. Current users ever told about side effects of current method ⁸ (%)	69.0	66.2

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Aligarh, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	69.5	51.0
33. Mothers who had at least 4 antenatal care visits (%)	44.7	28.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.9	86.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	25.2	11.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.6	4.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.1	69.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.1	66.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,638	2,073
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.4	0.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	82.6	65.4
43. Institutional births in public facility (%)	49.2	37.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.9	10.0
45. Births attended by skilled health personnel ¹⁰ (%)	85.5	73.9
46. Births delivered by caesarean section (%)	18.7	13.3
47. Births in a private health facility that were delivered by caesarean section (%)	45.6	38.2
48. Births in a public health facility that were delivered by caesarean section (%)	7.0	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 (%)	70.1	67.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	83.9	76.6
51. Children age 12-23 months who have received BCG (%)	93.3	94.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	72.4	81.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.6	79.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.8	84.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	40.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	69.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.6	67.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.4	24.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.7	91.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.7	2.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.6	19.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(39.8)	29.3
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(42.8)	6.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(85.3)	61.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.2	2.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(67.6)	69.3

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Aligarh, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	43.4	25.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(57.0)	26.2
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(46.5)	43.1
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.1	5.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(12.3)	3.0
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.9	4.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.0	49.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	10.9	14.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.0	3.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.3	38.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.0	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 (%)	18.6	22.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	29.4	18.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	42.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	62.6	66.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	56.4	55.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(59.0)	60.7
84. All women age 15-49 years who are anaemic ²² (%)	56.5	56.1
85. All women age 15-19 years who are anaemic ²² (%)	52.5	60.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.4	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.3	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 (%)	7.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.9	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.8	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 (%)	18.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.3	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 (%)	22.0	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 (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	37.0	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	16.9	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

AMBEDKAR NAGAR

UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Ambedkar Nagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Ambedkar Nagar, information was gathered from 908 households, 1,259 women, and 130 men.

Ambedkar Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.6	67.2
2. Population below age 15 years (%)	29.2	32.1
3. Sex ratio of the total population (females per 1,000 males)	1,097	1,094
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	818	772
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.3	73.9
6. Deaths in the last 3 years registered with the civil authority (%)	57.4	na
7. Population living in households with electricity (%)	94.2	74.6
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	63.6	21.6
10. Households using clean fuel for cooking ³ (%)	32.2	13.8
11. Households using iodized salt (%)	98.3	91.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	23.0	5.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	76.2	na
15. Women with 10 or more years of schooling (%)	53.0	44.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	5.5	13.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.4	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.0	1.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.5	42.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	48.9	35.6
21. Any modern method ⁶ (%)	20.7	19.5
22. Female sterilization (%)	12.7	11.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.4	0.3
25. Pill (%)	0.9	1.3
26. Condom (%)	4.6	6.4
27. Injectables (%)	0.4	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	22.9	22.3
29. Unmet need for spacing ⁷ (%)	6.9	7.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.2	5.5
31. Current users ever told about side effects of current method ⁸ (%)	(62.6)	(47.3)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Ambedkar Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.1	58.2
33. Mothers who had at least 4 antenatal care visits (%)	44.5	37.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.6	92.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	25.2	15.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.6	5.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.8	81.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.8	55.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,611	1,285
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 (%)	74.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.2	81.1
43. Institutional births in public facility (%)	49.8	46.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.7	2.4
45. Births attended by skilled health personnel ¹⁰ (%)	87.9	84.2
46. Births delivered by caesarean section (%)	16.0	8.0
47. Births in a private health facility that were delivered by caesarean section (%)	29.0	20.8
48. Births in a public health facility that were delivered by caesarean section (%)	7.4	1.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	75.1	61.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(91.3)	65.3
51. Children age 12-23 months who have received BCG (%)	90.0	93.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	76.7	75.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.9	74.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	83.5	78.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	55.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.9	57.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.0	42.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.0	57.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	3.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.0	22.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	23.2
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	3.3
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	49.6
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	3.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(62.1)	47.4

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Ambedkar Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	20.4	27.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(68.0)	(17.4)
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} (%)	2.8	8.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(3.8)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.0	7.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.1	43.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.8	22.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.9	7.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	29.2	41.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.9	0.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	26.7	30.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	20.3	12.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	47.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	54.9	62.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.9	55.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(47.9)	56.8
84. All women age 15-49 years who are anaemic ²² (%)	52.7	55.6
85. All women age 15-19 years who are anaemic ²² (%)	55.0	58.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.4	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) (%)	9.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	4.8	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	12.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	52.9	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	16.5	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

AMETHI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Amethi. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Amethi, information was gathered from 906 households, 1,255 women, and 124 men.

Amethi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	66.1
2. Population below age 15 years (%)	32.1
3. Sex ratio of the total population (females per 1,000 males)	1,170
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	844
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.5
6. Deaths in the last 3 years registered with the civil authority (%)	52.4
7. Population living in households with electricity (%)	92.3
8. Population living in households with an improved drinking-water source ¹ (%)	98.7
9. Population living in households that use an improved sanitation facility ² (%)	60.9
10. Households using clean fuel for cooking ³ (%)	26.4
11. Households using iodized salt (%)	97.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.9
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 (%)	63.3
15. Women with 10 or more years of schooling (%)	34.6
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	14.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	71.8
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	48.4
21. Any modern method ⁶ (%)	30.5
22. Female sterilization (%)	14.4
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	0.7
25. Pill (%)	1.6
26. Condom (%)	11.7
27. Injectables (%)	0.5
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	19.9
29. Unmet need for spacing ⁷ (%)	7.0
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	34.4
31. Current users ever told about side effects of current method ⁸ (%)	(77.4)

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Amethi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	72.6
33. Mothers who had at least 4 antenatal care visits (%)	31.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	15.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	10.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,713
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(12.7)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.7
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	90.8
43. Institutional births in public facility (%)	71.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.4
45. Births attended by skilled health personnel ¹⁰ (%)	91.4
46. Births delivered by caesarean section (%)	11.1
47. Births in a private health facility that were delivered by caesarean section (%)	40.3
48. Births in a public health facility that were delivered by caesarean section (%)	4.5
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	75.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	86.8
51. Children age 12-23 months who have received BCG (%)	96.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	78.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.5
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	65.2
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	82.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.9
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 (%)	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 (%)	3.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	57.3

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Amethi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
Total	
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	21.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	72.6
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} (%)	5.0
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} (%)	5.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.9
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 (%)	33.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.2
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	21.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	23.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	39.9
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	52.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	46.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(36.6)
84. All women age 15-49 years who are anaemic ²² (%)	46.1
85. All women age 15-19 years who are anaemic ²² (%)	45.4
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.9
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.5
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.9
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.7
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.6
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.0
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) (%)	12.7
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0
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95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.3
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.7
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.2
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	1.5
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 (%)	11.5
102. Men age 15 years and above who use any kind of tobacco (%)	49.3
103. Women age 15 years and above who consume alcohol (%)	0.4
104. Men age 15 years and above who consume alcohol (%)	9.1

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



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Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

AURAIYA
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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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 Auraiya. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Auraiya, information was gathered from 977 households, 1,309 women, and 166 men.

Auraiya, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	75.9	71.8
2. Population below age 15 years (%)	29.3	32.4
3. Sex ratio of the total population (females per 1,000 males)	1,021	944
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	880	832
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.2	51.7
6. Deaths in the last 3 years registered with the civil authority (%)	50.4	na
7. Population living in households with electricity (%)	94.0	70.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.5	98.5
9. Population living in households that use an improved sanitation facility ² (%)	74.3	35.9
10. Households using clean fuel for cooking ³ (%)	33.7	27.3
11. Households using iodized salt (%)	93.9	84.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	18.4	3.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	74.9	na
15. Women with 10 or more years of schooling (%)	46.2	40.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.1	19.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3	2.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.9	2.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.1	48.9
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	51.4	44.5
21. Any modern method ⁶ (%)	32.3	29.7
22. Female sterilization (%)	13.3	17.2
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	0.7	0.7
25. Pill (%)	1.3	1.6
26. Condom (%)	14.3	9.5
27. Injectables (%)	0.1	0.4
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	18.7	18.1
29. Unmet need for spacing ⁷ (%)	6.2	4.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	42.9	25.2
31. Current users ever told about side effects of current method ⁸ (%)	(66.3)	38.8

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Auraiya, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	72.2	36.2
33. Mothers who had at least 4 antenatal care visits (%)	50.4	11.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.3	84.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	23.7	3.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	10.7	0.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	82.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.8	22.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,182	1,732
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(5.5)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.1	69.2
43. Institutional births in public facility (%)	72.8	51.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.1	6.2
45. Births attended by skilled health personnel ¹⁰ (%)	90.9	72.5
46. Births delivered by caesarean section (%)	8.0	7.6
47. Births in a private health facility that were delivered by caesarean section (%)	36.1	28.0
48. Births in a public health facility that were delivered by caesarean section (%)	2.4	5.1
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 (%)	82.5	34.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	84.3	(58.5)
51. Children age 12-23 months who have received BCG (%)	95.6	81.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	84.7	46.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	89.4	57.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.4	67.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	23.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	74.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.3	34.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.7	43.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	99.1	95.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.9	4.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.5	11.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(62.0)	(37.7)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(34.9)	(15.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(76.9)	(68.0)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.2	1.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(68.3)	(70.8)

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Auraiya, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	19.3	29.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(69.4)	(41.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(7.9)	(16.8)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.2	1.8
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} (%)	6.1	3.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.7	43.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.4	26.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.2	13.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.6	46.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	7.3	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 (%)	18.8	22.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	19.3	11.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	64.2	80.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	39.0	68.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	42.1	56.3
84. All women age 15-49 years who are anaemic ²² (%)	39.1	67.4
85. All women age 15-19 years who are anaemic ²² (%)	44.0	72.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.7	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 (%)	7.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.7	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.8	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	11.4	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

AZAMGARH UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Azamgarh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Azamgarh, information was gathered from 902 households, 1,354 women, and 146 men.

Azamgarh, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.2	68.3
2. Population below age 15 years (%)	29.3	33.7
3. Sex ratio of the total population (females per 1,000 males)	1,141	1,135
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	839	1,018
5. Children under age 5 years whose birth was registered with the civil authority (%)	85.7	69.5
6. Deaths in the last 3 years registered with the civil authority (%)	59.3	na
7. Population living in households with electricity (%)	96.5	85.4
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	72.8	25.5
10. Households using clean fuel for cooking ³ (%)	37.6	24.0
11. Households using iodized salt (%)	99.3	96.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	9.0	4.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	17.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	76.5	na
15. Women with 10 or more years of schooling (%)	52.6	47.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	12.0	11.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.2	3.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.3	1.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.3	44.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	52.7	37.1
21. Any modern method ⁶ (%)	31.4	26.6
22. Female sterilization (%)	23.3	18.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.6	0.2
25. Pill (%)	0.9	0.6
26. Condom (%)	5.9	6.8
27. Injectables (%)	0.2	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	20.7	26.2
29. Unmet need for spacing ⁷ (%)	8.2	6.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.8	7.9
31. Current users ever told about side effects of current method ⁸ (%)	53.3	43.7

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Azamgarh, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
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33. Mothers who had at least 4 antenatal care visits (%)	38.5	23.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.4	88.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	19.4	10.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.9	5.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.6	71.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.9	67.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,265	1,946
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 (%)	72.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.2	84.3
43. Institutional births in public facility (%)	44.7	50.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.7	2.0
45. Births attended by skilled health personnel ¹⁰ (%)	89.8	83.1
46. Births delivered by caesarean section (%)	16.8	8.3
47. Births in a private health facility that were delivered by caesarean section (%)	27.4	18.9
48. Births in a public health facility that were delivered by caesarean section (%)	7.7	3.7
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 (%)	64.5	35.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	80.3	(39.1)
51. Children age 12-23 months who have received BCG (%)	92.2	84.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	69.8	59.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.1	65.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.0	60.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	16.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	43.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	79.8	38.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.8	46.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	86.4	83.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	8.8	11.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.7	20.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	32.5
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	12.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	69.1
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.8	4.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(77.5)	75.7

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

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

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

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

¹³Not including polio vaccination given at birth.

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

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Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
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68. Children under age 6 months exclusively breastfed ¹⁶ (%)	61.8	(43.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(38.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	0.0	4.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	0.0	6.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	33.4	40.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.4	16.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.3	6.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	28.0	33.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	0.5	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	22.1	26.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	21.5	16.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	45.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	58.9	61.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	54.2	59.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(58.0)	61.7
84. All women age 15-49 years who are anaemic ²² (%)	54.3	59.3
85. All women age 15-19 years who are anaemic ²² (%)	57.8	60.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.9	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 (%)	6.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	4.6	na
99. Ever undergone a breast examination for breast cancer (%)	1.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.1	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	14.7	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BAGHPAT
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Baghpat. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Baghpat, information was gathered from 930 households, 1,304 women, and 203 men.

Baghpat, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.6	66.1
2. Population below age 15 years (%)	29.8	30.1
3. Sex ratio of the total population (females per 1,000 males)	938	899
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	818	763
5. Children under age 5 years whose birth was registered with the civil authority (%)	75.7	71.5
6. Deaths in the last 3 years registered with the civil authority (%)	65.4	na
7. Population living in households with electricity (%)	98.5	92.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.9	100.0
9. Population living in households that use an improved sanitation facility ² (%)	87.0	66.8
10. Households using clean fuel for cooking ³ (%)	51.5	42.7
11. Households using iodized salt (%)	96.6	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.5	5.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	3.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	76.3	na
15. Women with 10 or more years of schooling (%)	44.0	41.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	8.1	14.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.3	4.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.7	1.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	81.4	61.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	71.7	68.2
21. Any modern method ⁶ (%)	45.2	41.0
22. Female sterilization (%)	15.6	17.5
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	2.3	2.7
25. Pill (%)	3.6	2.4
26. Condom (%)	22.5	18.0
27. Injectables (%)	0.4	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	5.2	7.7
29. Unmet need for spacing ⁷ (%)	2.1	3.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.8	7.9
31. Current users ever told about side effects of current method ⁸ (%)	75.0	63.0

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Baghpat, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	79.4	64.8
33. Mothers who had at least 4 antenatal care visits (%)	42.4	50.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.1	90.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	33.8	25.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.6	8.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.1	90.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.1	74.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,001	1,083
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 (%)	82.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	80.9	76.2
43. Institutional births in public facility (%)	44.0	36.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.6	3.2
45. Births attended by skilled health personnel ¹⁰ (%)	82.3	79.3
46. Births delivered by caesarean section (%)	12.6	9.8
47. Births in a private health facility that were delivered by caesarean section (%)	23.7	22.7
48. Births in a public health facility that were delivered by caesarean section (%)	8.8	2.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	83.9	69.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	93.0	69.2
51. Children age 12-23 months who have received BCG (%)	92.8	94.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	86.4	86.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.5	84.6
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) (%)	30.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	81.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.5	79.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.5	44.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.9	81.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	7.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.0	15.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	61.8
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	15.5
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	84.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.6	3.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	87.5

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Baghpat, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	18.3	30.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	58.8	(31.2)
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} (%)	10.6	3.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(2.0)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.1	2.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	25.5	35.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	10.3	14.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.9	3.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.0	33.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.7	0.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	14.9	20.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	34.5	27.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	54.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	60.2	78.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.6	64.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(70.7)	58.3
84. All women age 15-49 years who are anaemic ²² (%)	53.3	64.4
85. All women age 15-19 years who are anaemic ²² (%)	56.5	65.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.0	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0	na
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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 (%)	25.5	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 (%)	0.0	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 (%)	4.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	31.8	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	12.9	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

²³Random blood sugar measurement.

NOTES



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Government of India

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BAHRAICH
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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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 Bahraich. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Bahraich, information was gathered from 956 households, 1,128 women, and 129 men.

Bahraich, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	48.2	45.8
2. Population below age 15 years (%)	41.0	42.1
3. Sex ratio of the total population (females per 1,000 males)	1,012	988
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	848	989
5. Children under age 5 years whose birth was registered with the civil authority (%)	78.8	34.5
6. Deaths in the last 3 years registered with the civil authority (%)	21.0	na
7. Population living in households with electricity (%)	77.8	33.6
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	99.3
9. Population living in households that use an improved sanitation facility ² (%)	44.2	14.0
10. Households using clean fuel for cooking ³ (%)	38.2	14.9
11. Households using iodized salt (%)	85.1	78.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	10.1	9.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	38.8	na
15. Women with 10 or more years of schooling (%)	14.4	16.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	37.5	40.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.6	4.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.4	9.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	48.4	25.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	38.4	10.7
21. Any modern method ⁶ (%)	33.4	9.1
22. Female sterilization (%)	5.8	4.4
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	1.2	0.5
25. Pill (%)	8.3	1.3
26. Condom (%)	14.4	2.5
27. Injectables (%)	2.8	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	27.6	31.8
29. Unmet need for spacing ⁷ (%)	11.1	9.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.2	8.7
31. Current users ever told about side effects of current method ⁸ (%)	75.4	(40.6)

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Bahraich, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	40.2	13.5
33. Mothers who had at least 4 antenatal care visits (%)	34.3	4.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	86.0	63.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	22.4	5.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.2	3.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	85.9	51.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	52.4	19.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,745	2,356
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	4.7	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	54.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	67.7	37.4
43. Institutional births in public facility (%)	58.6	33.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	8.3	7.3
45. Births attended by skilled health personnel ¹⁰ (%)	70.7	36.8
46. Births delivered by caesarean section (%)	5.2	2.5
47. Births in a private health facility that were delivered by caesarean section (%)	24.2	(32.2)
48. Births in a public health facility that were delivered by caesarean section (%)	5.1	3.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	51.8	9.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	62.2	*
51. Children age 12-23 months who have received BCG (%)	89.4	44.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	65.2	25.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	64.2	15.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	70.3	27.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	35.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	59.7	6.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.4	21.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.1	70.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.8	2.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.8	21.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	58.8	34.2
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	25.9	5.5
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	65.6	45.3
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	6.6	4.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	60.8	47.8

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Bahraich, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	17.0	22.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	70.5	51.0
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(32.3)	(49.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.5	4.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(11.5)	(6.2)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.8	4.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	52.1	65.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.4	13.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.5	5.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	38.0	44.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.1	1.5
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	29.9	35.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	12.5	10.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	55.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	71.7	73.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	48.8	53.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	48.6	50.3
84. All women age 15-49 years who are anaemic ²² (%)	48.8	52.7
85. All women age 15-19 years who are anaemic ²² (%)	52.6	60.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.6	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) (%)	13.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.3	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 (%)	26.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	59.0	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	12.2	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BALLIA
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Ballia. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Ballia, information was gathered from 959 households, 1,254 women, and 144 men.

Ballia, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.1	63.9
2. Population below age 15 years (%)	29.0	34.5
3. Sex ratio of the total population (females per 1,000 males)	1,009	1,064
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,062	909
5. Children under age 5 years whose birth was registered with the civil authority (%)	85.6	70.5
6. Deaths in the last 3 years registered with the civil authority (%)	53.8	na
7. Population living in households with electricity (%)	89.1	70.8
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	99.8
9. Population living in households that use an improved sanitation facility ² (%)	61.7	26.7
10. Households using clean fuel for cooking ³ (%)	53.8	23.6
11. Households using iodized salt (%)	96.4	92.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	10.6	3.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.4	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 (%)	50.1	36.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	9.9	20.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.5	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.7	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	71.6	35.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	55.2	32.9
21. Any modern method ⁶ (%)	41.9	25.5
22. Female sterilization (%)	15.5	21.3
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	1.0	0.4
25. Pill (%)	12.4	1.0
26. Condom (%)	10.3	2.7
27. Injectables (%)	1.3	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	20.2	23.6
29. Unmet need for spacing ⁷ (%)	5.7	8.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	33.9	9.2
31. Current users ever told about side effects of current method ⁸ (%)	77.6	44.2

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Ballia, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	64.0	59.5
33. Mothers who had at least 4 antenatal care visits (%)	30.5	37.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.0	89.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	15.8	10.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	2.8	5.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.8	83.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.6	56.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,441	2,004
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(8.7)	1.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.0	73.6
43. Institutional births in public facility (%)	73.9	49.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.5	6.7
45. Births attended by skilled health personnel ¹⁰ (%)	93.1	72.1
46. Births delivered by caesarean section (%)	7.4	6.5
47. Births in a private health facility that were delivered by caesarean section (%)	32.4	22.5
48. Births in a public health facility that were delivered by caesarean section (%)	2.9	2.0
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 (%)	62.2	43.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	65.7	49.0
51. Children age 12-23 months who have received BCG (%)	96.8	85.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	67.7	67.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	69.4	60.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.3	59.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	20.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	31.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	63.4	45.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	75.7	35.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.1	78.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.8	6.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.3	15.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(78.6)	23.8
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(15.2)	4.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(65.1)	80.3
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.1	7.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	55.1	81.3

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Ballia, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	8.0	25.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(69.8)	46.5
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(39.6)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	1.0	9.9
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} (%)	0.9	10.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	43.8	39.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.9	14.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.7	4.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	42.5	31.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.2	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 (%)	16.8	21.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	16.6	16.9
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 (%)	71.6	60.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	53.0	49.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(16.3)	39.2
84. All women age 15-49 years who are anaemic ²² (%)	52.2	48.6
85. All women age 15-19 years who are anaemic ²² (%)	58.0	54.7
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 (%)	6.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	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 (%)	2.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	35.6	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	9.9	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BALRAMPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Balrampur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Balrampur, information was gathered from 979 households, 1,235 women, and 141 men.

Balrampur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	53.1	46.2
2. Population below age 15 years (%)	38.9	42.9
3. Sex ratio of the total population (females per 1,000 males)	1,075	1,077
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,034	879
5. Children under age 5 years whose birth was registered with the civil authority (%)	81.2	31.5
6. Deaths in the last 3 years registered with the civil authority (%)	20.4	na
7. Population living in households with electricity (%)	78.4	39.6
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	98.9
9. Population living in households that use an improved sanitation facility ² (%)	59.7	14.7
10. Households using clean fuel for cooking ³ (%)	39.6	9.2
11. Households using iodized salt (%)	96.9	78.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.0	5.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	43.2	na
15. Women with 10 or more years of schooling (%)	16.8	12.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	35.0	41.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.2	4.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.1	6.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	53.0	29.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	49.0	2.7
21. Any modern method ⁶ (%)	39.4	2.7
22. Female sterilization (%)	6.6	0.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.6	0.1
25. Pill (%)	11.1	0.9
26. Condom (%)	14.3	0.6
27. Injectables (%)	3.4	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	22.3	31.8
29. Unmet need for spacing ⁷ (%)	7.8	12.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.0	10.6
31. Current users ever told about side effects of current method ⁸ (%)	75.1	*

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

- Pregnant with a mistimed pregnancy.

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

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

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

- Pregnant with an unwanted pregnancy.

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

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

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

Balrampur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	55.2	16.6
33. Mothers who had at least 4 antenatal care visits (%)	41.0	10.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.4	61.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	23.9	6.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.4	2.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.7	77.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.1	17.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,810	1,611
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.3	0.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	61.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	69.7	30.8
43. Institutional births in public facility (%)	58.0	23.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	6.1	12.0
45. Births attended by skilled health personnel ¹⁰ (%)	67.4	40.1
46. Births delivered by caesarean section (%)	5.3	1.9
47. Births in a private health facility that were delivered by caesarean section (%)	32.4	(18.6)
48. Births in a public health facility that were delivered by caesarean section (%)	2.7	2.4
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 (%)	57.4	7.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	67.9	*
51. Children age 12-23 months who have received BCG (%)	86.4	54.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	64.7	21.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	67.5	18.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	74.5	31.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	34.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	64.2	4.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.2	37.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.1	94.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.8	1.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1	10.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(70.3)	38.8
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(37.2)	15.5
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(68.1)	72.2
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.4	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 (%)	64.3	67.5

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Balrampur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	14.1	28.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	70.6	68.6
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(41.3)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.4	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} (%)	6.9	6.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	41.2	62.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	24.9	10.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	14.3	3.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	37.2	43.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.9	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 (%)	22.2	27.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	14.8	11.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	72.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	75.4	72.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	54.8	55.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	38.1	55.3
84. All women age 15-49 years who are anaemic ²² (%)	53.7	55.8
85. All women age 15-19 years who are anaemic ²² (%)	54.7	56.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.2	na
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92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.7	na
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Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	na
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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 (%)	23.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	59.8	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
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¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

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

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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 Banda. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Banda, information was gathered from 977 households, 1,189 women, and 203 men.

Banda, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	61.8	59.9
2. Population below age 15 years (%)	30.6	32.1
3. Sex ratio of the total population (females per 1,000 males)	956	908
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	971	956
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.4	67.7
6. Deaths in the last 3 years registered with the civil authority (%)	47.6	na
7. Population living in households with electricity (%)	89.2	68.7
8. Population living in households with an improved drinking-water source ¹ (%)	98.2	98.1
9. Population living in households that use an improved sanitation facility ² (%)	59.3	28.4
10. Households using clean fuel for cooking ³ (%)	26.8	15.0
11. Households using iodized salt (%)	90.4	94.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.3	1.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	57.0	na
15. Women with 10 or more years of schooling (%)	27.1	28.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.0	18.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.5	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.5	0.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	52.6	31.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	62.4	54.4
21. Any modern method ⁶ (%)	45.6	32.3
22. Female sterilization (%)	16.7	21.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.6	1.7
25. Pill (%)	6.5	1.4
26. Condom (%)	20.0	7.3
27. Injectables (%)	0.1	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	15.3	12.7
29. Unmet need for spacing ⁷ (%)	5.1	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	35.5	8.8
31. Current users ever told about side effects of current method ⁸ (%)	81.2	(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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Banda, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	66.9	31.3
33. Mothers who had at least 4 antenatal care visits (%)	39.0	6.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.0	83.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	18.0	6.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	2.4	0.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.1	88.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.7	49.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,132	814
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(3.0)	1.8
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	65.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.8	75.0
43. Institutional births in public facility (%)	85.9	70.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.4	1.6
45. Births attended by skilled health personnel ¹⁰ (%)	92.5	76.3
46. Births delivered by caesarean section (%)	4.2	1.0
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 (%)	2.3	0.9
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 (%)	62.9	42.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	64.9	(65.7)
51. Children age 12-23 months who have received BCG (%)	95.0	94.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	65.6	50.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	73.5	61.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.1	72.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.6	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 (%)	71.9	41.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.2	32.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.4	96.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.2	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.4	8.4
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 (%)	3.5	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 (%)	(45.7)	*

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Banda, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	16.9	41.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	46.7	(24.9)
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} (%)	5.9	2.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.5	2.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	51.0	46.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.7	18.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.0	6.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	49.8	41.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.3	10.0
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 (%)	25.7	23.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	13.5	8.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	82.2	62.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.3	54.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(50.3)	(61.1)
84. All women age 15-49 years who are anaemic ²² (%)	52.2	54.5
85. All women age 15-19 years who are anaemic ²² (%)	54.5	52.6
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 (%)	3.2	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 (%)	6.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.5	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 (%)	20.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.6	na
99. Ever undergone a breast examination for breast cancer (%)	1.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.7	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 (%)	19.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	63.3	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	12.4	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BARABANKI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Barabanki. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Barabanki, information was gathered from 967 households, 1,186 women, and 184 men.

Barabanki, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	65.1	58.8
2. Population below age 15 years (%)	32.6	34.8
3. Sex ratio of the total population (females per 1,000 males)	1,074	1,022
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	951	1,055
5. Children under age 5 years whose birth was registered with the civil authority (%)	68.1	68.7
6. Deaths in the last 3 years registered with the civil authority (%)	24.5	na
7. Population living in households with electricity (%)	74.8	52.3
8. Population living in households with an improved drinking-water source ¹ (%)	98.8	99.3
9. Population living in households that use an improved sanitation facility ² (%)	62.4	21.4
10. Households using clean fuel for cooking ³ (%)	47.8	27.9
11. Households using iodized salt (%)	78.2	96.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.6	3.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	56.1	na
15. Women with 10 or more years of schooling (%)	29.5	25.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.4	21.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.9	2.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.4	4.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	58.1	37.8
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	45.4	37.9
21. Any modern method ⁶ (%)	38.3	21.8
22. Female sterilization (%)	9.8	8.8
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.6	1.7
25. Pill (%)	3.5	0.7
26. Condom (%)	19.3	10.6
27. Injectables (%)	1.0	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	21.4	19.1
29. Unmet need for spacing ⁷ (%)	7.9	7.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.4	14.1
31. Current users ever told about side effects of current method ⁸ (%)	65.0	(42.8)

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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Barabanki, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	43.3	45.8
33. Mothers who had at least 4 antenatal care visits (%)	22.6	23.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	83.7	79.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	12.5	9.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	5.3	2.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	91.6	86.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	41.5	47.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,205	2,625
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	7.2	2.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	42.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	76.0	62.5
43. Institutional births in public facility (%)	63.1	49.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.0	2.3
45. Births attended by skilled health personnel ¹⁰ (%)	73.3	62.8
46. Births delivered by caesarean section (%)	9.0	11.0
47. Births in a private health facility that were delivered by caesarean section (%)	29.3	41.7
48. Births in a public health facility that were delivered by caesarean section (%)	8.2	11.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	64.4	40.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	67.2	(57.0)
51. Children age 12-23 months who have received BCG (%)	94.9	90.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	74.7	59.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.3	59.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.2	59.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	30.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	71.2	49.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.8	50.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.4	86.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3	4.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.2	12.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	37.7
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	12.7
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	81.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.8	7.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	44.9	73.2

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Barabanki, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	30.2	34.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	60.8	(60.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(15.6)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.2	3.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.7	3.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	41.9	51.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.1	12.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.8	2.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	31.9	40.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.0	1.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	26.0	28.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	17.1	13.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	64.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	65.5	43.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	55.0	38.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(60.7)	34.9
84. All women age 15-49 years who are anaemic ²² (%)	55.3	38.2
85. All women age 15-19 years who are anaemic ²² (%)	61.1	42.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.2	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 (%)	9.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	50.2	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	11.3	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BAREILLY
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Bareilly. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Bareilly, information was gathered from 874 households, 1,088 women, and 99 men.

Bareilly, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	55.8	55.1
2. Population below age 15 years (%)	31.3	33.8
3. Sex ratio of the total population (females per 1,000 males)	965	979
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,084	1,071
5. Children under age 5 years whose birth was registered with the civil authority (%)	73.1	55.6
6. Deaths in the last 3 years registered with the civil authority (%)	55.9	na
7. Population living in households with electricity (%)	92.5	70.7
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	79.7	56.9
10. Households using clean fuel for cooking ³ (%)	54.6	44.1
11. Households using iodized salt (%)	93.5	95.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	18.7	4.8
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 (%)	53.9	na
15. Women with 10 or more years of schooling (%)	22.1	23.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.4	12.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.5	4.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.6	2.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	71.9	46.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	68.8	64.9
21. Any modern method ⁶ (%)	43.5	39.8
22. Female sterilization (%)	16.7	14.4
23. Male sterilization (%)	0.4	0.1
24. IUD/PPIUD (%)	0.8	1.8
25. Pill (%)	3.3	2.4
26. Condom (%)	21.5	20.5
27. Injectables (%)	0.3	0.7
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	5.9	7.4
29. Unmet need for spacing ⁷ (%)	1.8	3.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.6	6.9
31. Current users ever told about side effects of current method ⁸ (%)	(59.9)	38.0

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Bareilly, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	72.2	60.5
33. Mothers who had at least 4 antenatal care visits (%)	43.1	45.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.9	84.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	18.0	9.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.1	2.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.8	64.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.2	68.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,919	998
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	0.7
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 (%)	75.1	59.7
43. Institutional births in public facility (%)	40.3	30.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.5	3.1
45. Births attended by skilled health personnel ¹⁰ (%)	77.8	62.6
46. Births delivered by caesarean section (%)	15.5	12.4
47. Births in a private health facility that were delivered by caesarean section (%)	37.9	35.9
48. Births in a public health facility that were delivered by caesarean section (%)	5.7	6.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	70.5	48.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(91.0)	72.4
51. Children age 12-23 months who have received BCG (%)	95.4	82.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	73.0	76.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.8	62.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.7	63.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	38.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	57.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.8	49.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.2	21.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.9	67.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.0	5.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	19.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	35.3
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	15.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	59.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	4.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(60.6)	63.0

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Bareilly, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	42.7	16.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(58.1)	36.1
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(42.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.1	5.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	4.3
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.5	5.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	45.9	45.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	15.4	18.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.6	4.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.2	42.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.4	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 (%)	18.2	25.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	25.0	20.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.7	74.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	61.3	53.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(50.9)	57.2
84. All women age 15-49 years who are anaemic ²² (%)	60.8	53.9
85. All women age 15-19 years who are anaemic ²² (%)	66.2	59.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.8	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	39.3	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	17.8	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



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Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BASTI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Basti. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Basti, information was gathered from 979 households, 1,362 women, and 147 men.

Basti, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.4	60.0
2. Population below age 15 years (%)	31.7	36.2
3. Sex ratio of the total population (females per 1,000 males)	1,098	1,086
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	895	877
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.9	61.2
6. Deaths in the last 3 years registered with the civil authority (%)	49.8	na
7. Population living in households with electricity (%)	94.6	70.8
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	64.2	18.7
10. Households using clean fuel for cooking ³ (%)	57.0	19.6
11. Households using iodized salt (%)	97.5	96.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.8	16.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	63.2	na
15. Women with 10 or more years of schooling (%)	40.9	30.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	15.9	28.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.6	4.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.0	1.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	73.3	35.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	72.0	18.3
21. Any modern method ⁶ (%)	53.8	15.5
22. Female sterilization (%)	12.2	7.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.3	1.2
25. Pill (%)	15.5	1.6
26. Condom (%)	14.2	4.5
27. Injectables (%)	6.8	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	11.1	29.9
29. Unmet need for spacing ⁷ (%)	4.1	8.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	22.2	9.6
31. Current users ever told about side effects of current method ⁸ (%)	71.8	(52.8)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Basti, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	45.0	33.3
33. Mothers who had at least 4 antenatal care visits (%)	31.5	19.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.0	89.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	15.9	6.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.2	3.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.0	72.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.8	50.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,062	4,428
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 (%)	81.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.2	73.6
43. Institutional births in public facility (%)	79.2	60.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.7	4.3
45. Births attended by skilled health personnel ¹⁰ (%)	92.0	76.6
46. Births delivered by caesarean section (%)	11.6	7.3
47. Births in a private health facility that were delivered by caesarean section (%)	49.5	42.8
48. Births in a public health facility that were delivered by caesarean section (%)	5.9	2.8
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 (%)	73.8	57.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	77.4	75.5
51. Children age 12-23 months who have received BCG (%)	93.1	91.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	84.6	73.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.3	69.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.0	80.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	45.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.3	51.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.5	63.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.5	90.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.2	6.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.4	10.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	65.3	37.1
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	29.5	9.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	60.1	75.3
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.7	6.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	53.7	69.6

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Basti, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	12.1	23.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	72.1	68.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(20.9)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.1	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} (%)	5.7	2.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.9	48.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	24.2	14.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	15.2	4.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.2	33.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.7	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 (%)	20.0	24.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	16.8	15.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	58.4	71.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	40.3	56.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(28.8)	49.3
84. All women age 15-49 years who are anaemic ²² (%)	39.9	55.7
85. All women age 15-19 years who are anaemic ²² (%)	41.1	58.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	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 (%)	51.3	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	14.8	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BIJNOR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

This fact sheet provides information on key indicators and trends for Bijnor. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Bijnor, information was gathered from 949 households, 1,348 women, and 178 men.

Bijnor, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.6	64.3
2. Population below age 15 years (%)	30.7	32.4
3. Sex ratio of the total population (females per 1,000 males)	1,059	1,025
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	951	800
5. Children under age 5 years whose birth was registered with the civil authority (%)	85.7	68.3
6. Deaths in the last 3 years registered with the civil authority (%)	51.5	na
7. Population living in households with electricity (%)	96.1	80.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	100.0
9. Population living in households that use an improved sanitation facility ² (%)	78.2	63.8
10. Households using clean fuel for cooking ³ (%)	45.8	33.6
11. Households using iodized salt (%)	95.1	96.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	18.8	5.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	14.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	72.8	na
15. Women with 10 or more years of schooling (%)	39.7	32.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	5.2	6.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.7	5.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.2	1.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.0	51.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	68.1	53.0
21. Any modern method ⁶ (%)	47.3	37.5
22. Female sterilization (%)	11.3	10.8
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.7	0.7
25. Pill (%)	3.2	2.4
26. Condom (%)	30.4	23.3
27. Injectables (%)	0.4	0.4
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	5.0	13.4
29. Unmet need for spacing ⁷ (%)	1.7	5.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.0	10.0
31. Current users ever told about side effects of current method ⁸ (%)	(76.0)	(42.4)

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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- 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:

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

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

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33. Mothers who had at least 4 antenatal care visits (%)	48.8	24.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.8	92.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	21.8	14.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.2	5.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.0	92.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.4	60.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,240	4,615
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 (%)	81.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.7	73.1
43. Institutional births in public facility (%)	30.6	31.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	6.5	1.9
45. Births attended by skilled health personnel ¹⁰ (%)	89.4	74.8
46. Births delivered by caesarean section (%)	22.4	13.9
47. Births in a private health facility that were delivered by caesarean section (%)	40.1	30.5
48. Births in a public health facility that were delivered by caesarean section (%)	3.7	3.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	90.6	70.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	96.7	68.7
51. Children age 12-23 months who have received BCG (%)	96.7	95.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	90.6	81.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.6	80.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.6	88.3
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 (%)	87.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	92.6	74.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.2	43.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.6	95.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.2	4.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.2	10.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(56.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(31.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(87.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.7	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 (%)	(74.8)	70.3

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Bijnor, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	31.3	14.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(57.9)	(39.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(33.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.9	2.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(6.6)	(5.8)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.8	3.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.2	42.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	9.4	22.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.0	6.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	21.9	41.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.7	1.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	17.0	24.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	28.0	20.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	60.9	72.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	45.9	58.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	47.0	52.2
84. All women age 15-49 years who are anaemic ²² (%)	46.0	58.2
85. All women age 15-19 years who are anaemic ²² (%)	46.8	59.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	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) (%)	13.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	3.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	36.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	15.1	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BUDAUN
UTTAR PRADESH



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

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Budaun. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Budaun, information was gathered from 944 households, 1,134 women, and 166 men.

Budaun, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	54.9
2. Population below age 15 years (%)	35.3
3. Sex ratio of the total population (females per 1,000 males)	933
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	870
5. Children under age 5 years whose birth was registered with the civil authority (%)	59.2
6. Deaths in the last 3 years registered with the civil authority (%)	44.3
7. Population living in households with electricity (%)	80.7
8. Population living in households with an improved drinking-water source ¹ (%)	99.8
9. Population living in households that use an improved sanitation facility ² (%)	69.7
10. Households using clean fuel for cooking ³ (%)	39.8
11. Households using iodized salt (%)	91.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.2
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	49.7
15. Women with 10 or more years of schooling (%)	21.6
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	22.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	58.8
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	76.9
21. Any modern method ⁶ (%)	42.0
22. Female sterilization (%)	7.3
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	1.2
25. Pill (%)	2.8
26. Condom (%)	26.4
27. Injectables (%)	1.3
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	4.3
29. Unmet need for spacing ⁷ (%)	1.5
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 (%)	(80.3)

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Budaun, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	58.5
33. Mothers who had at least 4 antenatal care visits (%)	40.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	15.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	1.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,622
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 (%)	59.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	72.3
43. Institutional births in public facility (%)	57.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.8
45. Births attended by skilled health personnel ¹⁰ (%)	73.1
46. Births delivered by caesarean section (%)	5.7
47. Births in a private health facility that were delivered by caesarean section (%)	20.9
48. Births in a public health facility that were delivered by caesarean section (%)	4.4
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	69.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	74.5
51. Children age 12-23 months who have received BCG (%)	93.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	73.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	86.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	40.5
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	35.5
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	64.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	71.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.1
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	10.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	48.9
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	37.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	54.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	50.0

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Budaun, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	33.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	52.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(21.3)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	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} (%)	8.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	51.8
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 (%)	6.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	43.0
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 (%)	19.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	15.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	44.9
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	56.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	39.3
84. All women age 15-49 years who are anaemic ²² (%)	55.3
85. All women age 15-19 years who are anaemic ²² (%)	55.6
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.0
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.6
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.0
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.8
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.7
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.9
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) (%)	8.6
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	13.0
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.3
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	13.8
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.7
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 (%)	7.1
102. Men age 15 years and above who use any kind of tobacco (%)	41.9
103. Women age 15 years and above who consume alcohol (%)	0.5
104. Men age 15 years and above who consume alcohol (%)	14.0

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



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Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

BULANDSHAHR UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Bulandshahr. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Bulandshahr, information was gathered from 924 households, 1,105 women, and 140 men.

Bulandshahr, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.7	60.4
2. Population below age 15 years (%)	31.3	34.6
3. Sex ratio of the total population (females per 1,000 males)	979	1,002
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	841	886
5. Children under age 5 years whose birth was registered with the civil authority (%)	73.8	62.4
6. Deaths in the last 3 years registered with the civil authority (%)	66.2	na
7. Population living in households with electricity (%)	96.3	89.5
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	99.8
9. Population living in households that use an improved sanitation facility ² (%)	81.5	49.9
10. Households using clean fuel for cooking ³ (%)	48.4	31.8
11. Households using iodized salt (%)	95.7	97.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.5	3.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	69.2	na
15. Women with 10 or more years of schooling (%)	37.8	28.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	12.8	18.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.8	5.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.5	4.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.0	58.3
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	72.9	57.8
21. Any modern method ⁶ (%)	40.4	41.5
22. Female sterilization (%)	13.7	17.1
23. Male sterilization (%)	0.3	0.0
24. IUD/PPIUD (%)	1.9	1.4
25. Pill (%)	1.4	3.4
26. Condom (%)	22.3	19.1
27. Injectables (%)	0.5	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	5.1	14.2
29. Unmet need for spacing ⁷ (%)	1.8	5.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.6	9.6
31. Current users ever told about side effects of current method ⁸ (%)	(64.0)	33.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Bulandshahr, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(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 (%)	78.3	60.9
33. Mothers who had at least 4 antenatal care visits (%)	47.6	23.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.8	92.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	30.4	9.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.8	2.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.1	89.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.5	59.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,709	3,482
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.8	0.6
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.5	68.8
43. Institutional births in public facility (%)	49.1	38.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.1	4.4
45. Births attended by skilled health personnel ¹⁰ (%)	86.7	72.2
46. Births delivered by caesarean section (%)	17.0	8.3
47. Births in a private health facility that were delivered by caesarean section (%)	40.0	25.7
48. Births in a public health facility that were delivered by caesarean section (%)	6.5	1.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	67.3	57.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	84.7	66.2
51. Children age 12-23 months who have received BCG (%)	92.9	91.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	70.9	69.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.0	79.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	77.9	77.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	65.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.0	59.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.6	50.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.5	95.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.5	3.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.4	10.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(38.9)	39.1
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(13.4)	21.4
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(77.8)	83.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.8	1.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(82.2)	76.7

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Bulandshahr, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	21.7	23.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(49.7)	26.6
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(41.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	9.9	5.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(5.1)	(7.3)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.9	6.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.6	43.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	13.8	16.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.6	7.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.5	33.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.9	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 (%)	15.8	21.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	32.2	19.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	46.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	64.1	65.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	51.5	55.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	61.2	67.3
84. All women age 15-49 years who are anaemic ²² (%)	52.0	56.2
85. All women age 15-19 years who are anaemic ²² (%)	54.0	51.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.9	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.2	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 (%)	0.2	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 (%)	4.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	34.4	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	17.2	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

CHANDAULI UTTAR PRADESH



(स्थापना / Established in 1956)

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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 Chandauli. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Chandauli, information was gathered from 950 households, 1,272 women, and 141 men.

Chandauli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.8	66.4
2. Population below age 15 years (%)	30.5	34.3
3. Sex ratio of the total population (females per 1,000 males)	986	1,005
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	877	839
5. Children under age 5 years whose birth was registered with the civil authority (%)	80.5	67.0
6. Deaths in the last 3 years registered with the civil authority (%)	45.4	na
7. Population living in households with electricity (%)	91.9	73.7
8. Population living in households with an improved drinking-water source ¹ (%)	97.5	91.1
9. Population living in households that use an improved sanitation facility ² (%)	66.7	32.5
10. Households using clean fuel for cooking ³ (%)	42.3	21.8
11. Households using iodized salt (%)	98.9	99.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	28.1	8.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	70.6	na
15. Women with 10 or more years of schooling (%)	47.2	40.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	17.2	33.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.4	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.1	5.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	80.6	51.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	60.4	38.3
21. Any modern method ⁶ (%)	48.7	36.3
22. Female sterilization (%)	34.9	30.4
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	0.6	1.2
25. Pill (%)	2.2	1.0
26. Condom (%)	7.4	3.4
27. Injectables (%)	2.0	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	15.4	22.0
29. Unmet need for spacing ⁷ (%)	5.5	9.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	24.6	16.8
31. Current users ever told about side effects of current method ⁸ (%)	69.2	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

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

Chandauli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
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33. Mothers who had at least 4 antenatal care visits (%)	32.9	25.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.3	91.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	26.3	21.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	15.1	3.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.5	93.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	65.2	47.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,530	2,086
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	3.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	86.2	77.4
43. Institutional births in public facility (%)	53.4	49.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.0	3.5
45. Births attended by skilled health personnel ¹⁰ (%)	85.1	77.4
46. Births delivered by caesarean section (%)	18.5	16.4
47. Births in a private health facility that were delivered by caesarean section (%)	48.0	51.2
48. Births in a public health facility that were delivered by caesarean section (%)	5.2	4.7
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 (%)	70.6	58.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	82.6	79.8
51. Children age 12-23 months who have received BCG (%)	90.2	90.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	72.6	67.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.6	77.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.7	81.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	24.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	64.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.5	56.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	75.9	65.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	92.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	4.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	16.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	56.6
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	29.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	71.8
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.2	8.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(53.1)	77.9

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Chandauli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	28.0	26.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	65.7	55.5
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(21.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.1	3.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(2.7)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.5	3.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.5	43.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.4	17.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.4	6.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	29.9	34.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	0.6	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 (%)	21.4	27.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	23.1	14.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	57.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	64.6	66.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	48.5	64.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(55.4)	55.4
84. All women age 15-49 years who are anaemic ²² (%)	48.7	63.9
85. All women age 15-19 years who are anaemic ²² (%)	52.4	55.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.5	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 (%)	18.9	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) (%)	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 (%)	23.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	4.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.8	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.8	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	16.9	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

CHITRAKOOT UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Chitrakoot. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Chitrakoot, information was gathered from 985 households, 1,176 women, and 173 men.

Chitrakoot, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.8	57.9
2. Population below age 15 years (%)	31.3	36.4
3. Sex ratio of the total population (females per 1,000 males)	950	1,034
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	889	968
5. Children under age 5 years whose birth was registered with the civil authority (%)	83.3	70.0
6. Deaths in the last 3 years registered with the civil authority (%)	35.9	na
7. Population living in households with electricity (%)	92.0	69.6
8. Population living in households with an improved drinking-water source ¹ (%)	97.0	93.8
9. Population living in households that use an improved sanitation facility ² (%)	56.7	16.2
10. Households using clean fuel for cooking ³ (%)	31.2	11.6
11. Households using iodized salt (%)	75.8	77.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	17.4	2.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	56.2	na
15. Women with 10 or more years of schooling (%)	30.2	22.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.8	31.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.8	3.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.5	8.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	55.8	31.2
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	57.1	45.8
21. Any modern method ⁶ (%)	49.0	39.9
22. Female sterilization (%)	32.8	33.7
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	1.3	1.2
25. Pill (%)	3.2	1.7
26. Condom (%)	8.8	3.0
27. Injectables (%)	0.4	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	12.7	18.0
29. Unmet need for spacing ⁷ (%)	4.7	8.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.9	23.2
31. Current users ever told about side effects of current method ⁸ (%)	69.0	43.7

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Chitrakoot, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	53.7	41.2
33. Mothers who had at least 4 antenatal care visits (%)	30.3	16.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	79.9	90.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	13.4	17.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.2	1.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.9	91.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	50.3	58.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,331	1,556
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	5.4	1.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	49.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	81.1	74.1
43. Institutional births in public facility (%)	75.0	67.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	6.0	4.0
45. Births attended by skilled health personnel ¹⁰ (%)	78.4	77.5
46. Births delivered by caesarean section (%)	5.3	2.5
47. Births in a private health facility that were delivered by caesarean section (%)	(51.2)	(19.2)
48. Births in a public health facility that were delivered by caesarean section (%)	3.0	1.8
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 (%)	63.7	67.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	68.9	74.2
51. Children age 12-23 months who have received BCG (%)	84.8	95.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	68.0	78.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.8	83.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.7	82.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	32.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	54.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	72.8	66.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.6	45.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.3	79.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.8	2.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.2	9.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(45.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(35.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(77.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.9	2.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(43.1)	73.4

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Chitrakoot, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	26.9	34.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	41.6	(46.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(33.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.9	13.2
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} (%)	8.4	14.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	47.5	50.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	24.8	33.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.0	14.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	41.8	52.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.7	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 (%)	24.1	33.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	14.5	7.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	55.3	72.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	46.7	68.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	43.9	60.1
84. All women age 15-49 years who are anaemic ²² (%)	46.6	67.7
85. All women age 15-19 years who are anaemic ²² (%)	51.9	66.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	1.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	1.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	5.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	8.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.3	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 (%)	16.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.3	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 (%)	12.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	59.6	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	13.6	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

DEORIA
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Deoria. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Deoria, information was gathered from 949 households, 1,317 women, and 157 men.

Deoria, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.0	64.2
2. Population below age 15 years (%)	30.3	34.3
3. Sex ratio of the total population (females per 1,000 males)	1,046	1,156
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,002	981
5. Children under age 5 years whose birth was registered with the civil authority (%)	86.7	74.2
6. Deaths in the last 3 years registered with the civil authority (%)	47.7	na
7. Population living in households with electricity (%)	95.3	72.1
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	100.0
9. Population living in households that use an improved sanitation facility ² (%)	69.1	25.0
10. Households using clean fuel for cooking ³ (%)	67.2	32.9
11. Households using iodized salt (%)	97.0	98.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	10.5	5.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	71.3	na
15. Women with 10 or more years of schooling (%)	50.4	39.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.7	22.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.9	2.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.1	2.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.9	40.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	56.2	32.3
21. Any modern method ⁶ (%)	45.9	27.5
22. Female sterilization (%)	18.0	18.0
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	3.1	0.4
25. Pill (%)	5.4	3.0
26. Condom (%)	16.4	5.8
27. Injectables (%)	2.3	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	20.4	24.0
29. Unmet need for spacing ⁷ (%)	6.3	7.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	24.7	12.3
31. Current users ever told about side effects of current method ⁸ (%)	79.3	39.0

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Deoria, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	55.9	39.0
33. Mothers who had at least 4 antenatal care visits (%)	42.5	25.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.9	93.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	13.8	16.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.4	6.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.2	88.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.2	54.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,961	2,029
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 (%)	73.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.4	82.0
43. Institutional births in public facility (%)	76.4	65.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.5	4.6
45. Births attended by skilled health personnel ¹⁰ (%)	91.6	85.1
46. Births delivered by caesarean section (%)	12.7	7.8
47. Births in a private health facility that were delivered by caesarean section (%)	51.6	36.9
48. Births in a public health facility that were delivered by caesarean section (%)	5.1	2.4
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 (%)	64.2	63.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	73.2	66.6
51. Children age 12-23 months who have received BCG (%)	92.6	93.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	73.9	78.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.0	75.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	77.4	74.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	61.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.9	55.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.0	56.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.9	94.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	3.3
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.0	9.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(36.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(23.8)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(82.6)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	6.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(89.1)	77.5

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Deoria, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	17.3	20.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(54.8)	(60.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.0	1.8
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	1.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.8	41.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	26.5	14.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.8	4.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.4	31.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.4	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 (%)	16.8	25.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	19.3	17.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	54.9	68.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	34.2	56.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(21.1)	60.4
84. All women age 15-49 years who are anaemic ²² (%)	33.8	57.1
85. All women age 15-19 years who are anaemic ²² (%)	39.0	60.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.3	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 (%)	17.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	6.8	na
99. Ever undergone a breast examination for breast cancer (%)	0.8	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 (%)	2.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	36.9	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	12.7	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



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Government of India

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

ETAH
UTTAR PRADESH



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

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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 Etah. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Development Initiative (RDI) Pvt. Ltd. In Etah, information was gathered from 953 households, 1,267 women, and 179 men.

Etah, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.0	66.9
2. Population below age 15 years (%)	33.2	34.5
3. Sex ratio of the total population (females per 1,000 males)	1,047	940
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,004	839
5. Children under age 5 years whose birth was registered with the civil authority (%)	57.6	49.6
6. Deaths in the last 3 years registered with the civil authority (%)	49.1	na
7. Population living in households with electricity (%)	88.0	68.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	100.0
9. Population living in households that use an improved sanitation facility ² (%)	62.7	25.3
10. Households using clean fuel for cooking ³ (%)	39.6	24.4
11. Households using iodized salt (%)	74.8	96.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.8	8.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	11.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	67.8	na
15. Women with 10 or more years of schooling (%)	38.8	31.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.1	27.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.1	3.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.3	9.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	64.5	48.9
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	73.1	54.5
21. Any modern method ⁶ (%)	39.7	25.1
22. Female sterilization (%)	7.8	10.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.8	2.5
25. Pill (%)	3.3	2.3
26. Condom (%)	24.2	7.7
27. Injectables (%)	0.9	1.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	7.0	14.1
29. Unmet need for spacing ⁷ (%)	2.0	4.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	13.4	5.9
31. Current users ever told about side effects of current method ⁸ (%)	56.5	40.3

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Etah, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	54.1	50.1
33. Mothers who had at least 4 antenatal care visits (%)	33.6	17.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.3	81.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	20.0	10.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.7	1.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.2	90.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	60.2	53.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,929	1,430
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	0.7
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	61.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	76.7	61.7
43. Institutional births in public facility (%)	50.5	29.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.2	1.5
45. Births attended by skilled health personnel ¹⁰ (%)	80.8	62.5
46. Births delivered by caesarean section (%)	7.5	5.7
47. Births in a private health facility that were delivered by caesarean section (%)	23.3	17.0
48. Births in a public health facility that were delivered by caesarean section (%)	2.8	1.1
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 (%)	55.5	48.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	71.9	62.7
51. Children age 12-23 months who have received BCG (%)	98.1	83.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	60.5	71.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	75.0	62.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.9	64.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	37.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	19.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	69.0	55.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.6	39.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	90.2	73.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.1	10.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.4	13.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(48.2)	19.7
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(29.1)	2.9
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(52.6)	43.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	9.1	6.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	46.5	60.7

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Etah, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	29.8	21.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	56.5	(47.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(26.1)	(24.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.2	4.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(3.3)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.0	3.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	48.8	51.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	15.0	9.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.4	2.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.6	32.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.7	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 (%)	18.7	23.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	20.4	17.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.4	40.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	56.0	36.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	44.6	38.3
84. All women age 15-49 years who are anaemic ²² (%)	55.4	36.5
85. All women age 15-19 years who are anaemic ²² (%)	60.9	32.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.2	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 (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.0	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	15.1	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

ETAWAH
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Etawah. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Etawah, information was gathered from 978 households, 1,225 women, and 183 men.

Etawah, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	74.6	72.5
2. Population below age 15 years (%)	29.4	32.0
3. Sex ratio of the total population (females per 1,000 males)	968	935
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	799	813
5. Children under age 5 years whose birth was registered with the civil authority (%)	74.3	63.4
6. Deaths in the last 3 years registered with the civil authority (%)	49.0	na
7. Population living in households with electricity (%)	95.7	92.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.5	99.2
9. Population living in households that use an improved sanitation facility ² (%)	78.1	30.2
10. Households using clean fuel for cooking ³ (%)	48.6	26.9
11. Households using iodized salt (%)	77.2	94.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	17.9	10.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	77.4	na
15. Women with 10 or more years of schooling (%)	45.7	38.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.3	22.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.6	5.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.2	5.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.5	54.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	71.0	51.4
21. Any modern method ⁶ (%)	48.9	24.4
22. Female sterilization (%)	14.4	12.7
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	1.1	1.1
25. Pill (%)	4.8	1.2
26. Condom (%)	26.9	8.3
27. Injectables (%)	1.4	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	8.3	18.5
29. Unmet need for spacing ⁷ (%)	2.4	6.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.5	3.9
31. Current users ever told about side effects of current method ⁸ (%)	65.4	(45.6)

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Etawah, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	67.9	57.2
33. Mothers who had at least 4 antenatal care visits (%)	43.7	24.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.6	84.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	28.7	7.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.1	1.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.6	89.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.3	60.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,692	1,312
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	1.6
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.2	75.2
43. Institutional births in public facility (%)	70.1	61.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.1	1.9
45. Births attended by skilled health personnel ¹⁰ (%)	88.0	75.8
46. Births delivered by caesarean section (%)	11.2	6.7
47. Births in a private health facility that were delivered by caesarean section (%)	45.1	31.1
48. Births in a public health facility that were delivered by caesarean section (%)	6.3	3.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	77.7	53.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	87.2	72.0
51. Children age 12-23 months who have received BCG (%)	100.0	86.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	82.2	67.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.0	62.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.7	66.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	32.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.0	56.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.9	41.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.4	80.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.6	2.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.8	12.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(39.6)	20.1
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(44.5)	9.7
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(62.8)	58.4
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.8	6.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	68.8	66.9

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

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

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

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

¹³Not including polio vaccination given at birth.

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

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Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
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68. Children under age 6 months exclusively breastfed ¹⁶ (%)	57.6	71.1
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(21.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.1	3.8
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} (%)	6.2	3.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.8	53.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	13.9	11.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.2	2.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	24.3	32.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.6	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 (%)	16.0	22.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	23.7	18.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	45.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	74.0	40.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	57.6	28.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	51.9	25.5
84. All women age 15-49 years who are anaemic ²² (%)	57.4	28.2
85. All women age 15-19 years who are anaemic ²² (%)	65.6	24.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.2	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 (%)	10.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	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 (%)	5.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	45.5	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	16.9	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

FAIZABAD
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Faizabad. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Faizabad, information was gathered from 914 households, 1,213 women, and 137 men.

Faizabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.1	64.8
2. Population below age 15 years (%)	29.1	33.5
3. Sex ratio of the total population (females per 1,000 males)	1,049	1,057
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	885	918
5. Children under age 5 years whose birth was registered with the civil authority (%)	86.6	77.9
6. Deaths in the last 3 years registered with the civil authority (%)	58.9	na
7. Population living in households with electricity (%)	90.3	67.9
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	99.5
9. Population living in households that use an improved sanitation facility ² (%)	64.4	25.2
10. Households using clean fuel for cooking ³ (%)	41.3	24.5
11. Households using iodized salt (%)	94.1	92.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	19.8	6.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	73.8	na
15. Women with 10 or more years of schooling (%)	49.0	36.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	7.6	26.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.5	3.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.0	2.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	71.0	54.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	46.0	43.8
21. Any modern method ⁶ (%)	21.0	24.9
22. Female sterilization (%)	11.3	14.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.8	0.6
25. Pill (%)	0.7	1.6
26. Condom (%)	7.6	8.1
27. Injectables (%)	0.5	0.4
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	25.9	24.5
29. Unmet need for spacing ⁷ (%)	12.3	7.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.2	7.5
31. Current users ever told about side effects of current method ⁸ (%)	(50.4)	(38.6)

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Faizabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	48.4	44.8
33. Mothers who had at least 4 antenatal care visits (%)	33.8	20.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.2	87.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	20.8	7.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.8	2.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.1	82.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.5	66.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,525	1,754
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 (%)	71.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.1	78.6
43. Institutional births in public facility (%)	63.3	62.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.2	2.7
45. Births attended by skilled health personnel ¹⁰ (%)	91.6	77.8
46. Births delivered by caesarean section (%)	21.2	8.4
47. Births in a private health facility that were delivered by caesarean section (%)	59.3	31.6
48. Births in a public health facility that were delivered by caesarean section (%)	9.3	5.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	68.7	48.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	82.9	55.4
51. Children age 12-23 months who have received BCG (%)	88.6	90.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	71.2	65.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.4	68.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.5	66.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	62.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.1	52.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.1	44.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.3	73.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.4	4.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.5	17.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	41.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	13.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	70.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.7	5.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(88.6)	59.3

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Faizabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	12.5	26.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	64.2	(25.0)
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} (%)	3.5	3.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.9	2.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	30.6	49.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	12.4	19.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.0	5.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.5	44.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.6	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 (%)	20.0	29.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	24.5	14.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	31.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	57.7	63.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.7	61.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(39.3)	47.1
84. All women age 15-49 years who are anaemic ²² (%)	52.3	60.7
85. All women age 15-19 years who are anaemic ²² (%)	52.7	61.9
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 (%)	8.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.6	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.6	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) (%)	8.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
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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 (%)	17.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	41.2	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	10.6	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



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Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

FARRUKHABAD UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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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 Farrukhabad. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Farrukhabad, information was gathered from 969 households, 1,276 women, and 175 men.

Farrukhabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.1	70.3
2. Population below age 15 years (%)	32.7	35.5
3. Sex ratio of the total population (females per 1,000 males)	972	981
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	789	1,002
5. Children under age 5 years whose birth was registered with the civil authority (%)	67.7	55.6
6. Deaths in the last 3 years registered with the civil authority (%)	47.0	na
7. Population living in households with electricity (%)	91.8	62.4
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	99.9
9. Population living in households that use an improved sanitation facility ² (%)	72.6	30.5
10. Households using clean fuel for cooking ³ (%)	45.5	24.6
11. Households using iodized salt (%)	77.5	93.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.5	5.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	63.1	na
15. Women with 10 or more years of schooling (%)	33.3	30.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.8	24.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.3	6.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.1	6.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	61.0	33.7
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	67.2	45.8
21. Any modern method ⁶ (%)	40.0	22.9
22. Female sterilization (%)	8.3	7.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.3	3.4
25. Pill (%)	2.6	1.4
26. Condom (%)	24.6	10.5
27. Injectables (%)	1.6	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	7.7	18.8
29. Unmet need for spacing ⁷ (%)	3.5	6.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	29.6	10.0
31. Current users ever told about side effects of current method ⁸ (%)	81.3	63.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Farrukhabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	71.4	44.1
33. Mothers who had at least 4 antenatal care visits (%)	41.5	17.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.8	84.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	24.5	9.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	10.5	3.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	91.7	71.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.5	43.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,611	1,331
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 (%)	72.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	69.3	52.0
43. Institutional births in public facility (%)	48.8	34.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	7.1	1.6
45. Births attended by skilled health personnel ¹⁰ (%)	74.7	53.6
46. Births delivered by caesarean section (%)	10.0	6.0
47. Births in a private health facility that were delivered by caesarean section (%)	38.8	24.1
48. Births in a public health facility that were delivered by caesarean section (%)	4.2	5.0
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 (%)	68.5	38.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	83.7	(46.2)
51. Children age 12-23 months who have received BCG (%)	95.3	79.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	72.2	64.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.7	59.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.6	60.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	34.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	79.0	41.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	71.0	27.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.0	67.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	4.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.6	12.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	19.8
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	5.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	69.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.1	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 (%)	67.5	69.2

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Farrukhabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	32.9	22.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	58.6	(56.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(48.5)	(39.3)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	16.1	7.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(7.9)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	14.8	6.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	47.8	49.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.3	8.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.1	2.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	31.1	31.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.7	0.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	18.3	23.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	15.7	15.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.1	38.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	57.5	26.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	47.7	29.3
84. All women age 15-49 years who are anaemic ²² (%)	56.9	27.0
85. All women age 15-19 years who are anaemic ²² (%)	58.3	24.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.1	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	13.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	1.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.1	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	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 (%)	6.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.0	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	19.7	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

FATEHPUR UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Fatehpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Fatehpur, information was gathered from 989 households, 1,206 women, and 175 men.

Fatehpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.4	59.0
2. Population below age 15 years (%)	29.0	31.2
3. Sex ratio of the total population (females per 1,000 males)	1,035	1,008
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	890	799
5. Children under age 5 years whose birth was registered with the civil authority (%)	84.3	54.5
6. Deaths in the last 3 years registered with the civil authority (%)	35.3	na
7. Population living in households with electricity (%)	76.8	46.0
8. Population living in households with an improved drinking-water source ¹ (%)	98.8	98.1
9. Population living in households that use an improved sanitation facility ² (%)	63.1	27.7
10. Households using clean fuel for cooking ³ (%)	38.9	17.6
11. Households using iodized salt (%)	76.2	96.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.8	1.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	62.3	na
15. Women with 10 or more years of schooling (%)	37.3	32.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.4	14.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.7	1.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.3	1.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	70.4	35.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	66.2	41.4
21. Any modern method ⁶ (%)	58.0	18.0
22. Female sterilization (%)	8.4	10.8
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	0.7	0.7
25. Pill (%)	6.6	1.7
26. Condom (%)	38.9	4.6
27. Injectables (%)	0.9	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	9.7	18.7
29. Unmet need for spacing ⁷ (%)	2.7	6.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	35.6	8.3
31. Current users ever told about side effects of current method ⁸ (%)	73.9	*

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Fatehpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	56.3	38.9
33. Mothers who had at least 4 antenatal care visits (%)	38.1	9.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.2	85.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	17.7	6.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.8	1.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.8	88.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	66.8	39.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,145	1,407
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	3.6	0.0
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 (%)	81.4	69.0
43. Institutional births in public facility (%)	64.6	56.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	7.2	1.1
45. Births attended by skilled health personnel ¹⁰ (%)	85.6	69.0
46. Births delivered by caesarean section (%)	7.0	4.6
47. Births in a private health facility that were delivered by caesarean section (%)	26.7	(29.6)
48. Births in a public health facility that were delivered by caesarean section (%)	3.9	1.8
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 (%)	55.7	48.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	63.5	(67.6)
51. Children age 12-23 months who have received BCG (%)	90.0	87.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	61.8	63.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.0	68.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	71.5	71.5
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 (%)	20.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	69.8	55.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.3	43.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.3	95.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.0	1.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.9	10.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(36.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(13.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(55.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.9	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 (%)	(43.1)	(65.2)

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Fatehpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	13.9	25.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	48.0	(46.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.0	3.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.5	4.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	51.1	52.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.8	14.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.1	5.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	38.0	40.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.6	4.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	24.7	31.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	15.8	10.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	63.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	78.1	44.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	63.7	40.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	49.0	(37.8)
84. All women age 15-49 years who are anaemic ²² (%)	63.0	40.2
85. All women age 15-19 years who are anaemic ²² (%)	60.5	37.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	5.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.8	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.5	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 (%)	17.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.9	na
99. Ever undergone a breast examination for breast cancer (%)	1.1	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	20.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	60.8	na
103. Women age 15 years and above who consume alcohol (%)	0.8	na
104. Men age 15 years and above who consume alcohol (%)	18.5	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

FIROZABAD
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Firozabad. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Firozabad, information was gathered from 951 households, 1,178 women, and 181 men.

Firozabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	72.5	67.3
2. Population below age 15 years (%)	31.9	33.9
3. Sex ratio of the total population (females per 1,000 males)	950	961
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	871	850
5. Children under age 5 years whose birth was registered with the civil authority (%)	65.4	54.8
6. Deaths in the last 3 years registered with the civil authority (%)	34.5	na
7. Population living in households with electricity (%)	96.3	87.5
8. Population living in households with an improved drinking-water source ¹ (%)	99.4	99.3
9. Population living in households that use an improved sanitation facility ² (%)	69.0	36.7
10. Households using clean fuel for cooking ³ (%)	53.5	36.3
11. Households using iodized salt (%)	88.0	95.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.4	2.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	71.4	na
15. Women with 10 or more years of schooling (%)	42.4	32.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	24.8	22.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.8	5.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.6	4.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	70.0	49.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	66.9	47.3
21. Any modern method ⁶ (%)	34.6	29.7
22. Female sterilization (%)	15.0	14.2
23. Male sterilization (%)	0.0	0.3
24. IUD/PPIUD (%)	1.2	1.4
25. Pill (%)	2.3	1.5
26. Condom (%)	14.7	11.9
27. Injectables (%)	0.4	0.5
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	9.2	16.9
29. Unmet need for spacing ⁷ (%)	3.2	7.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.3	11.9
31. Current users ever told about side effects of current method ⁸ (%)	47.1	61.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Firozabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	58.3	43.0
33. Mothers who had at least 4 antenatal care visits (%)	39.3	24.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	84.7	83.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	14.9	7.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.6	2.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	92.7	81.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	73.7	47.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,791	1,441
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.5	1.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	80.1	67.0
43. Institutional births in public facility (%)	56.4	41.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.2	3.2
45. Births attended by skilled health personnel ¹⁰ (%)	83.3	67.6
46. Births delivered by caesarean section (%)	10.7	9.1
47. Births in a private health facility that were delivered by caesarean section (%)	38.5	30.5
48. Births in a public health facility that were delivered by caesarean section (%)	2.7	2.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	67.1	58.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	72.9	72.1
51. Children age 12-23 months who have received BCG (%)	94.9	91.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	72.1	76.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.4	72.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.7	75.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	19.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.1	60.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	52.9	42.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.5	84.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.6	6.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.0	14.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(44.4)	37.1
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(16.0)	10.7
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(70.2)	67.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9	8.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	72.5	76.9

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Firozabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	28.4	21.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	57.2	44.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	32.9
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.3	2.2
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	4.7
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.8	2.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	46.9	44.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	9.5	11.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.8	3.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.6	27.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.8	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 (%)	18.8	21.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	24.3	15.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	73.9	47.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	57.7	34.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	45.8	32.8
84. All women age 15-49 years who are anaemic ²² (%)	57.1	34.1
85. All women age 15-19 years who are anaemic ²² (%)	61.8	28.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.2	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) (%)	11.9	na
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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 (%)	5.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	45.6	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	17.7	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

GAUTAM BUDDHA NAGAR

UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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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 Gautam Buddha Nagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Gautam Buddha Nagar, information was gathered from 713 households, 863 women, and 95 men.

Gautam Buddha Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	78.0	75.3
2. Population below age 15 years (%)	28.5	32.4
3. Sex ratio of the total population (females per 1,000 males)	897	844
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	735	845
5. Children under age 5 years whose birth was registered with the civil authority (%)	84.1	72.9
6. Deaths in the last 3 years registered with the civil authority (%)	68.6	na
7. Population living in households with electricity (%)	99.4	98.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.9	100.0
9. Population living in households that use an improved sanitation facility ² (%)	74.0	59.8
10. Households using clean fuel for cooking ³ (%)	75.0	76.3
11. Households using iodized salt (%)	97.2	99.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	23.8	19.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	79.9	na
15. Women with 10 or more years of schooling (%)	51.9	44.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.5	21.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.9	4.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.1	5.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	89.6	75.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	76.3	74.6
21. Any modern method ⁶ (%)	55.9	48.4
22. Female sterilization (%)	24.2	21.0
23. Male sterilization (%)	0.2	0.6
24. IUD/PPIUD (%)	3.2	3.7
25. Pill (%)	2.3	3.0
26. Condom (%)	25.0	19.5
27. Injectables (%)	0.7	0.5
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	5.3	7.2
29. Unmet need for spacing ⁷ (%)	2.4	3.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.7	11.8
31. Current users ever told about side effects of current method ⁸ (%)	67.0	46.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Gautam Buddha Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	75.3	69.1
33. Mothers who had at least 4 antenatal care visits (%)	52.7	51.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.1	91.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	34.1	20.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.5	4.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.6	76.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.4	72.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,626	2,563
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	1.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	86.6	70.9
43. Institutional births in public facility (%)	32.4	24.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.5	3.3
45. Births attended by skilled health personnel ¹⁰ (%)	90.1	74.1
46. Births delivered by caesarean section (%)	19.8	15.0
47. Births in a private health facility that were delivered by caesarean section (%)	31.1	25.8
48. Births in a public health facility that were delivered by caesarean section (%)	9.0	12.7
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 (%)	68.2	65.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(90.4)	66.4
51. Children age 12-23 months who have received BCG (%)	94.6	93.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	69.7	80.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.4	76.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.6	75.8
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 (%)	74.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	86.4	62.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.3	34.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	83.0	72.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	6.5	19.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.7	15.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	46.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	13.7
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	55.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.2	3.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(83.4)	66.8

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Gautam Buddha Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	33.4	16.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	30.4
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(43.8)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.4	7.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	8.0
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.9	7.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	25.5	32.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	12.0	16.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.5	4.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	21.9	28.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	0.6	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	15.0	14.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	34.7	29.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	62.9	68.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.3	58.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(61.9)	49.7
84. All women age 15-49 years who are anaemic ²² (%)	59.4	57.6
85. All women age 15-19 years who are anaemic ²² (%)	57.8	57.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.0	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 (%)	20.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	3.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	29.7	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	17.3	na

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

GHAZIABAD
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Ghaziabad. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Ghaziabad, information was gathered from 716 households, 805 women, and 76 men.

Ghaziabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	78.9
2. Population below age 15 years (%)	24.9
3. Sex ratio of the total population (females per 1,000 males)	930
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,182
5. Children under age 5 years whose birth was registered with the civil authority (%)	86.8
6. Deaths in the last 3 years registered with the civil authority (%)	73.4
7. Population living in households with electricity (%)	99.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.1
9. Population living in households that use an improved sanitation facility ² (%)	84.5
10. Households using clean fuel for cooking ³ (%)	92.4
11. Households using iodized salt (%)	96.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.0
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 (%)	80.1
15. Women with 10 or more years of schooling (%)	55.2
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	8.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	91.7
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	72.7
21. Any modern method ⁶ (%)	51.1
22. Female sterilization (%)	15.9
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	3.0
25. Pill (%)	0.2
26. Condom (%)	31.9
27. Injectables (%)	0.0
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 (%)	2.8
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 (%)	(95.5)

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Ghaziabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	77.2
33. Mothers who had at least 4 antenatal care visits (%)	62.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	86.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	47.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	22.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,251
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.1)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.3
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	86.4
43. Institutional births in public facility (%)	40.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.1
45. Births attended by skilled health personnel ¹⁰ (%)	88.0
46. Births delivered by caesarean section (%)	31.8
47. Births in a private health facility that were delivered by caesarean section (%)	52.5
48. Births in a public health facility that were delivered by caesarean section (%)	19.2
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 (%)	68.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(83.8)
51. Children age 12-23 months who have received BCG (%)	90.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	73.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.4
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	64.7
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	64.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(87.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(8.6)
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.7
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
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Ghaziabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	18.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(54.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.5
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} (%)	6.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	28.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	23.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	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 (%)	11.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	43.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.7
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	61.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	55.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(39.6)
84. All women age 15-49 years who are anaemic ²² (%)	55.2
85. All women age 15-19 years who are anaemic ²² (%)	59.8
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.8
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.4
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	17.9
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.0
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.2
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.2
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) (%)	10.3
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.3
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.5
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.9
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 (%)	0.7
99. Ever undergone a breast examination for breast cancer (%)	0.0
100. Ever undergone an oral cavity examination for oral cancer (%)	0.9
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	1.7
102. Men age 15 years and above who use any kind of tobacco (%)	22.3
103. Women age 15 years and above who consume alcohol (%)	0.1
104. Men age 15 years and above who consume alcohol (%)	13.4

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

¹⁶Based on the youngest child living with the mother.

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

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

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

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

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

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

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

GHAZIPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Ghazipur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Ghazipur, information was gathered from 966 households, 1,363 women, and 203 men.

Ghazipur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.7	63.5
2. Population below age 15 years (%)	29.6	35.1
3. Sex ratio of the total population (females per 1,000 males)	1,053	1,112
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	972	1,052
5. Children under age 5 years whose birth was registered with the civil authority (%)	74.3	63.4
6. Deaths in the last 3 years registered with the civil authority (%)	53.4	na
7. Population living in households with electricity (%)	91.8	70.5
8. Population living in households with an improved drinking-water source ¹ (%)	99.3	99.5
9. Population living in households that use an improved sanitation facility ² (%)	64.1	19.8
10. Households using clean fuel for cooking ³ (%)	39.3	17.0
11. Households using iodized salt (%)	98.2	98.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	10.6	8.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	72.4	na
15. Women with 10 or more years of schooling (%)	51.4	41.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.5	25.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.8	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.9	4.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.6	35.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	62.9	35.6
21. Any modern method ⁶ (%)	51.2	27.8
22. Female sterilization (%)	20.9	19.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.9	0.5
25. Pill (%)	10.1	2.8
26. Condom (%)	12.1	4.6
27. Injectables (%)	2.8	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	13.4	20.2
29. Unmet need for spacing ⁷ (%)	4.9	7.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.5	13.5
31. Current users ever told about side effects of current method ⁸ (%)	68.5	26.5

Note: Major indicators are highlighted in grey.

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

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

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

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

³Electricity, LPG/natural gas, biogas.

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

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

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

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

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

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

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

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

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

Ghazipur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	58.1	30.0
33. Mothers who had at least 4 antenatal care visits (%)	29.2	19.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.7	91.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	10.6	9.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	2.1	2.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.7	75.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.5	39.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,575	2,090
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	1.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	69.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	88.3	75.3
43. Institutional births in public facility (%)	71.1	59.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.0	2.6
45. Births attended by skilled health personnel ¹⁰ (%)	90.5	77.7
46. Births delivered by caesarean section (%)	10.9	4.8
47. Births in a private health facility that were delivered by caesarean section (%)	44.3	21.0
48. Births in a public health facility that were delivered by caesarean section (%)	4.6	2.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	60.8	40.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	69.9	(52.6)
51. Children age 12-23 months who have received BCG (%)	95.8	90.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	67.6	60.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	71.0	60.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.5	73.1
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 (%)	33.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	70.0	44.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	71.8	53.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.4	95.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.6	1.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.6	7.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(47.2)	(16.5)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(16.7)	(10.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(79.9)	(68.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.3	5.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	61.8	69.9

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

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

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

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

¹³Not including polio vaccination given at birth.

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

Ghazipur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	12.4	27.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(60.7)	(25.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(13.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.1	3.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.4	2.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.3	41.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.7	17.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.9	7.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	38.3	31.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.6	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 (%)	19.4	27.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	14.3	13.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	71.6	68.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	46.2	62.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(29.8)	55.2
84. All women age 15-49 years who are anaemic ²² (%)	45.7	61.9
85. All women age 15-19 years who are anaemic ²² (%)	49.8	60.2
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 (%)	3.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.7	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 (%)	4.8	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) (%)	9.1	na
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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 (%)	20.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.1	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 (%)	4.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	37.7	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	10.5	na

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

¹⁶Based on the youngest child living with the mother.

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

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



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Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

GONDA
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
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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 Gonda. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Gonda, information was gathered from 972 households, 1,292 women, and 152 men.

Gonda, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	61.7	54.9
2. Population below age 15 years (%)	32.4	38.3
3. Sex ratio of the total population (females per 1,000 males)	1,078	1,057
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	896	1,051
5. Children under age 5 years whose birth was registered with the civil authority (%)	73.0	43.0
6. Deaths in the last 3 years registered with the civil authority (%)	34.6	na
7. Population living in households with electricity (%)	88.9	41.1
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	44.6	11.1
10. Households using clean fuel for cooking ³ (%)	56.2	19.1
11. Households using iodized salt (%)	85.1	90.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.4	10.6
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 (%)	57.7	na
15. Women with 10 or more years of schooling (%)	31.5	20.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	25.4	48.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.0	4.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.2	5.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	61.4	33.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	41.1	13.8
21. Any modern method ⁶ (%)	37.1	11.7
22. Female sterilization (%)	8.7	7.2
23. Male sterilization (%)	0.2	0.1
24. IUD/PPIUD (%)	1.7	0.3
25. Pill (%)	6.6	0.9
26. Condom (%)	15.9	2.9
27. Injectables (%)	2.3	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	24.5	32.6
29. Unmet need for spacing ⁷ (%)	9.2	11.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	33.2	8.3
31. Current users ever told about side effects of current method ⁸ (%)	62.2	(34.9)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Gonda, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	44.4	20.7
33. Mothers who had at least 4 antenatal care visits (%)	41.7	13.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.4	73.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	17.2	5.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.0	4.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.1	74.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	68.6	34.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,602	2,641
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	3.4	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	81.8	55.8
43. Institutional births in public facility (%)	66.9	40.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.7	4.5
45. Births attended by skilled health personnel ¹⁰ (%)	82.6	57.7
46. Births delivered by caesarean section (%)	11.0	5.8
47. Births in a private health facility that were delivered by caesarean section (%)	37.8	31.1
48. Births in a public health facility that were delivered by caesarean section (%)	8.1	2.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	59.9	36.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	66.2	(67.8)
51. Children age 12-23 months who have received BCG (%)	90.5	74.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	70.5	54.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	70.5	50.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	71.4	53.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	21.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	63.5	33.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.5	45.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.8	83.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.1	11.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	15.4	14.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	48.4	29.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	31.4	7.5
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	78.1	64.3
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	11.2	8.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	58.1	64.8

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Gonda, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	17.9	13.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(55.9)	48.0
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(25.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.8	5.8
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} (%)	5.0	6.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	45.9	56.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	12.1	9.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.8	3.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	28.0	38.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.7	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 (%)	24.6	29.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	17.5	12.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	62.0	72.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	49.3	54.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	48.8	54.3
84. All women age 15-49 years who are anaemic ²² (%)	49.3	54.4
85. All women age 15-19 years who are anaemic ²² (%)	51.6	57.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.4	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.5	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.1	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.2	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 (%)	18.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	51.6	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	11.1	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

GORAKHPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Gorakhpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Gorakhpur, information was gathered from 958 households, 1,360 women, and 135 men.

Gorakhpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.6	68.1
2. Population below age 15 years (%)	30.5	32.9
3. Sex ratio of the total population (females per 1,000 males)	1,089	1,098
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	943	951
5. Children under age 5 years whose birth was registered with the civil authority (%)	90.3	85.6
6. Deaths in the last 3 years registered with the civil authority (%)	51.5	na
7. Population living in households with electricity (%)	94.9	78.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	99.8
9. Population living in households that use an improved sanitation facility ² (%)	69.6	37.7
10. Households using clean fuel for cooking ³ (%)	66.8	39.7
11. Households using iodized salt (%)	98.4	97.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	17.9	7.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	68.8	na
15. Women with 10 or more years of schooling (%)	42.8	38.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	14.6	25.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	3.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.4	2.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	78.3	52.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	63.8	45.0
21. Any modern method ⁶ (%)	48.9	36.1
22. Female sterilization (%)	19.0	27.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.8	0.8
25. Pill (%)	6.9	0.6
26. Condom (%)	20.1	6.7
27. Injectables (%)	1.4	0.7
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	14.7	23.3
29. Unmet need for spacing ⁷ (%)	4.3	8.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	30.6	10.8
31. Current users ever told about side effects of current method ⁸ (%)	84.7	47.8

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Gorakhpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	63.9	48.3
33. Mothers who had at least 4 antenatal care visits (%)	56.3	35.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.3	94.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	29.3	17.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	17.0	9.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	78.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.1	64.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,533	2,301
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 (%)	73.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.6	76.7
43. Institutional births in public facility (%)	72.5	52.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.3	1.3
45. Births attended by skilled health personnel ¹⁰ (%)	84.1	76.0
46. Births delivered by caesarean section (%)	15.2	17.5
47. Births in a private health facility that were delivered by caesarean section (%)	57.9	56.2
48. Births in a public health facility that were delivered by caesarean section (%)	5.7	7.5
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 (%)	67.7	65.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	69.3	78.7
51. Children age 12-23 months who have received BCG (%)	97.2	96.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	74.9	85.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.3	80.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	85.5	86.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	23.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	58.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	76.0	66.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.6	57.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.6	73.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.8	6.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.4	25.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	34.8
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	17.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	57.9
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9	6.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(73.1)	70.3

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Gorakhpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	38.8	37.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(71.2)	(56.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(16.8)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	1.6	3.3
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} (%)	2.3	3.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	29.6	42.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	23.3	19.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.0	5.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.7	35.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.3	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 (%)	18.0	22.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	21.1	20.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	63.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.4	59.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	53.4	52.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	41.4	(45.6)
84. All women age 15-49 years who are anaemic ²² (%)	52.9	51.7
85. All women age 15-19 years who are anaemic ²² (%)	55.8	58.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.2	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 (%)	16.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.4	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.8	na
99. Ever undergone a breast examination for breast cancer (%)	1.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.9	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.6	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	18.9	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

HAMIRPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Hamirpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Hamirpur, information was gathered from 980 households, 1,389 women, and 206 men.

Hamirpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	70.8	61.7
2. Population below age 15 years (%)	28.2	28.9
3. Sex ratio of the total population (females per 1,000 males)	1,003	945
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	882	930
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.0	70.9
6. Deaths in the last 3 years registered with the civil authority (%)	61.7	na
7. Population living in households with electricity (%)	94.6	76.2
8. Population living in households with an improved drinking-water source ¹ (%)	99.4	99.6
9. Population living in households that use an improved sanitation facility ² (%)	77.7	48.9
10. Households using clean fuel for cooking ³ (%)	29.0	19.7
11. Households using iodized salt (%)	94.4	89.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	21.9	3.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	69.4	na
15. Women with 10 or more years of schooling (%)	37.6	30.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.5	17.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.6	2.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.4	4.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.4	51.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	61.3	43.0
21. Any modern method ⁶ (%)	47.5	38.7
22. Female sterilization (%)	21.9	27.8
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.1	0.6
25. Pill (%)	3.8	1.6
26. Condom (%)	19.1	8.6
27. Injectables (%)	0.6	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	14.4	17.7
29. Unmet need for spacing ⁷ (%)	6.2	6.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	38.4	20.4
31. Current users ever told about side effects of current method ⁸ (%)	77.7	34.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Hamirpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	77.7	44.9
33. Mothers who had at least 4 antenatal care visits (%)	43.2	18.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.5	88.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	27.1	14.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.5	0.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.7	88.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.2	36.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	965	3,568
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 (%)	79.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.3	83.0
43. Institutional births in public facility (%)	88.0	76.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.8	5.2
45. Births attended by skilled health personnel ¹⁰ (%)	96.2	86.6
46. Births delivered by caesarean section (%)	10.7	7.7
47. Births in a private health facility that were delivered by caesarean section (%)	(56.9)	*
48. Births in a public health facility that were delivered by caesarean section (%)	6.8	6.3
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 (%)	77.1	(52.5)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	79.8	(80.6)
51. Children age 12-23 months who have received BCG (%)	97.5	(82.6)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	84.5	(56.9)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.6	(72.2)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.5	(73.9)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	45.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	45.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	81.3	(44.5)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	87.1	59.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	(100.0)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	(0.0)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.4	4.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(66.7)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(54.3)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(72.6)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.7	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 (%)	60.1	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

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Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	19.9	33.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	57.2	*
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} (%)	5.8	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} (%)	5.8	2.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	48.0	38.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.6	32.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.7	14.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	36.3	39.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	9.1	2.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	22.5	28.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	9.3	6.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	55.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	68.5	55.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	46.4	51.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(34.5)	(50.9)
84. All women age 15-49 years who are anaemic ²² (%)	46.1	51.8
85. All women age 15-19 years who are anaemic ²² (%)	49.7	55.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	1.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	5.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.4	na
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Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.8	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 (%)	17.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	64.5	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	13.3	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

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²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

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(स्थापना / Established in 1956)

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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 Hapur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Hapur, information was gathered from 976 households, 1,357 women, and 222 men.

Hapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	71.8
2. Population below age 15 years (%)	31.4
3. Sex ratio of the total population (females per 1,000 males)	917
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	785
5. Children under age 5 years whose birth was registered with the civil authority (%)	75.1
6. Deaths in the last 3 years registered with the civil authority (%)	56.2
7. Population living in households with electricity (%)	98.8
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 (%)	85.6
10. Households using clean fuel for cooking ³ (%)	68.0
11. Households using iodized salt (%)	96.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.8
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	73.7
15. Women with 10 or more years of schooling (%)	43.5
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	7.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	88.6
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	70.3
21. Any modern method ⁶ (%)	47.6
22. Female sterilization (%)	15.3
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	2.1
25. Pill (%)	2.4
26. Condom (%)	26.5
27. Injectables (%)	0.7
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	4.8
29. Unmet need for spacing ⁷ (%)	2.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	31.4
31. Current users ever told about side effects of current method ⁸ (%)	85.1

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Hapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	80.1
33. Mothers who had at least 4 antenatal care visits (%)	53.3
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 (%)	29.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,297
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.3
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	83.3
43. Institutional births in public facility (%)	34.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.4
45. Births attended by skilled health personnel ¹⁰ (%)	85.6
46. Births delivered by caesarean section (%)	16.5
47. Births in a private health facility that were delivered by caesarean section (%)	28.9
48. Births in a public health facility that were delivered by caesarean section (%)	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 (%)	84.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	89.1
51. Children age 12-23 months who have received BCG (%)	97.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	88.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	41.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	83.6
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	82.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	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 (%)	(74.8)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Hapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
Total	
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	38.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	61.1
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	12.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(6.7)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	30.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.1
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 (%)	9.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	32.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	70.7
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 (%)	51.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	30.8
84. All women age 15-49 years who are anaemic ²² (%)	50.6
85. All women age 15-19 years who are anaemic ²² (%)	55.7
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.1
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.3
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.7
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.1
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.6
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) (%)	15.6
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.9
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.1
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.1
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.7
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 (%)	0.1
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	2.4
102. Men age 15 years and above who use any kind of tobacco (%)	30.8
103. Women age 15 years and above who consume alcohol (%)	0.1
104. Men age 15 years and above who consume alcohol (%)	15.4

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

HARDOI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Hardoi. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Hardoi, information was gathered from 983 households, 1,206 women, and 188 men.

Hardoi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	64.6	60.8
2. Population below age 15 years (%)	32.4	36.4
3. Sex ratio of the total population (females per 1,000 males)	975	945
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,097	803
5. Children under age 5 years whose birth was registered with the civil authority (%)	77.8	55.3
6. Deaths in the last 3 years registered with the civil authority (%)	38.4	na
7. Population living in households with electricity (%)	71.0	44.2
8. Population living in households with an improved drinking-water source ¹ (%)	99.9	99.5
9. Population living in households that use an improved sanitation facility ² (%)	55.7	29.1
10. Households using clean fuel for cooking ³ (%)	29.0	23.2
11. Households using iodized salt (%)	82.9	85.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.0	8.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	55.0	na
15. Women with 10 or more years of schooling (%)	26.5	24.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.3	22.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.6	5.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.8	3.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	63.8	36.8
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	58.3	26.4
21. Any modern method ⁶ (%)	46.2	19.7
22. Female sterilization (%)	6.9	8.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.1	1.3
25. Pill (%)	4.4	1.7
26. Condom (%)	31.5	8.0
27. Injectables (%)	0.2	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	13.4	25.6
29. Unmet need for spacing ⁷ (%)	4.5	6.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.2	23.9
31. Current users ever told about side effects of current method ⁸ (%)	79.8	(31.6)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Hardoi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	68.0	21.8
33. Mothers who had at least 4 antenatal care visits (%)	39.7	10.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.6	79.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	23.8	13.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.2	1.1
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.2	75.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.0	33.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,679	1,488
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	5.0	1.6
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	73.9	65.4
43. Institutional births in public facility (%)	61.3	54.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	8.2	4.6
45. Births attended by skilled health personnel ¹⁰ (%)	79.1	67.6
46. Births delivered by caesarean section (%)	7.0	8.7
47. Births in a private health facility that were delivered by caesarean section (%)	43.4	39.4
48. Births in a public health facility that were delivered by caesarean section (%)	2.5	8.3
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 (%)	63.3	39.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	62.4	(68.4)
51. Children age 12-23 months who have received BCG (%)	88.7	80.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	67.9	60.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.8	56.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.0	61.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	28.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	37.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.3	44.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.4	67.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.8	94.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1	11.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(56.2)	40.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(35.5)	19.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(71.8)	58.4
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.4	5.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	46.9	56.5

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Hardoi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	20.4	25.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	53.5	(51.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(20.9)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.0	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(6.3)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.6	0.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	44.5	50.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	22.3	14.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.9	5.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.0	39.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.4	0.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	22.9	30.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	13.6	12.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	64.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	76.1	44.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.5	33.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	63.3	34.0
84. All women age 15-49 years who are anaemic ²² (%)	59.7	33.8
85. All women age 15-19 years who are anaemic ²² (%)	61.1	32.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.8	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.9	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 (%)	18.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.9	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 (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.5	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	52.1	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	14.3	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

JALAUN
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Jalaun. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Jalaun, information was gathered from 978 households, 1,373 women, and 198 men.

Jalaun, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.9	66.3
2. Population below age 15 years (%)	26.0	27.2
3. Sex ratio of the total population (females per 1,000 males)	937	928
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	797	653
5. Children under age 5 years whose birth was registered with the civil authority (%)	84.8	67.9
6. Deaths in the last 3 years registered with the civil authority (%)	39.4	na
7. Population living in households with electricity (%)	96.9	89.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.0	97.8
9. Population living in households that use an improved sanitation facility ² (%)	80.2	49.1
10. Households using clean fuel for cooking ³ (%)	36.5	33.3
11. Households using iodized salt (%)	91.4	84.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	17.6	4.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	66.8	na
15. Women with 10 or more years of schooling (%)	38.9	41.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.9	22.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.6	6.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.2	3.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	80.1	49.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	62.4	47.4
21. Any modern method ⁶ (%)	50.5	41.6
22. Female sterilization (%)	35.2	31.1
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	0.4	0.3
25. Pill (%)	0.8	1.2
26. Condom (%)	12.2	8.8
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	13.5	15.0
29. Unmet need for spacing ⁷ (%)	4.6	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.8	25.8
31. Current users ever told about side effects of current method ⁸ (%)	72.5	20.1

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jalaun, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	67.9	51.5
33. Mothers who had at least 4 antenatal care visits (%)	62.8	17.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.1	87.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	20.5	10.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.4	1.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.8	79.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.5	39.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,194	3,832
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.7)	(2.9)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	65.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	85.1	83.8
43. Institutional births in public facility (%)	70.0	72.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	6.1	2.1
45. Births attended by skilled health personnel ¹⁰ (%)	85.6	79.9
46. Births delivered by caesarean section (%)	12.1	5.2
47. Births in a private health facility that were delivered by caesarean section (%)	60.6	(31.0)
48. Births in a public health facility that were delivered by caesarean section (%)	4.1	2.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	66.2	54.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	64.7	(79.6)
51. Children age 12-23 months who have received BCG (%)	90.3	85.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	71.7	61.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	71.6	72.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.1	71.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	32.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	69.8	55.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.3	34.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	(96.2)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	(0.0)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	1.2	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 (%)	0.8	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 (%)	*	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Jalaun, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	37.3	38.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(58.1)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.0	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.8	0.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	45.1	45.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.5	32.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.5	14.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	36.1	49.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.3	0.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	22.2	22.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	14.6	11.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	55.2	84.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	44.0	62.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(52.7)	59.3
84. All women age 15-49 years who are anaemic ²² (%)	44.2	61.8
85. All women age 15-19 years who are anaemic ²² (%)	39.5	67.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	5.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.8	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 (%)	6.0	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) (%)	11.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.6	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	13.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.9	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	11.7	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

JAUNPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

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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 Jaunpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Jaunpur, information was gathered from 977 households, 1,561 women, and 176 men.

Jaunpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.9	63.1
2. Population below age 15 years (%)	29.3	32.7
3. Sex ratio of the total population (females per 1,000 males)	1,066	1,115
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	898	833
5. Children under age 5 years whose birth was registered with the civil authority (%)	94.0	45.8
6. Deaths in the last 3 years registered with the civil authority (%)	51.0	na
7. Population living in households with electricity (%)	98.2	80.8
8. Population living in households with an improved drinking-water source ¹ (%)	99.1	96.0
9. Population living in households that use an improved sanitation facility ² (%)	62.6	24.9
10. Households using clean fuel for cooking ³ (%)	55.2	21.5
11. Households using iodized salt (%)	97.6	93.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.0	3.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	1.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	75.9	na
15. Women with 10 or more years of schooling (%)	52.7	39.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.8	18.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.0	3.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.6	2.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	83.5	50.9
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	62.0	38.1
21. Any modern method ⁶ (%)	55.2	28.3
22. Female sterilization (%)	23.5	22.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.8	0.7
25. Pill (%)	6.8	1.5
26. Condom (%)	18.7	3.7
27. Injectables (%)	2.4	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	16.2	24.1
29. Unmet need for spacing ⁷ (%)	5.4	11.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.9	9.5
31. Current users ever told about side effects of current method ⁸ (%)	75.3	47.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jaunpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	47.9	44.8
33. Mothers who had at least 4 antenatal care visits (%)	47.6	28.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.0	90.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	14.8	17.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.5	5.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.9	83.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.3	49.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,030	1,557
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	1.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	88.8	73.3
43. Institutional births in public facility (%)	72.4	50.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.6	3.5
45. Births attended by skilled health personnel ¹⁰ (%)	86.7	76.6
46. Births delivered by caesarean section (%)	7.3	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	32.6	26.5
48. Births in a public health facility that were delivered by caesarean section (%)	2.8	4.0
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	75.1	53.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	83.6	56.5
51. Children age 12-23 months who have received BCG (%)	91.4	91.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	78.7	70.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	79.9	65.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.1	72.3
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 (%)	47.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	78.9	51.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.1	40.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.4	75.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3	3.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.1	16.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(48.1)	32.6
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(22.7)	17.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(95.3)	71.3
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.8	3.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(45.0)	63.8

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Jaunpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	18.0	25.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	54.9	(20.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(35.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.1	7.0
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} (%)	5.7	6.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.5	48.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.8	27.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.7	8.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.3	52.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.7	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 (%)	17.5	29.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	15.7	14.7
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 (%)	65.3	58.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	34.1	51.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(30.5)	59.9
84. All women age 15-49 years who are anaemic ²² (%)	34.0	51.7
85. All women age 15-19 years who are anaemic ²² (%)	41.4	48.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9	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 (%)	9.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	4.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.1	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.8	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	13.6	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

JHANSI
UTTAR PRADESH



(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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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 Jhansi. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Jhansi, information was gathered from 984 households, 1,326 women, and 229 men.

Jhansi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.1	64.8
2. Population below age 15 years (%)	24.7	25.4
3. Sex ratio of the total population (females per 1,000 males)	946	946
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	927	815
5. Children under age 5 years whose birth was registered with the civil authority (%)	93.8	81.7
6. Deaths in the last 3 years registered with the civil authority (%)	64.6	na
7. Population living in households with electricity (%)	95.2	90.9
8. Population living in households with an improved drinking-water source ¹ (%)	96.8	97.1
9. Population living in households that use an improved sanitation facility ² (%)	73.2	47.9
10. Households using clean fuel for cooking ³ (%)	51.9	40.8
11. Households using iodized salt (%)	97.7	86.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	11.4	5.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	69.2	na
15. Women with 10 or more years of schooling (%)	43.3	36.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	25.1	22.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.9	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.5	4.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	82.1	57.3
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	62.0	65.9
21. Any modern method ⁶ (%)	53.6	54.7
22. Female sterilization (%)	28.9	44.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.0	0.8
25. Pill (%)	4.2	1.6
26. Condom (%)	19.8	7.5
27. Injectables (%)	0.0	0.6
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	13.8	8.5
29. Unmet need for spacing ⁷ (%)	4.2	4.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	36.7	10.9
31. Current users ever told about side effects of current method ⁸ (%)	77.0	36.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jhansi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	70.3	65.2
33. Mothers who had at least 4 antenatal care visits (%)	36.6	39.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.6	95.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	24.7	6.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.1	0.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.9	84.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.4	66.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,090	1,401
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	92.9	84.5
43. Institutional births in public facility (%)	75.6	59.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.8	2.2
45. Births attended by skilled health personnel ¹⁰ (%)	93.4	87.0
46. Births delivered by caesarean section (%)	12.8	14.8
47. Births in a private health facility that were delivered by caesarean section (%)	47.3	46.7
48. Births in a public health facility that were delivered by caesarean section (%)	6.1	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 (%)	44.5	62.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	53.9	70.8
51. Children age 12-23 months who have received BCG (%)	94.0	98.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	55.0	81.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	69.2	77.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	73.6	80.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	30.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	62.6	61.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	79.1	50.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.5	92.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.5	5.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.9	10.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	48.2
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	37.4
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	82.1
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.4	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 (%)	(40.5)	85.8

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Jhansi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	12.7	35.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(49.7)	(52.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(26.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.3	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} (%)	10.7	11.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.9	36.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.2	27.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.4	11.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.3	39.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.3	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 (%)	18.7	23.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	12.6	16.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	55.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	70.3	77.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	41.5	54.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(35.7)	64.8
84. All women age 15-49 years who are anaemic ²² (%)	41.3	55.1
85. All women age 15-19 years who are anaemic ²² (%)	40.2	58.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	1.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	5.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.0	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) (%)	11.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.7	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.9	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	10.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.5	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	10.9	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

JYOTIBA PHULE NAGAR

UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Jyotiba Phule Nagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Jyotiba Phule Nagar, information was gathered from 973 households, 1,411 women, and 165 men.

Jyotiba Phule Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.7	59.6
2. Population below age 15 years (%)	32.5	33.8
3. Sex ratio of the total population (females per 1,000 males)	1,001	1,004
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	860	945
5. Children under age 5 years whose birth was registered with the civil authority (%)	78.1	64.4
6. Deaths in the last 3 years registered with the civil authority (%)	48.7	na
7. Population living in households with electricity (%)	96.4	76.7
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	100.0
9. Population living in households that use an improved sanitation facility ² (%)	78.9	52.5
10. Households using clean fuel for cooking ³ (%)	45.4	31.6
11. Households using iodized salt (%)	90.4	95.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	8.3	3.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	61.2	na
15. Women with 10 or more years of schooling (%)	35.4	29.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.6	11.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.7	6.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.0	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.0	59.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	65.7	59.4
21. Any modern method ⁶ (%)	45.3	43.8
22. Female sterilization (%)	13.0	10.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.8	1.0
25. Pill (%)	2.8	2.2
26. Condom (%)	26.7	29.2
27. Injectables (%)	1.4	0.5
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	6.8	11.4
29. Unmet need for spacing ⁷ (%)	2.4	3.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.7	11.1
31. Current users ever told about side effects of current method ⁸ (%)	72.6	(28.0)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Jyotiba Phule Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	70.4	55.5
33. Mothers who had at least 4 antenatal care visits (%)	43.9	33.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	87.2	91.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	23.5	8.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.2	1.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.1	92.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.7	56.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,736	938
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 (%)	79.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	81.1	67.2
43. Institutional births in public facility (%)	31.3	30.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	6.2	3.9
45. Births attended by skilled health personnel ¹⁰ (%)	86.7	71.2
46. Births delivered by caesarean section (%)	20.3	10.6
47. Births in a private health facility that were delivered by caesarean section (%)	36.4	26.4
48. Births in a public health facility that were delivered by caesarean section (%)	6.9	2.8
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 (%)	72.9	74.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	91.1	71.3
51. Children age 12-23 months who have received BCG (%)	95.3	93.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	78.0	79.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.1	84.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	84.4	84.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	61.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.2	61.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.4	48.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.5	95.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.5	7.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(57.8)	(52.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(43.2)	(17.8)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(81.1)	(85.1)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.4	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 (%)	(79.3)	77.5

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Jyotiba Phule Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	30.3	29.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	62.0	19.1
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	17.9	2.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(13.2)	(17.8)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	16.8	5.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	42.2	44.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	22.5	22.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.5	7.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.4	42.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.6	0.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	16.0	30.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	19.7	16.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	72.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	69.6	75.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	47.9	66.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	40.4	74.7
84. All women age 15-49 years who are anaemic ²² (%)	47.6	67.0
85. All women age 15-19 years who are anaemic ²² (%)	51.7	69.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.8	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 (%)	6.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.6	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	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 (%)	4.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.9	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	14.4	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

KANNAUJ
UTTAR PRADESH



(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Kannauj. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Kannauj, information was gathered from 989 households, 1,317 women, and 198 men.

Kannauj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.3	66.2
2. Population below age 15 years (%)	32.7	36.4
3. Sex ratio of the total population (females per 1,000 males)	1,003	988
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,038	1,099
5. Children under age 5 years whose birth was registered with the civil authority (%)	81.1	41.0
6. Deaths in the last 3 years registered with the civil authority (%)	35.2	na
7. Population living in households with electricity (%)	87.3	71.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.9	99.8
9. Population living in households that use an improved sanitation facility ² (%)	70.1	24.1
10. Households using clean fuel for cooking ³ (%)	35.5	19.2
11. Households using iodized salt (%)	80.6	94.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.3	5.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	17.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	64.8	na
15. Women with 10 or more years of schooling (%)	37.3	28.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.4	16.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.3	4.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.3	4.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	66.5	34.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	69.4	36.5
21. Any modern method ⁶ (%)	60.3	20.2
22. Female sterilization (%)	7.7	6.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.5	2.5
25. Pill (%)	4.7	2.0
26. Condom (%)	43.9	8.8
27. Injectables (%)	0.6	0.4
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	7.2	22.5
29. Unmet need for spacing ⁷ (%)	2.9	7.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.3	8.8
31. Current users ever told about side effects of current method ⁸ (%)	75.9	(50.7)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kannauj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	65.6	41.8
33. Mothers who had at least 4 antenatal care visits (%)	46.4	11.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.9	81.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	25.4	10.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	10.5	2.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.2	83.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	70.3	44.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,914	1,314
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.5	0.9
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	66.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	76.4	62.4
43. Institutional births in public facility (%)	56.5	44.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	8.8	2.4
45. Births attended by skilled health personnel ¹⁰ (%)	81.5	63.3
46. Births delivered by caesarean section (%)	11.8	4.4
47. Births in a private health facility that were delivered by caesarean section (%)	48.0	22.9
48. Births in a public health facility that were delivered by caesarean section (%)	4.0	0.4
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 (%)	55.8	48.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	56.8	60.3
51. Children age 12-23 months who have received BCG (%)	92.7	86.7
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	62.9	67.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	73.2	59.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.2	67.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	20.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	68.0	46.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.7	39.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	99.0	76.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.6	17.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(64.5)	32.3
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(48.8)	15.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(75.9)	62.6
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.5	13.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	58.2	66.0

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kannauj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	12.6	29.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	53.9	55.0
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} (%)	13.4	4.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(0.0)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	13.5	3.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	43.0	50.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.5	12.2
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.8	3.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.5	32.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.2	1.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	20.5	23.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	18.8	13.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	61.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	79.6	41.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	65.2	25.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	66.4	27.8
84. All women age 15-49 years who are anaemic ²² (%)	65.2	25.9
85. All women age 15-19 years who are anaemic ²² (%)	68.8	26.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.3	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.9	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) (%)	8.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.3	na
99. Ever undergone a breast examination for breast cancer (%)	1.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	50.9	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	15.3	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

KANPUR DEHAT UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
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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 Kanpur Dehat. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Kanpur Dehat, information was gathered from 979 households, 1,213 women, and 144 men.

Kanpur Dehat, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	73.9	66.6
2. Population below age 15 years (%)	27.9	30.9
3. Sex ratio of the total population (females per 1,000 males)	974	885
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,027	1,032
5. Children under age 5 years whose birth was registered with the civil authority (%)	77.5	79.1
6. Deaths in the last 3 years registered with the civil authority (%)	37.8	na
7. Population living in households with electricity (%)	79.8	45.8
8. Population living in households with an improved drinking-water source ¹ (%)	99.4	98.7
9. Population living in households that use an improved sanitation facility ² (%)	70.6	29.8
10. Households using clean fuel for cooking ³ (%)	39.3	17.7
11. Households using iodized salt (%)	81.7	93.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	17.9	3.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	16.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	70.8	na
15. Women with 10 or more years of schooling (%)	45.4	37.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	12.7	19.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.1	4.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.9	4.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.2	41.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	60.1	47.7
21. Any modern method ⁶ (%)	41.6	24.7
22. Female sterilization (%)	10.7	14.2
23. Male sterilization (%)	0.0	0.2
24. IUD/PPIUD (%)	1.2	1.4
25. Pill (%)	2.3	1.4
26. Condom (%)	22.6	7.4
27. Injectables (%)	0.8	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	15.0	18.3
29. Unmet need for spacing ⁷ (%)	3.9	5.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	19.1	12.3
31. Current users ever told about side effects of current method ⁸ (%)	(59.2)	(58.1)

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kanpur Dehat, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	66.8	26.7
33. Mothers who had at least 4 antenatal care visits (%)	54.4	6.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	87.9	91.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	24.0	6.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.7	1.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.2	90.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.9	51.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,993	1,090
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.1)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.3	72.5
43. Institutional births in public facility (%)	69.2	58.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.4	2.5
45. Births attended by skilled health personnel ¹⁰ (%)	83.8	75.0
46. Births delivered by caesarean section (%)	8.3	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	45.3	42.3
48. Births in a public health facility that were delivered by caesarean section (%)	2.1	3.8
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	56.3	62.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	68.0	(69.0)
51. Children age 12-23 months who have received BCG (%)	85.5	96.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	63.9	79.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	69.0	68.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	73.5	75.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	20.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	24.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	67.8	52.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.9	59.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.7	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.3	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	11.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(33.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(11.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(81.1)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.5	5.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(47.6)	88.5

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kanpur Dehat, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	26.3	33.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(53.1)	(53.5)
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} (%)	6.0	6.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.4	5.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	44.1	45.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	12.5	15.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.7	5.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.8	36.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.8	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 (%)	17.1	26.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	19.6	11.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	69.2	65.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	54.6	63.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(60.2)	56.0
84. All women age 15-49 years who are anaemic ²² (%)	54.9	62.8
85. All women age 15-19 years who are anaemic ²² (%)	55.6	61.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1	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 (%)	9.9	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) (%)	7.2	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 (%)	12.6	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) (%)	4.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	16.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.6	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	10.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	50.5	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	16.5	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

KANPUR NAGAR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Kanpur Nagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Kanpur Nagar, information was gathered from 980 households, 1,150 women, and 177 men.

Kanpur Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.4	78.4
2. Population below age 15 years (%)	24.5	24.8
3. Sex ratio of the total population (females per 1,000 males)	925	889
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	816	944
5. Children under age 5 years whose birth was registered with the civil authority (%)	84.0	65.0
6. Deaths in the last 3 years registered with the civil authority (%)	46.2	na
7. Population living in households with electricity (%)	89.3	85.2
8. Population living in households with an improved drinking-water source ¹ (%)	98.8	99.5
9. Population living in households that use an improved sanitation facility ² (%)	77.5	64.8
10. Households using clean fuel for cooking ³ (%)	76.9	70.8
11. Households using iodized salt (%)	92.8	95.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.1	4.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	22.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	81.3	na
15. Women with 10 or more years of schooling (%)	58.5	59.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.9	7.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.7	3.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.4	1.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	87.6	73.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	73.7	59.8
21. Any modern method ⁶ (%)	57.4	39.5
22. Female sterilization (%)	12.8	16.4
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.0	2.4
25. Pill (%)	3.6	1.5
26. Condom (%)	33.1	18.6
27. Injectables (%)	0.5	0.4
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	6.8	11.2
29. Unmet need for spacing ⁷ (%)	2.3	4.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.5	10.0
31. Current users ever told about side effects of current method ⁸ (%)	65.5	61.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kanpur Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	78.4	62.8
33. Mothers who had at least 4 antenatal care visits (%)	69.9	36.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.0	90.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	26.6	26.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.1	12.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.6	85.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.1	63.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,645	1,744
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(7.6)	1.3
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	70.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	86.6	76.4
43. Institutional births in public facility (%)	60.3	48.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.0	3.5
45. Births attended by skilled health personnel ¹⁰ (%)	87.0	79.3
46. Births delivered by caesarean section (%)	19.3	13.6
47. Births in a private health facility that were delivered by caesarean section (%)	46.0	35.2
48. Births in a public health facility that were delivered by caesarean section (%)	11.9	7.9
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 (%)	72.8	50.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(81.2)	67.9
51. Children age 12-23 months who have received BCG (%)	93.7	95.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.4	64.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	74.7	78.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.6	74.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	32.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	23.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	72.9	61.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.6	32.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(96.4)	81.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(3.6)	14.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.1	10.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	61.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	17.0
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	65.2
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9	2.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(46.2)	69.6

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kanpur Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
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67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	34.8	33.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(53.9)	(51.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(42.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.6	2.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(8.7)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.7	3.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	34.6	43.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.4	24.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.6	10.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.8	41.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.8	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 (%)	13.8	14.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	25.2	16.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	70.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	76.3	73.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	57.4	59.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(46.3)	45.2
84. All women age 15-49 years who are anaemic ²² (%)	57.0	58.7
85. All women age 15-19 years who are anaemic ²² (%)	63.0	66.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.3	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) (%)	4.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	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 (%)	16.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.8	na
99. Ever undergone a breast examination for breast cancer (%)	0.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	46.8	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	15.1	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

KANSHIRAM NAGAR

UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Kanshiram Nagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Kanshiram Nagar, information was gathered from 950 households, 1,143 women, and 163 men.

Kanshiram Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	62.2	58.6
2. Population below age 15 years (%)	35.5	36.9
3. Sex ratio of the total population (females per 1,000 males)	1,040	989
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	997	851
5. Children under age 5 years whose birth was registered with the civil authority (%)	55.3	56.4
6. Deaths in the last 3 years registered with the civil authority (%)	46.7	na
7. Population living in households with electricity (%)	87.2	56.6
8. Population living in households with an improved drinking-water source ¹ (%)	99.4	99.8
9. Population living in households that use an improved sanitation facility ² (%)	69.8	23.3
10. Households using clean fuel for cooking ³ (%)	36.6	18.7
11. Households using iodized salt (%)	84.2	97.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.1	2.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.7	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	56.4	na
15. Women with 10 or more years of schooling (%)	29.7	23.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	23.2	21.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.0	6.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.6	7.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	55.4	35.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	65.2	60.0
21. Any modern method ⁶ (%)	31.3	27.5
22. Female sterilization (%)	6.9	7.5
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.3	2.0
25. Pill (%)	3.3	2.1
26. Condom (%)	17.4	15.2
27. Injectables (%)	0.6	0.7
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	11.8	13.2
29. Unmet need for spacing ⁷ (%)	3.5	4.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.8	6.0
31. Current users ever told about side effects of current method ⁸ (%)	50.6	48.8

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kanshiram Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.2	41.7
33. Mothers who had at least 4 antenatal care visits (%)	38.1	13.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	85.9	78.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	22.4	2.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.2	1.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.2	76.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.0	58.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,834	1,125
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.0	0.6
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	74.8	59.6
43. Institutional births in public facility (%)	46.6	38.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.9	3.4
45. Births attended by skilled health personnel ¹⁰ (%)	77.2	62.8
46. Births delivered by caesarean section (%)	6.5	5.2
47. Births in a private health facility that were delivered by caesarean section (%)	19.9	20.5
48. Births in a public health facility that were delivered by caesarean section (%)	1.9	2.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	69.2	47.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	74.6	58.5
51. Children age 12-23 months who have received BCG (%)	94.9	88.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	72.1	72.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.4	63.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.2	61.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	26.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.6	54.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	59.6	30.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.1	58.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.8	3.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.1	17.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	49.5	18.1
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	27.3	23.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	62.4	64.4
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	6.1	9.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	74.1	57.6

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kanshiram Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	33.2	21.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	67.7	49.8
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(51.7)	(32.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.8	4.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(0.0)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.6	3.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	45.1	51.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.3	11.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.9	4.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.5	32.8
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 (%)	17.7	28.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	20.7	13.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	46.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	80.8	40.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	66.1	34.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	44.8	28.7
84. All women age 15-49 years who are anaemic ²² (%)	64.6	34.4
85. All women age 15-19 years who are anaemic ²² (%)	64.1	24.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.2	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.3	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) (%)	9.3	na
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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 (%)	19.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.6	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.7	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	17.1	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

KAUSHAMBI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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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 Kaushambi. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Kaushambi, information was gathered from 914 households, 1,100 women, and 140 men.

Kaushambi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.2	51.1
2. Population below age 15 years (%)	34.9	38.8
3. Sex ratio of the total population (females per 1,000 males)	1,069	1,024
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	972	1,020
5. Children under age 5 years whose birth was registered with the civil authority (%)	82.4	53.4
6. Deaths in the last 3 years registered with the civil authority (%)	56.2	na
7. Population living in households with electricity (%)	78.7	50.8
8. Population living in households with an improved drinking-water source ¹ (%)	98.3	97.1
9. Population living in households that use an improved sanitation facility ² (%)	59.6	19.7
10. Households using clean fuel for cooking ³ (%)	37.0	18.6
11. Households using iodized salt (%)	97.7	92.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.2	6.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	58.6	na
15. Women with 10 or more years of schooling (%)	31.9	20.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	17.6	20.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.7	5.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.9	3.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	67.1	34.7
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	62.5	35.3
21. Any modern method ⁶ (%)	38.3	24.4
22. Female sterilization (%)	19.3	17.3
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	1.2	0.6
25. Pill (%)	0.9	0.9
26. Condom (%)	13.5	5.4
27. Injectables (%)	0.7	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	12.5	23.5
29. Unmet need for spacing ⁷ (%)	4.4	7.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.2	12.2
31. Current users ever told about side effects of current method ⁸ (%)	65.7	(35.6)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kaushambi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	72.2	26.5
33. Mothers who had at least 4 antenatal care visits (%)	34.0	12.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.2	82.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	21.3	9.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	11.5	2.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.0	76.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.2	52.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,628	1,412
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	1.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	88.6	72.5
43. Institutional births in public facility (%)	72.3	62.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.4	2.7
45. Births attended by skilled health personnel ¹⁰ (%)	92.8	74.6
46. Births delivered by caesarean section (%)	8.9	4.1
47. Births in a private health facility that were delivered by caesarean section (%)	39.7	32.9
48. Births in a public health facility that were delivered by caesarean section (%)	3.4	1.2
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 (%)	65.7	37.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	77.1	(41.4)
51. Children age 12-23 months who have received BCG (%)	92.0	88.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	70.7	61.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	73.8	56.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	79.1	63.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	57.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	73.6	38.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	79.8	38.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.9	85.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	5.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.9	4.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.8	1.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(67.8)	(64.9)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kaushambi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	27.8	30.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(62.5)	(35.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(34.6)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.9	0.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.1	0.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.2	50.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.3	29.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.3	13.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	36.8	52.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	0.8	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 (%)	24.1	34.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	17.3	8.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	44.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	65.5	67.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	54.6	58.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(49.6)	58.0
84. All women age 15-49 years who are anaemic ²² (%)	54.4	58.4
85. All women age 15-19 years who are anaemic ²² (%)	54.8	60.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	15.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	5.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	9.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	6.7	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 (%)	10.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.5	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	14.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	53.6	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	13.0	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

KHERI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Kheri. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Kheri, information was gathered from 971 households, 1,280 women, and 169 men.

Kheri, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	66.3	55.7
2. Population below age 15 years (%)	32.4	36.4
3. Sex ratio of the total population (females per 1,000 males)	998	935
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	901	840
5. Children under age 5 years whose birth was registered with the civil authority (%)	76.1	38.4
6. Deaths in the last 3 years registered with the civil authority (%)	42.7	na
7. Population living in households with electricity (%)	84.2	43.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.9	99.4
9. Population living in households that use an improved sanitation facility ² (%)	65.6	26.3
10. Households using clean fuel for cooking ³ (%)	35.9	16.4
11. Households using iodized salt (%)	92.1	83.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	22.0	5.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	57.5	na
15. Women with 10 or more years of schooling (%)	28.7	15.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.7	33.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.0	4.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.6	6.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	58.1	24.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	54.9	30.8
21. Any modern method ⁶ (%)	37.9	24.4
22. Female sterilization (%)	20.8	16.8
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.5	0.8
25. Pill (%)	1.4	2.6
26. Condom (%)	11.2	4.0
27. Injectables (%)	0.3	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	16.1	25.0
29. Unmet need for spacing ⁷ (%)	6.1	10.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.0	22.3
31. Current users ever told about side effects of current method ⁸ (%)	64.6	29.8

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kheri, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	53.9	35.8
33. Mothers who had at least 4 antenatal care visits (%)	48.0	13.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.9	83.5
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	12.0	14.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.8	0.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.6	80.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	60.5	46.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,126	1,383
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.6	0.6
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	55.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	82.8	52.9
43. Institutional births in public facility (%)	68.0	44.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.7	6.1
45. Births attended by skilled health personnel ¹⁰ (%)	81.2	58.4
46. Births delivered by caesarean section (%)	14.2	6.2
47. Births in a private health facility that were delivered by caesarean section (%)	65.8	(48.9)
48. Births in a public health facility that were delivered by caesarean section (%)	6.7	4.7
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	69.5	53.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	76.2	63.3
51. Children age 12-23 months who have received BCG (%)	88.3	89.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	69.5	68.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	77.5	72.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.4	76.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	26.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	56.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.2	59.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.4	42.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.0	85.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.7	11.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	32.7
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	11.4
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	78.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.3	2.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(72.8)	73.5

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kheri, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	27.0	25.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	65.5	(62.1)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.3	7.6
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} (%)	4.4	7.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	47.6	53.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	15.8	17.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.9	6.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	36.3	40.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.2	2.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	30.9	35.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	16.4	8.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	66.3	49.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.8	43.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(56.1)	40.8
84. All women age 15-49 years who are anaemic ²² (%)	53.0	43.1
85. All women age 15-19 years who are anaemic ²² (%)	52.5	45.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.2	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) (%)	12.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.2	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.6	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	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 (%)	14.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	55.2	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	17.5	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

KUSHINAGAR UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Kushinagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Kushinagar, information was gathered from 946 households, 1,312 women, and 138 men.

Kushinagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.7	58.8
2. Population below age 15 years (%)	34.9	36.2
3. Sex ratio of the total population (females per 1,000 males)	1,145	1,094
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,080	876
5. Children under age 5 years whose birth was registered with the civil authority (%)	85.4	65.8
6. Deaths in the last 3 years registered with the civil authority (%)	47.3	na
7. Population living in households with electricity (%)	91.5	50.8
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	99.5
9. Population living in households that use an improved sanitation facility ² (%)	73.1	24.2
10. Households using clean fuel for cooking ³ (%)	55.2	23.9
11. Households using iodized salt (%)	97.9	97.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.6	14.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	62.5	na
15. Women with 10 or more years of schooling (%)	34.1	25.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	17.7	31.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.4	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.6	4.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.3	41.3
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	64.2	29.3
21. Any modern method ⁶ (%)	48.5	27.6
22. Female sterilization (%)	23.2	22.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.0	0.2
25. Pill (%)	10.1	1.2
26. Condom (%)	10.5	3.6
27. Injectables (%)	2.0	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	14.5	22.9
29. Unmet need for spacing ⁷ (%)	6.6	9.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.9	15.2
31. Current users ever told about side effects of current method ⁸ (%)	67.0	46.0

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Kushinagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	44.4	35.5
33. Mothers who had at least 4 antenatal care visits (%)	35.8	25.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.1	92.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	17.8	24.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.7	4.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.5	91.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.3	46.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,571	4,125
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.6)	0.9
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	89.4	70.7
43. Institutional births in public facility (%)	71.1	51.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.3	5.1
45. Births attended by skilled health personnel ¹⁰ (%)	93.1	71.9
46. Births delivered by caesarean section (%)	12.0	7.3
47. Births in a private health facility that were delivered by caesarean section (%)	50.9	29.7
48. Births in a public health facility that were delivered by caesarean section (%)	3.7	3.3
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 (%)	65.4	43.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	82.9	62.4
51. Children age 12-23 months who have received BCG (%)	91.9	82.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	72.7	63.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.0	60.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.7	63.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.9	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 (%)	83.9	48.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	77.3	64.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.4	94.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.6	19.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	48.5
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	16.7
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	73.6
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.9	12.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	75.3	80.9

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Kushinagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	16.7	27.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	63.2	66.3
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(29.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.2	7.5
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} (%)	3.0	8.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.2	45.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	24.3	14.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.0	4.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	36.6	35.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.2	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 (%)	19.0	27.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	20.2	13.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	51.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	52.8	58.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	42.7	50.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(31.9)	53.8
84. All women age 15-49 years who are anaemic ²² (%)	42.3	50.8
85. All women age 15-19 years who are anaemic ²² (%)	45.7	53.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.2	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 (%)	12.6	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) (%)	9.3	na
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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 (%)	21.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	4.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	45.1	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	16.9	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

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²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

LALITPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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This fact sheet provides information on key indicators and trends for Lalitpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Lalitpur, information was gathered from 982 households, 1,484 women, and 230 men.

Lalitpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	66.8	59.2
2. Population below age 15 years (%)	31.7	33.5
3. Sex ratio of the total population (females per 1,000 males)	997	928
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	998	926
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.3	76.3
6. Deaths in the last 3 years registered with the civil authority (%)	33.7	na
7. Population living in households with electricity (%)	94.1	79.8
8. Population living in households with an improved drinking-water source ¹ (%)	96.6	94.2
9. Population living in households that use an improved sanitation facility ² (%)	64.2	22.0
10. Households using clean fuel for cooking ³ (%)	20.3	18.2
11. Households using iodized salt (%)	90.7	89.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	11.7	1.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	5.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	55.3	na
15. Women with 10 or more years of schooling (%)	23.8	24.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	42.5	49.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.1	4.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.4	8.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	63.8	46.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	73.8	68.8
21. Any modern method ⁶ (%)	65.7	59.2
22. Female sterilization (%)	50.0	52.9
23. Male sterilization (%)	0.4	0.0
24. IUD/PPIUD (%)	0.3	0.1
25. Pill (%)	2.2	0.4
26. Condom (%)	10.9	5.4
27. Injectables (%)	0.3	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	7.4	9.1
29. Unmet need for spacing ⁷ (%)	3.8	5.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.8	23.3
31. Current users ever told about side effects of current method ⁸ (%)	64.9	42.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Lalitpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(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 (%)	65.7	62.1
33. Mothers who had at least 4 antenatal care visits (%)	45.7	27.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.6	96.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	26.8	11.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.9	2.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.2	89.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.1	68.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,381	536
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(2.8)	(5.4)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	64.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.8	84.5
43. Institutional births in public facility (%)	86.6	78.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.4	0.9
45. Births attended by skilled health personnel ¹⁰ (%)	84.5	85.4
46. Births delivered by caesarean section (%)	6.4	3.4
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 (%)	4.8	2.0
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 (%)	70.8	61.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	73.0	(65.6)
51. Children age 12-23 months who have received BCG (%)	94.7	95.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	77.8	79.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	80.9	75.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.9	82.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	29.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	38.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	79.1	54.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.7	58.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	97.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.7	11.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(39.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(5.2)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(67.0)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.8	5.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(80.5)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Lalitpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	29.2	40.2
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	56.0	(71.3)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.8	11.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.8	10.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	46.6	40.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.7	39.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.5	16.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	34.8	48.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.7	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 (%)	22.4	26.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	13.2	8.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	56.0	75.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	37.5	48.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	51.0	40.4
84. All women age 15-49 years who are anaemic ²² (%)	38.1	47.6
85. All women age 15-19 years who are anaemic ²² (%)	42.0	54.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	2.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	1.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	4.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	1.8	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.3	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) (%)	10.7	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 (%)	17.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	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 (%)	17.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5	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 (%)	5.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	54.5	na
103. Women age 15 years and above who consume alcohol (%)	0.7	na
104. Men age 15 years and above who consume alcohol (%)	16.7	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

LUCKNOW
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Lucknow. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Lucknow, information was gathered from 832 households, 958 women, and 117 men.

Lucknow, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.8	77.7
2. Population below age 15 years (%)	23.5	25.3
3. Sex ratio of the total population (females per 1,000 males)	950	919
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	981	870
5. Children under age 5 years whose birth was registered with the civil authority (%)	86.0	79.4
6. Deaths in the last 3 years registered with the civil authority (%)	51.9	na
7. Population living in households with electricity (%)	96.8	93.8
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	99.2
9. Population living in households that use an improved sanitation facility ² (%)	80.4	66.2
10. Households using clean fuel for cooking ³ (%)	78.3	76.1
11. Households using iodized salt (%)	97.0	95.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.8	5.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	78.4	na
15. Women with 10 or more years of schooling (%)	51.9	56.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	9.9	9.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.2	1.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.1	0.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.8	69.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	56.5	51.6
21. Any modern method ⁶ (%)	40.2	39.1
22. Female sterilization (%)	16.4	17.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.0	1.6
25. Pill (%)	1.8	2.8
26. Condom (%)	18.0	16.9
27. Injectables (%)	0.6	0.6
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	15.7	14.3
29. Unmet need for spacing ⁷ (%)	5.1	4.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.9	14.5
31. Current users ever told about side effects of current method ⁸ (%)	(77.2)	40.6

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Lucknow, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	74.8	76.2
33. Mothers who had at least 4 antenatal care visits (%)	53.1	51.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.0	92.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	22.8	18.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	15.9	5.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.2	78.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	78.7	57.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,489	1,752
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(2.6)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.3	88.1
43. Institutional births in public facility (%)	47.2	51.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.6	1.4
45. Births attended by skilled health personnel ¹⁰ (%)	87.9	88.6
46. Births delivered by caesarean section (%)	36.7	25.8
47. Births in a private health facility that were delivered by caesarean section (%)	55.9	49.5
48. Births in a public health facility that were delivered by caesarean section (%)	25.6	14.9
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 (%)	68.9	58.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(84.5)	57.7
51. Children age 12-23 months who have received BCG (%)	87.5	92.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	73.1	64.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.2	72.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.7	79.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	61.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.8	61.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	70.2	43.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.1	87.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.9	10.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.9	9.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	26.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	16.4
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	66.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.4	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 (%)	*	77.9

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Lucknow, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	19.8	22.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(71.7)	(47.0)
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} (%)	3.0	3.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.3	3.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.1	37.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	11.5	33.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	1.4	17.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.5	44.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.0	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 (%)	15.7	14.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	34.8	22.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	52.9	72.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	55.9	59.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	35.4
84. All women age 15-49 years who are anaemic ²² (%)	55.8	58.4
85. All women age 15-19 years who are anaemic ²² (%)	52.8	65.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.6	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.5	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.1	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.7	na
102. Men age 15 years and above who use any kind of tobacco (%)	39.2	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	14.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

MAHAMAYA NAGAR UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Mahamaya Nagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Mahamaya Nagar, information was gathered from 946 households, 1,234 women, and 146 men.

Mahamaya Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.9	68.2
2. Population below age 15 years (%)	31.9	33.0
3. Sex ratio of the total population (females per 1,000 males)	1,029	921
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	989	951
5. Children under age 5 years whose birth was registered with the civil authority (%)	54.3	53.0
6. Deaths in the last 3 years registered with the civil authority (%)	36.3	na
7. Population living in households with electricity (%)	94.9	88.7
8. Population living in households with an improved drinking-water source ¹ (%)	99.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	73.3	33.0
10. Households using clean fuel for cooking ³ (%)	46.5	30.2
11. Households using iodized salt (%)	93.9	95.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	10.9	4.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	65.5	na
15. Women with 10 or more years of schooling (%)	39.1	36.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	28.1	29.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.8	6.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.7	8.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	66.9	55.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	57.5	60.1
21. Any modern method ⁶ (%)	37.5	35.2
22. Female sterilization (%)	14.6	18.6
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	2.4	1.6
25. Pill (%)	3.3	2.5
26. Condom (%)	15.2	12.2
27. Injectables (%)	1.1	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	13.8	13.2
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 (%)	14.3	7.6
31. Current users ever told about side effects of current method ⁸ (%)	56.3	54.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mahamaya Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	49.1	50.2
33. Mothers who had at least 4 antenatal care visits (%)	27.8	24.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	87.9	87.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	15.0	13.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.5	5.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	90.0	84.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	50.8	64.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,896	1,236
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.6	1.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	51.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	80.3	72.1
43. Institutional births in public facility (%)	54.0	45.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.0	8.1
45. Births attended by skilled health personnel ¹⁰ (%)	82.5	79.6
46. Births delivered by caesarean section (%)	13.9	8.5
47. Births in a private health facility that were delivered by caesarean section (%)	40.7	27.4
48. Births in a public health facility that were delivered by caesarean section (%)	5.8	2.5
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 (%)	71.6	61.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	79.5	67.9
51. Children age 12-23 months who have received BCG (%)	95.1	90.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	76.1	77.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.2	72.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.4	72.7
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	40.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	27.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	72.6	62.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.7	31.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.5	74.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.2	1.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.5	15.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	52.7	20.3
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	23.8	5.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	71.1	60.6
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.6	4.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	54.7	67.9

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Mahamaya Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	34.7	15.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	67.4	(31.9)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(53.1)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.3	11.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(7.3)	(12.1)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.9	11.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.1	44.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	12.0	9.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.7	2.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	24.5	31.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.7	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 (%)	15.9	22.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	23.8	20.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.1	48.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.1	38.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	61.0	48.1
84. All women age 15-49 years who are anaemic ²² (%)	58.2	39.2
85. All women age 15-19 years who are anaemic ²² (%)	60.9	32.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.2	na
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91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.9	na
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92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
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Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.4	na
99. Ever undergone a breast examination for breast cancer (%)	1.7	na
100. Ever undergone an oral cavity examination for oral cancer (%)	2.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	8.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	43.3	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	12.9	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

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NATIONAL FAMILY HEALTH SURVEY - 5

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(स्थापना / Established in 1956)

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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 Maharajganj. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Maharajganj, information was gathered from 946 households, 1,316 women, and 120 men.

Maharajganj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	62.4	54.0
2. Population below age 15 years (%)	32.4	35.9
3. Sex ratio of the total population (females per 1,000 males)	1,116	1,093
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	933	880
5. Children under age 5 years whose birth was registered with the civil authority (%)	89.0	57.5
6. Deaths in the last 3 years registered with the civil authority (%)	33.5	na
7. Population living in households with electricity (%)	94.8	56.4
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	99.7
9. Population living in households that use an improved sanitation facility ² (%)	66.7	21.2
10. Households using clean fuel for cooking ³ (%)	65.1	18.1
11. Households using iodized salt (%)	98.1	90.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	18.2	10.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	62.0	na
15. Women with 10 or more years of schooling (%)	33.8	20.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	24.1	48.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.9	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.6	3.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	80.6	44.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	62.9	27.6
21. Any modern method ⁶ (%)	49.6	27.2
22. Female sterilization (%)	27.9	22.1
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	1.1	0.2
25. Pill (%)	7.4	1.5
26. Condom (%)	9.8	2.1
27. Injectables (%)	2.6	1.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	13.7	22.6
29. Unmet need for spacing ⁷ (%)	5.3	9.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	32.3	22.3
31. Current users ever told about side effects of current method ⁸ (%)	77.3	64.6

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Maharajganj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(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 (%)	55.5	32.7
33. Mothers who had at least 4 antenatal care visits (%)	52.5	25.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.1	87.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	26.5	21.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.2	4.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.4	89.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	77.2	44.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,398	2,191
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 (%)	76.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.3	61.6
43. Institutional births in public facility (%)	77.5	48.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.5	5.0
45. Births attended by skilled health personnel ¹⁰ (%)	92.0	65.3
46. Births delivered by caesarean section (%)	14.7	9.2
47. Births in a private health facility that were delivered by caesarean section (%)	57.7	55.8
48. Births in a public health facility that were delivered by caesarean section (%)	7.2	4.1
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	76.2	41.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	82.8	68.6
51. Children age 12-23 months who have received BCG (%)	96.8	87.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	82.7	61.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.4	68.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.9	70.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	68.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.4	51.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.1	63.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	94.8	96.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.4	17.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	62.8
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	22.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	82.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.2	8.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	63.1	75.2

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Maharajganj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	13.4	35.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	62.1	68.8
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(36.3)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.7	6.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.0	6.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.5	53.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.8	12.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.1	3.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	37.4	37.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.4	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 (%)	17.9	28.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	19.9	14.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	60.5	58.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	47.3	48.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(38.9)	39.4
84. All women age 15-49 years who are anaemic ²² (%)	47.1	48.1
85. All women age 15-19 years who are anaemic ²² (%)	43.4	47.5
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 (%)	5.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.6	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) (%)	11.3	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 (%)	19.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.0	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.9	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 (%)	0.3	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.3	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.8	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	17.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

MAHOBA
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Mahoba. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Mahoba, information was gathered from 978 households, 1,347 women, and 226 men.

Mahoba, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	65.2	60.7
2. Population below age 15 years (%)	28.4	30.7
3. Sex ratio of the total population (females per 1,000 males)	972	943
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,056	959
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.4	82.4
6. Deaths in the last 3 years registered with the civil authority (%)	54.2	na
7. Population living in households with electricity (%)	95.9	82.4
8. Population living in households with an improved drinking-water source ¹ (%)	94.3	95.1
9. Population living in households that use an improved sanitation facility ² (%)	69.0	36.5
10. Households using clean fuel for cooking ³ (%)	28.2	16.7
11. Households using iodized salt (%)	93.8	93.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.2	3.1
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 (%)	65.6	na
15. Women with 10 or more years of schooling (%)	30.7	26.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.8	25.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.2	2.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.0	3.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	77.9	44.8
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	61.6	64.0
21. Any modern method ⁶ (%)	52.0	48.0
22. Female sterilization (%)	32.1	37.1
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.7	1.7
25. Pill (%)	1.0	0.5
26. Condom (%)	15.3	8.8
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	16.6	6.7
29. Unmet need for spacing ⁷ (%)	6.6	3.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	45.1	8.4
31. Current users ever told about side effects of current method ⁸ (%)	80.5	60.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mahoba, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	76.0	45.7
33. Mothers who had at least 4 antenatal care visits (%)	46.2	23.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.5	95.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	27.7	7.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.7	1.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.4	90.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	86.3	74.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,213	1,089
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(3.9)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	96.3	89.6
43. Institutional births in public facility (%)	87.6	77.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.9	2.3
45. Births attended by skilled health personnel ¹⁰ (%)	97.0	91.6
46. Births delivered by caesarean section (%)	9.6	5.2
47. Births in a private health facility that were delivered by caesarean section (%)	(62.8)	(27.7)
48. Births in a public health facility that were delivered by caesarean section (%)	4.7	2.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	70.7	64.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	73.9	(70.4)
51. Children age 12-23 months who have received BCG (%)	90.8	95.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	78.8	83.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.4	69.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.2	77.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	54.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	78.4	60.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	88.8	51.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	98.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.6	10.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(57.7)	(28.2)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(49.7)	(8.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(65.4)	(79.3)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.0	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 (%)	(75.3)	(69.5)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Mahoba, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	20.1	42.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	67.8	(27.6)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(14.1)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.3	5.3
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	4.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	42.3	44.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.0	23.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.7	6.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.4	47.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.0	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 (%)	28.0	35.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	10.6	8.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	70.1	77.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	49.5	64.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(45.2)	(74.8)
84. All women age 15-49 years who are anaemic ²² (%)	49.4	64.8
85. All women age 15-19 years who are anaemic ²² (%)	53.5	66.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.4	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	1.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	5.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.3	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) (%)	10.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	15.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.8	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 (%)	15.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	6.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.7	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.8	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	13.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	63.3	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	12.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

MAINPURI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Mainpuri. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Mainpuri, information was gathered from 976 households, 1,258 women, and 168 men.

Mainpuri, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	74.6	72.6
2. Population below age 15 years (%)	30.9	33.4
3. Sex ratio of the total population (females per 1,000 males)	1,016	983
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	837	850
5. Children under age 5 years whose birth was registered with the civil authority (%)	63.4	58.1
6. Deaths in the last 3 years registered with the civil authority (%)	46.6	na
7. Population living in households with electricity (%)	95.2	84.1
8. Population living in households with an improved drinking-water source ¹ (%)	99.6	99.5
9. Population living in households that use an improved sanitation facility ² (%)	63.1	28.6
10. Households using clean fuel for cooking ³ (%)	39.8	24.4
11. Households using iodized salt (%)	74.9	96.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.1	9.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	14.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	74.2	na
15. Women with 10 or more years of schooling (%)	45.8	38.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.0	18.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.5	4.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.0	5.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	71.3	40.3
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	80.1	40.5
21. Any modern method ⁶ (%)	46.4	25.6
22. Female sterilization (%)	10.8	9.0
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	1.3	0.6
25. Pill (%)	2.4	2.5
26. Condom (%)	29.2	12.7
27. Injectables (%)	1.1	0.8
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	4.4	23.9
29. Unmet need for spacing ⁷ (%)	1.6	7.6
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	21.4	5.9
31. Current users ever told about side effects of current method ⁸ (%)	76.5	(25.5)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mainpuri, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	63.7	40.3
33. Mothers who had at least 4 antenatal care visits (%)	38.1	13.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.0	81.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	16.2	7.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	3.0	2.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.6	92.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.3	37.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,390	1,627
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.6	3.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	66.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	82.7	59.6
43. Institutional births in public facility (%)	59.7	42.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.2	4.1
45. Births attended by skilled health personnel ¹⁰ (%)	84.7	63.6
46. Births delivered by caesarean section (%)	8.2	4.9
47. Births in a private health facility that were delivered by caesarean section (%)	30.1	25.3
48. Births in a public health facility that were delivered by caesarean section (%)	2.2	1.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	75.0	55.7
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	87.7	(68.4)
51. Children age 12-23 months who have received BCG (%)	94.5	88.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	80.5	71.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	86.1	71.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.2	77.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	32.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	22.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	79.4	53.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.3	41.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.5	80.7
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.4	1.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.7	11.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(43.2)	(36.1)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(33.7)	(7.1)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.3)	(79.7)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.9	3.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	49.0	85.3

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Mainpuri, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	30.3	30.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(61.9)	(59.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(26.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.0	2.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.1	3.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	44.3	46.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	14.6	11.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.7	3.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.6	32.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.0	1.7
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	15.3	21.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	21.7	14.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	48.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	70.4	41.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.2	26.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	48.4	29.5
84. All women age 15-49 years who are anaemic ²² (%)	57.8	27.0
85. All women age 15-19 years who are anaemic ²² (%)	61.4	29.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.4	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.3	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 (%)	10.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.7	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 (%)	14.4	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	2.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	41.3	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	15.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

MATHURA
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Mathura. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Mathura, information was gathered from 935 households, 1,175 women, and 162 men.

Mathura, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.4	63.3
2. Population below age 15 years (%)	32.7	32.7
3. Sex ratio of the total population (females per 1,000 males)	935	903
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	930	876
5. Children under age 5 years whose birth was registered with the civil authority (%)	63.6	56.1
6. Deaths in the last 3 years registered with the civil authority (%)	34.3	na
7. Population living in households with electricity (%)	98.2	96.6
8. Population living in households with an improved drinking-water source ¹ (%)	98.4	97.7
9. Population living in households that use an improved sanitation facility ² (%)	71.2	44.9
10. Households using clean fuel for cooking ³ (%)	47.3	32.7
11. Households using iodized salt (%)	90.3	95.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	10.8	5.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	12.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	64.4	na
15. Women with 10 or more years of schooling (%)	34.7	32.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.3	25.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	6.0	6.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.4	8.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.7	57.3
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	58.2	57.1
21. Any modern method ⁶ (%)	43.1	43.8
22. Female sterilization (%)	23.5	27.2
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.8	1.3
25. Pill (%)	2.4	3.8
26. Condom (%)	14.0	11.1
27. Injectables (%)	0.4	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	12.9	14.4
29. Unmet need for spacing ⁷ (%)	4.7	5.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.7	12.8
31. Current users ever told about side effects of current method ⁸ (%)	51.4	38.5

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mathura, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	59.3	58.0
33. Mothers who had at least 4 antenatal care visits (%)	39.3	27.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	87.0	82.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	14.1	6.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	3.7	3.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	89.8	84.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.8	65.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,650	1,328
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	1.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	79.5	70.6
43. Institutional births in public facility (%)	36.9	26.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.3	6.5
45. Births attended by skilled health personnel ¹⁰ (%)	81.5	75.5
46. Births delivered by caesarean section (%)	15.7	12.4
47. Births in a private health facility that were delivered by caesarean section (%)	32.3	25.3
48. Births in a public health facility that were delivered by caesarean section (%)	5.2	4.5
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 (%)	73.6	51.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	80.5	(56.7)
51. Children age 12-23 months who have received BCG (%)	98.3	90.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	75.0	70.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.7	61.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	90.3	72.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	43.2	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	23.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.4	40.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.7	37.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	91.8	83.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.2	6.4
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.3	10.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(32.3)	32.9
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(10.7)	12.0
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(57.0)	76.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	6.4	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 (%)	62.6	81.3

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Mathura, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	24.5	24.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	61.0	43.2
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(18.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.4	7.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(2.5)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.6	6.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.6	40.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	11.0	12.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.2	5.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	21.3	27.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.1	2.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	18.1	18.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	25.4	22.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	52.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.2	56.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	63.5	45.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	55.2	41.9
84. All women age 15-49 years who are anaemic ²² (%)	63.0	45.1
85. All women age 15-19 years who are anaemic ²² (%)	67.8	40.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.2	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	25.4	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 (%)	0.5	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	9.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.9	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	13.0	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

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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 Mau. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Mau, information was gathered from 960 households, 1,310 women, and 189 men.

Mau, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.8	65.9
2. Population below age 15 years (%)	27.2	35.5
3. Sex ratio of the total population (females per 1,000 males)	989	1,092
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	938	870
5. Children under age 5 years whose birth was registered with the civil authority (%)	89.8	81.0
6. Deaths in the last 3 years registered with the civil authority (%)	59.2	na
7. Population living in households with electricity (%)	94.2	85.2
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	100.0
9. Population living in households that use an improved sanitation facility ² (%)	75.1	28.5
10. Households using clean fuel for cooking ³ (%)	54.2	20.7
11. Households using iodized salt (%)	98.4	95.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.0	1.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	14.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	72.0	na
15. Women with 10 or more years of schooling (%)	53.1	40.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.0	14.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.9	4.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.3	2.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.6	36.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	54.2	34.8
21. Any modern method ⁶ (%)	39.0	22.4
22. Female sterilization (%)	11.8	17.1
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.4	0.7
25. Pill (%)	7.1	0.8
26. Condom (%)	16.5	3.8
27. Injectables (%)	0.9	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	16.8	20.3
29. Unmet need for spacing ⁷ (%)	7.2	8.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.3	7.5
31. Current users ever told about side effects of current method ⁸ (%)	84.2	54.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mau, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	64.4	57.1
33. Mothers who had at least 4 antenatal care visits (%)	43.2	39.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.5	92.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	27.6	6.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.4	2.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.1	76.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	80.0	55.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,476	6,068
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 (%)	75.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	94.7	77.7
43. Institutional births in public facility (%)	58.9	46.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.7	5.8
45. Births attended by skilled health personnel ¹⁰ (%)	90.7	81.5
46. Births delivered by caesarean section (%)	14.5	7.1
47. Births in a private health facility that were delivered by caesarean section (%)	33.3	17.3
48. Births in a public health facility that were delivered by caesarean section (%)	4.4	3.6
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 (%)	59.1	46.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	63.3	45.8
51. Children age 12-23 months who have received BCG (%)	98.8	88.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	73.2	64.9
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	74.6	62.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.7	73.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	19.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	41.3	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	69.3	51.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.5	34.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.1	63.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.6	6.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.7	26.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	24.5
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	5.8
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	62.4
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.6	5.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.1)	77.6

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Mau, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	37.1	22.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(65.1)	(48.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(48.9)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.6	10.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.2	10.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	25.4	40.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.2	19.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.6	4.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.3	35.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.2	2.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	16.5	25.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	20.2	15.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	63.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	62.7	61.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	44.5	53.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(37.2)	50.9
84. All women age 15-49 years who are anaemic ²² (%)	44.3	53.3
85. All women age 15-19 years who are anaemic ²² (%)	53.8	55.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.4	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 (%)	5.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.3	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 (%)	23.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.8	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.9	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.9	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.7	na
99. Ever undergone a breast examination for breast cancer (%)	1.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	39.3	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	13.6	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

MEERUT
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Meerut. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Meerut, information was gathered from 918 households, 1,212 women, and 169 men.

Meerut, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	74.0	68.2
2. Population below age 15 years (%)	30.3	31.1
3. Sex ratio of the total population (females per 1,000 males)	967	930
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	926	858
5. Children under age 5 years whose birth was registered with the civil authority (%)	80.2	60.6
6. Deaths in the last 3 years registered with the civil authority (%)	59.0	na
7. Population living in households with electricity (%)	98.6	96.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	100.0
9. Population living in households that use an improved sanitation facility ² (%)	82.7	69.5
10. Households using clean fuel for cooking ³ (%)	68.5	64.1
11. Households using iodized salt (%)	96.2	97.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	18.4	8.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	79.0	na
15. Women with 10 or more years of schooling (%)	47.3	37.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	7.6	8.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	5.4	3.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.4	2.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	83.6	61.2
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	72.4	65.3
21. Any modern method ⁶ (%)	48.8	43.8
22. Female sterilization (%)	14.2	17.4
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	1.8	1.9
25. Pill (%)	2.2	2.7
26. Condom (%)	29.1	21.1
27. Injectables (%)	1.1	0.6
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	5.6	7.5
29. Unmet need for spacing ⁷ (%)	2.7	3.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	28.2	10.6
31. Current users ever told about side effects of current method ⁸ (%)	82.8	51.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Meerut, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	73.4	64.4
33. Mothers who had at least 4 antenatal care visits (%)	49.9	47.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.5	87.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	35.5	16.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	13.8	6.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.7	62.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.2	64.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,726	1,026
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	0.9
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	80.6	65.2
43. Institutional births in public facility (%)	25.7	21.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	8.3	5.7
45. Births attended by skilled health personnel ¹⁰ (%)	88.8	70.1
46. Births delivered by caesarean section (%)	19.9	16.5
47. Births in a private health facility that were delivered by caesarean section (%)	29.9	34.0
48. Births in a public health facility that were delivered by caesarean section (%)	13.7	7.5
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 (%)	82.5	62.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	92.2	74.6
51. Children age 12-23 months who have received BCG (%)	97.8	88.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	83.3	80.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.6	70.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	92.4	70.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	36.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	79.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.6	56.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	79.3	32.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	89.8	68.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3	8.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.8	25.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	49.3
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	18.4
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	72.6
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.0	3.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.3)	80.8

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Meerut, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	27.2	14.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(55.4)	15.2
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(40.1)	44.9
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.8	8.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(14.1)	9.0
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.7	8.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.1	35.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	10.2	18.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.1	6.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	23.7	35.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.3	0.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	12.8	18.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	38.5	29.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	55.2	71.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	45.5	60.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	44.9	53.8
84. All women age 15-49 years who are anaemic ²² (%)	45.5	59.9
85. All women age 15-19 years who are anaemic ²² (%)	45.1	63.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.0	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) (%)	7.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	26.2	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 (%)	0.0	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 (%)	2.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	24.4	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	13.7	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

MIRZAPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Mirzapur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Mirzapur, information was gathered from 942 households, 1,176 women, and 147 men.

Mirzapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.0	60.6
2. Population below age 15 years (%)	31.9	34.8
3. Sex ratio of the total population (females per 1,000 males)	1,003	955
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	812	967
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.4	43.7
6. Deaths in the last 3 years registered with the civil authority (%)	44.4	na
7. Population living in households with electricity (%)	92.7	71.8
8. Population living in households with an improved drinking-water source ¹ (%)	96.9	87.4
9. Population living in households that use an improved sanitation facility ² (%)	72.3	23.8
10. Households using clean fuel for cooking ³ (%)	42.5	17.7
11. Households using iodized salt (%)	97.0	98.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.0	6.3
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 (%)	70.9	na
15. Women with 10 or more years of schooling (%)	43.8	34.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.6	30.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.3	3.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.4	4.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	75.4	44.7
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	61.5	48.6
21. Any modern method ⁶ (%)	53.3	40.5
22. Female sterilization (%)	32.4	36.1
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	1.8	0.8
25. Pill (%)	7.5	0.5
26. Condom (%)	9.0	2.7
27. Injectables (%)	0.9	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	14.5	18.7
29. Unmet need for spacing ⁷ (%)	6.1	9.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.6	14.8
31. Current users ever told about side effects of current method ⁸ (%)	66.9	54.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Mirzapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(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 (%)	55.7	35.3
33. Mothers who had at least 4 antenatal care visits (%)	36.5	15.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.2	90.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	11.6	22.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	3.3	2.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.1	91.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	69.8	45.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,576	1,312
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 (%)	69.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.1	72.7
43. Institutional births in public facility (%)	62.1	56.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.6	6.4
45. Births attended by skilled health personnel ¹⁰ (%)	88.6	76.3
46. Births delivered by caesarean section (%)	17.6	6.0
47. Births in a private health facility that were delivered by caesarean section (%)	43.7	18.2
48. Births in a public health facility that were delivered by caesarean section (%)	8.0	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 (%)	68.3	46.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	83.3	66.1
51. Children age 12-23 months who have received BCG (%)	92.9	90.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	74.0	59.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	77.7	75.3
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.9	75.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	55.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.7	57.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.0	57.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	93.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	4.8
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.8	12.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	44.9
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	22.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	57.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.6	4.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(60.8)	66.9

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Mirzapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	8.7	28.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	71.5	(31.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(36.1)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.2	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} (%)	4.6	8.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	43.4	49.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	12.5	20.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.3	6.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.6	46.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.9	1.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	20.9	28.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	22.3	13.3
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	59.8	63.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	42.3	55.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(36.4)	52.3
84. All women age 15-49 years who are anaemic ²² (%)	42.1	55.4
85. All women age 15-19 years who are anaemic ²² (%)	43.6	53.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.6	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	29.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.8	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 (%)	5.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	42.2	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	14.0	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

MORADABAD
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Moradabad. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Moradabad, information was gathered from 953 households, 1,264 women, and 160 men.

Moradabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	67.6
2. Population below age 15 years (%)	29.4
3. Sex ratio of the total population (females per 1,000 males)	1,002
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,022
5. Children under age 5 years whose birth was registered with the civil authority (%)	74.4
6. Deaths in the last 3 years registered with the civil authority (%)	58.9
7. Population living in households with electricity (%)	96.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.8
9. Population living in households that use an improved sanitation facility ² (%)	79.0
10. Households using clean fuel for cooking ³ (%)	58.3
11. Households using iodized salt (%)	95.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	17.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.1
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	66.7
15. Women with 10 or more years of schooling (%)	42.6
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	9.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	78.5
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	69.8
21. Any modern method ⁶ (%)	47.7
22. Female sterilization (%)	10.2
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	0.5
25. Pill (%)	5.5
26. Condom (%)	30.7
27. Injectables (%)	0.7
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	6.9
29. Unmet need for spacing ⁷ (%)	2.9
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	20.9
31. Current users ever told about side effects of current method ⁸ (%)	77.4

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Moradabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	73.7
33. Mothers who had at least 4 antenatal care visits (%)	33.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	17.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	2.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	5,877
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	3.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	74.7
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	80.3
43. Institutional births in public facility (%)	40.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.3
45. Births attended by skilled health personnel ¹⁰ (%)	85.6
46. Births delivered by caesarean section (%)	22.5
47. Births in a private health facility that were delivered by caesarean section (%)	43.0
48. Births in a public health facility that were delivered by caesarean section (%)	13.1
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 (%)	84.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	90.6
51. Children age 12-23 months who have received BCG (%)	97.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	84.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	18.0
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	61.2
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	85.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(60.3)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(31.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(72.9)
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 (%)	(71.0)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Moradabad, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	17.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(56.0)
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} (%)	9.1
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(24.8)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	12.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	34.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	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 (%)	13.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	17.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	69.7
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	45.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	33.6
84. All women age 15-49 years who are anaemic ²² (%)	44.9
85. All women age 15-19 years who are anaemic ²² (%)	43.4
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.2
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 (%)	8.1
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.9
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) (%)	13.6
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.3
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.3
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.2
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
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.8
99. Ever undergone a breast examination for breast cancer (%)	0.8
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 (%)	3.6
102. Men age 15 years and above who use any kind of tobacco (%)	32.6
103. Women age 15 years and above who consume alcohol (%)	0.3
104. Men age 15 years and above who consume alcohol (%)	13.8

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

MUZAFFARNAGAR

UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Muzaffarnagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Muzaffarnagar, information was gathered from 932 households, 1,201 women, and 179 men.

Muzaffarnagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	69.1
2. Population below age 15 years (%)	30.4
3. Sex ratio of the total population (females per 1,000 males)	957
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	865
5. Children under age 5 years whose birth was registered with the civil authority (%)	80.2
6. Deaths in the last 3 years registered with the civil authority (%)	70.5
7. Population living in households with electricity (%)	97.8
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 (%)	80.1
10. Households using clean fuel for cooking ³ (%)	59.8
11. Households using iodized salt (%)	96.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	8.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.4
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	72.1
15. Women with 10 or more years of schooling (%)	41.8
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	7.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	78.1
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	73.2
21. Any modern method ⁶ (%)	44.9
22. Female sterilization (%)	14.4
23. Male sterilization (%)	0.2
24. IUD/PPIUD (%)	1.6
25. Pill (%)	3.6
26. Condom (%)	24.7
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	5.0
29. Unmet need for spacing ⁷ (%)	1.9
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	17.6
31. Current users ever told about side effects of current method ⁸ (%)	78.8

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Muzaffarnagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	75.5
33. Mothers who had at least 4 antenatal care visits (%)	44.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	34.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.4
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 (%)	88.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,747
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.3
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	87.0
43. Institutional births in public facility (%)	45.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.2
45. Births attended by skilled health personnel ¹⁰ (%)	89.9
46. Births delivered by caesarean section (%)	22.4
47. Births in a private health facility that were delivered by caesarean section (%)	33.3
48. Births in a public health facility that were delivered by caesarean section (%)	18.7
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	69.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	79.6
51. Children age 12-23 months who have received BCG (%)	91.1
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 (%)	75.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	77.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	23.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	62.2
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	75.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.8
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 (%)	6.4
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(29.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(11.6)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(77.2)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	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 (%)	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Muzaffarnagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	18.2
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	61.8
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	18.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(10.6)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	16.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	29.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	29.9
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.2
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 (%)	11.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	28.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.7
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	65.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	46.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(40.2)
84. All women age 15-49 years who are anaemic ²² (%)	46.0
85. All women age 15-19 years who are anaemic ²² (%)	48.8
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 (%)	5.2
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.5
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.3
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.9
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.0
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.6
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.6
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 (%)	24.2
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 (%)	0.2
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 (%)	3.7
102. Men age 15 years and above who use any kind of tobacco (%)	31.7
103. Women age 15 years and above who consume alcohol (%)	0.3
104. Men age 15 years and above who consume alcohol (%)	13.7

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

PILIBHIT
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Pilibhit. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Pilibhit, information was gathered from 898 households, 1,040 women, and 142 men.

Pilibhit, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	60.1	57.9
2. Population below age 15 years (%)	29.6	31.9
3. Sex ratio of the total population (females per 1,000 males)	922	937
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	814	955
5. Children under age 5 years whose birth was registered with the civil authority (%)	74.2	69.5
6. Deaths in the last 3 years registered with the civil authority (%)	66.6	na
7. Population living in households with electricity (%)	86.8	53.1
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	76.8	39.9
10. Households using clean fuel for cooking ³ (%)	48.1	27.6
11. Households using iodized salt (%)	91.2	83.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	21.4	3.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	54.7	na
15. Women with 10 or more years of schooling (%)	28.5	22.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.2	14.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.4	4.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.6	4.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	71.1	39.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	74.1	62.9
21. Any modern method ⁶ (%)	45.5	40.4
22. Female sterilization (%)	14.4	13.6
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.8	1.3
25. Pill (%)	1.4	2.6
26. Condom (%)	27.4	21.5
27. Injectables (%)	0.4	1.5
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	4.9	9.8
29. Unmet need for spacing ⁷ (%)	2.5	4.5
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.8	11.3
31. Current users ever told about side effects of current method ⁸ (%)	(53.2)	45.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Pilibhit, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	67.5	57.4
33. Mothers who had at least 4 antenatal care visits (%)	43.6	42.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.1	91.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	26.3	17.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.8	3.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.8	83.6
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.6	66.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,458	807
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.6	1.9
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	76.2	63.6
43. Institutional births in public facility (%)	50.2	40.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	6.2	5.4
45. Births attended by skilled health personnel ¹⁰ (%)	80.2	68.6
46. Births delivered by caesarean section (%)	19.0	9.3
47. Births in a private health facility that were delivered by caesarean section (%)	54.2	38.0
48. Births in a public health facility that were delivered by caesarean section (%)	9.7	1.5
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	92.3	71.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	90.4	78.9
51. Children age 12-23 months who have received BCG (%)	97.0	96.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	92.3	91.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.0	78.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	95.6	83.1
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	34.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	70.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.3	73.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.1	31.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.2	93.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.5	1.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.6	17.7
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(53.4)	37.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(29.5)	2.5
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(72.2)	78.9
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.7	1.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.7)	81.2

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Pilibhit, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	29.1	22.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(54.6)	(22.2)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(39.5)	(37.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	10.1	4.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	8.9	4.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.9	51.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.1	21.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.5	8.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.4	44.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.4	1.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	16.4	29.2
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	21.4	15.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	50.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	57.3	77.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	52.6	57.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(40.1)	56.2
84. All women age 15-49 years who are anaemic ²² (%)	52.0	57.1
85. All women age 15-19 years who are anaemic ²² (%)	58.4	61.1
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 (%)	5.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.8	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.3	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) (%)	11.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.5	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) (%)	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 (%)	17.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.9	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	4.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.2	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	15.5	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

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²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

PRATAPGARH UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

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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 Pratapgarh. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Pratapgarh, information was gathered from 916 households, 1,267 women, and 96 men.

Pratapgarh, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.2	62.2
2. Population below age 15 years (%)	29.0	33.0
3. Sex ratio of the total population (females per 1,000 males)	1,229	1,122
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,034	922
5. Children under age 5 years whose birth was registered with the civil authority (%)	85.7	62.7
6. Deaths in the last 3 years registered with the civil authority (%)	45.2	na
7. Population living in households with electricity (%)	92.5	73.9
8. Population living in households with an improved drinking-water source ¹ (%)	97.8	93.1
9. Population living in households that use an improved sanitation facility ² (%)	52.0	16.7
10. Households using clean fuel for cooking ³ (%)	37.1	23.5
11. Households using iodized salt (%)	95.7	95.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.9	6.0
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.7	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 (%)	49.7	36.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	11.0	11.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.3	3.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.7	1.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	69.1	44.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	51.9	38.3
21. Any modern method ⁶ (%)	33.6	27.4
22. Female sterilization (%)	24.2	23.0
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	0.8	0.0
25. Pill (%)	1.9	1.6
26. Condom (%)	6.7	2.8
27. Injectables (%)	0.1	0.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	21.9	20.9
29. Unmet need for spacing ⁷ (%)	8.7	9.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.3	13.0
31. Current users ever told about side effects of current method ⁸ (%)	(59.2)	(27.1)

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Pratapgarh, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	57.2	30.6
33. Mothers who had at least 4 antenatal care visits (%)	30.6	18.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.4	90.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	22.8	16.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.2	3.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.1	83.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.1	54.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,814	1,755
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 (%)	67.3	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.8	77.1
43. Institutional births in public facility (%)	62.6	56.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.5	4.7
45. Births attended by skilled health personnel ¹⁰ (%)	93.1	81.1
46. Births delivered by caesarean section (%)	11.8	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	28.3	33.7
48. Births in a public health facility that were delivered by caesarean section (%)	6.1	2.1
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	49.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	92.1	(77.2)
51. Children age 12-23 months who have received BCG (%)	89.1	89.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	78.2	64.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	82.8	68.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.6	77.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	22.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	42.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.6	53.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	69.3	53.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.1	85.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3	6.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.8	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 (%)	1.6	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 (%)	(74.9)	(65.7)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Pratapgarh, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	13.2	26.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(51.9)	(21.7)
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	2.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(0.0)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.2	1.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	35.5	41.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	10.0	23.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.5	8.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.7	42.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.3	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 (%)	19.6	28.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	25.0	12.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	36.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	58.0	61.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	49.9	52.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(27.1)	38.0
84. All women age 15-49 years who are anaemic ²² (%)	48.9	51.4
85. All women age 15-19 years who are anaemic ²² (%)	51.6	54.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	6.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	14.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.1	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.2	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 (%)	17.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	11.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	41.4	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	9.0	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

PRAYAGRAJ
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Prayagraj. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Prayagraj, information was gathered from 856 households, 1,124 women, and 123 men.

Prayagraj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	70.6	64.5
2. Population below age 15 years (%)	31.5	33.2
3. Sex ratio of the total population (females per 1,000 males)	1,083	1,034
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,191	925
5. Children under age 5 years whose birth was registered with the civil authority (%)	74.9	43.3
6. Deaths in the last 3 years registered with the civil authority (%)	48.9	na
7. Population living in households with electricity (%)	95.0	80.3
8. Population living in households with an improved drinking-water source ¹ (%)	95.8	91.8
9. Population living in households that use an improved sanitation facility ² (%)	59.5	32.6
10. Households using clean fuel for cooking ³ (%)	45.1	36.8
11. Households using iodized salt (%)	96.8	98.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.6	7.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	67.7	na
15. Women with 10 or more years of schooling (%)	47.6	43.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	13.8	16.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	6.3	3.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.0	1.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.9	54.2
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	63.1	37.7
21. Any modern method ⁶ (%)	45.6	32.7
22. Female sterilization (%)	31.3	24.3
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	1.2	1.0
25. Pill (%)	1.4	1.5
26. Condom (%)	8.6	5.8
27. Injectables (%)	0.4	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	11.9	23.1
29. Unmet need for spacing ⁷ (%)	4.5	11.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.9	19.0
31. Current users ever told about side effects of current method ⁸ (%)	54.8	57.8

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Prayagraj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	58.3	39.8
33. Mothers who had at least 4 antenatal care visits (%)	45.9	29.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	88.3	91.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	22.3	24.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.0	4.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.8	87.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.5	51.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,243	1,649
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(4.2)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	59.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	83.2	73.8
43. Institutional births in public facility (%)	52.6	46.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	6.1	4.0
45. Births attended by skilled health personnel ¹⁰ (%)	85.5	76.8
46. Births delivered by caesarean section (%)	15.7	12.8
47. Births in a private health facility that were delivered by caesarean section (%)	43.4	39.0
48. Births in a public health facility that were delivered by caesarean section (%)	4.6	4.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	55.8	37.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	67.8	(60.2)
51. Children age 12-23 months who have received BCG (%)	85.4	90.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	58.4	52.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	67.2	65.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	70.9	67.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	15.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	53.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	66.2	47.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	60.7	61.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.6	89.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.7	8.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.8	12.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	47.2
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	23.6
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	68.7
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	0.7	4.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	72.1

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Prayagraj, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	24.8	35.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(53.4)	(35.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(29.9)	(32.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	0.0	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} (%)	0.0	6.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.9	43.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	15.1	20.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	4.3	7.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.6	43.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.0	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 (%)	17.3	20.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	25.5	18.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	48.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	50.5	60.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	46.5	55.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(43.0)	53.6
84. All women age 15-49 years who are anaemic ²² (%)	46.4	55.5
85. All women age 15-19 years who are anaemic ²² (%)	49.1	61.1
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 (%)	6.7	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 (%)	7.7	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 (%)	15.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.9	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	12.6	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	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 (%)	11.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	44.6	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	12.5	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

RAE BARELI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Rae Bareli. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Rae Bareli, information was gathered from 985 households, 1,258 women, and 148 men.

Rae Bareli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	66.4
2. Population below age 15 years (%)	30.4
3. Sex ratio of the total population (females per 1,000 males)	1,102
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	871
5. Children under age 5 years whose birth was registered with the civil authority (%)	78.1
6. Deaths in the last 3 years registered with the civil authority (%)	31.6
7. Population living in households with electricity (%)	88.9
8. Population living in households with an improved drinking-water source ¹ (%)	98.1
9. Population living in households that use an improved sanitation facility ² (%)	55.0
10. Households using clean fuel for cooking ³ (%)	39.4
11. Households using iodized salt (%)	79.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	16.8
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 (%)	62.8
15. Women with 10 or more years of schooling (%)	36.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	14.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.3
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 (%)	69.3
21. Any modern method ⁶ (%)	55.8
22. Female sterilization (%)	14.1
23. Male sterilization (%)	0.1
24. IUD/PPIUD (%)	2.5
25. Pill (%)	4.8
26. Condom (%)	26.2
27. Injectables (%)	3.3
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	12.4
29. Unmet need for spacing ⁷ (%)	3.6
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	18.7
31. Current users ever told about side effects of current method ⁸ (%)	52.8

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Rae Bareli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	58.8
33. Mothers who had at least 4 antenatal care visits (%)	43.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	16.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	60.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,963
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 (%)	61.6
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	89.5
43. Institutional births in public facility (%)	78.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.5
45. Births attended by skilled health personnel ¹⁰ (%)	90.8
46. Births delivered by caesarean section (%)	8.8
47. Births in a private health facility that were delivered by caesarean section (%)	(50.8)
48. Births in a public health facility that were delivered by caesarean section (%)	4.1
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	71.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	77.2
51. Children age 12-23 months who have received BCG (%)	93.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	76.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	82.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.9
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	27.2
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.3
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.1
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 (%)	4.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(37.3)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Rae Bareli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
Total	
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	28.6
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(64.4)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	47.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	13.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	28.8
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 (%)	18.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	18.7
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	64.3
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	76.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	48.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(44.4)
84. All women age 15-49 years who are anaemic ²² (%)	48.2
85. All women age 15-19 years who are anaemic ²² (%)	49.7
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.9
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.7
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.3
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.1
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.2
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.4
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) (%)	5.9
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	19.4
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.8
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 (%)	17.9
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	1.4
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.7
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
102. Men age 15 years and above who use any kind of tobacco (%)	50.4
103. Women age 15 years and above who consume alcohol (%)	0.5
104. Men age 15 years and above who consume alcohol (%)	16.5

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

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²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

RAMPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
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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 Rampur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Rampur, information was gathered from 876 households, 1,092 women, and 145 men.

Rampur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	57.6	53.7
2. Population below age 15 years (%)	31.1	36.2
3. Sex ratio of the total population (females per 1,000 males)	1,022	986
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	968	809
5. Children under age 5 years whose birth was registered with the civil authority (%)	71.5	73.2
6. Deaths in the last 3 years registered with the civil authority (%)	42.6	na
7. Population living in households with electricity (%)	96.2	82.0
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	79.0	56.4
10. Households using clean fuel for cooking ³ (%)	46.2	31.7
11. Households using iodized salt (%)	90.1	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.1	4.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	57.0	na
15. Women with 10 or more years of schooling (%)	26.9	20.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.5	9.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.5	4.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.5	2.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.3	43.7
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	56.8	62.5
21. Any modern method ⁶ (%)	30.0	36.6
22. Female sterilization (%)	9.3	14.5
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	0.3	0.8
25. Pill (%)	2.3	2.6
26. Condom (%)	17.0	18.3
27. Injectables (%)	0.8	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	12.0	10.5
29. Unmet need for spacing ⁷ (%)	5.8	4.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	14.3	7.8
31. Current users ever told about side effects of current method ⁸ (%)	(68.9)	(60.5)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Rampur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	73.8	52.9
33. Mothers who had at least 4 antenatal care visits (%)	50.4	59.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.5	90.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	32.7	4.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.5	1.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.8	84.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.5	65.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,245	1,164
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	0.8
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	81.0	61.9
43. Institutional births in public facility (%)	44.7	30.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.6	3.9
45. Births attended by skilled health personnel ¹⁰ (%)	81.1	65.5
46. Births delivered by caesarean section (%)	16.7	12.1
47. Births in a private health facility that were delivered by caesarean section (%)	40.0	30.8
48. Births in a public health facility that were delivered by caesarean section (%)	4.8	7.9
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 (%)	79.4	68.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	81.9	77.5
51. Children age 12-23 months who have received BCG (%)	96.1	98.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	80.7	89.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.7	74.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.7	78.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	31.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	61.8	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.7	63.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	56.9	48.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.1	92.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.3	1.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.0	20.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	51.1
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	16.8
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	74.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.3	5.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(85.3)	75.7

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Rampur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	39.6	25.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(43.4)	(15.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(47.8)	(50.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.7	8.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(2.2)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.9	6.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.4	46.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.6	20.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.9	5.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.1	44.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.1	0.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	13.6	28.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	20.6	16.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	69.6	77.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	55.7	58.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	51.2	61.5
84. All women age 15-49 years who are anaemic ²² (%)	55.4	58.7
85. All women age 15-19 years who are anaemic ²² (%)	59.3	57.9
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 (%)	5.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.4	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.0	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) (%)	5.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.5	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.4	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	4.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	36.1	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	14.6	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SAHARANPUR UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Saharanpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Saharanpur, information was gathered from 966 households, 1,318 women, and 183 men.

Saharanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.3	65.3
2. Population below age 15 years (%)	28.5	32.9
3. Sex ratio of the total population (females per 1,000 males)	984	954
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,022	906
5. Children under age 5 years whose birth was registered with the civil authority (%)	85.4	74.7
6. Deaths in the last 3 years registered with the civil authority (%)	60.2	na
7. Population living in households with electricity (%)	98.3	94.5
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	99.9
9. Population living in households that use an improved sanitation facility ² (%)	83.8	54.4
10. Households using clean fuel for cooking ³ (%)	56.6	37.6
11. Households using iodized salt (%)	96.2	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	11.8	3.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	71.2	na
15. Women with 10 or more years of schooling (%)	38.2	33.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	7.0	7.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.7	5.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.3	2.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.7	51.0
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	73.7	65.0
21. Any modern method ⁶ (%)	48.9	43.1
22. Female sterilization (%)	9.5	13.6
23. Male sterilization (%)	0.3	0.3
24. IUD/PPIUD (%)	0.8	0.9
25. Pill (%)	4.5	3.4
26. Condom (%)	32.8	24.2
27. Injectables (%)	0.7	0.7
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	4.3	10.4
29. Unmet need for spacing ⁷ (%)	1.6	4.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.7	12.1
31. Current users ever told about side effects of current method ⁸ (%)	(69.6)	61.3

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Saharanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	78.7	75.2
33. Mothers who had at least 4 antenatal care visits (%)	52.4	41.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.4	94.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	25.7	14.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	7.5	6.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.8	70.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	83.6	69.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,537	2,147
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(3.7)	1.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	81.7	62.3
43. Institutional births in public facility (%)	53.5	33.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.3	4.7
45. Births attended by skilled health personnel ¹⁰ (%)	86.9	66.9
46. Births delivered by caesarean section (%)	15.4	12.4
47. Births in a private health facility that were delivered by caesarean section (%)	37.6	25.4
48. Births in a public health facility that were delivered by caesarean section (%)	9.1	15.1
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 (%)	89.2	62.6
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	93.4	77.3
51. Children age 12-23 months who have received BCG (%)	97.3	92.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	91.0	75.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.9	79.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.7	85.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	35.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	56.9	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	92.0	71.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	82.7	43.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.7	87.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	4.5	4.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.1	19.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(67.1)	38.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(23.3)	4.8
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.8)	69.2
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	3.9	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 (%)	(62.4)	78.0

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Saharanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	26.7	22.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	67.4	23.3
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	44.2
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.4	7.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(6.3)	4.4
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.6	6.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	28.8	36.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	22.0	18.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	12.9	4.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.7	36.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.9	0.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	12.8	27.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	16.4	19.7
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 (%)	68.1	75.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	41.8	60.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(30.1)	69.1
84. All women age 15-49 years who are anaemic ²² (%)	41.4	61.3
85. All women age 15-19 years who are anaemic ²² (%)	46.9	61.1
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.2	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 (%)	8.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.6	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.2	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.3	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 (%)	0.1	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 (%)	2.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	30.7	na
103. Women age 15 years and above who consume alcohol (%)	0.5	na
104. Men age 15 years and above who consume alcohol (%)	14.1	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SAMBHAL
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Sambhal. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown Research and Development Initiative (RDI) Pvt. Ltd. In Sambhal, information was gathered from 963 households, 1,314 women, and 199 men.

Sambhal, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	56.0
2. Population below age 15 years (%)	35.5
3. Sex ratio of the total population (females per 1,000 males)	1,019
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	940
5. Children under age 5 years whose birth was registered with the civil authority (%)	54.8
6. Deaths in the last 3 years registered with the civil authority (%)	37.7
7. Population living in households with electricity (%)	91.9
8. Population living in households with an improved drinking-water source ¹ (%)	100.0
9. Population living in households that use an improved sanitation facility ² (%)	72.8
10. Households using clean fuel for cooking ³ (%)	38.2
11. Households using iodized salt (%)	91.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.0
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	51.3
15. Women with 10 or more years of schooling (%)	24.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	21.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	60.2
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	65.9
21. Any modern method ⁶ (%)	40.1
22. Female sterilization (%)	8.6
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	0.6
25. Pill (%)	2.5
26. Condom (%)	26.2
27. Injectables (%)	1.1
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	8.5
29. Unmet need for spacing ⁷ (%)	3.9
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	19.6
31. Current users ever told about side effects of current method ⁸ (%)	(81.2)

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sambhal, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	60.8
33. Mothers who had at least 4 antenatal care visits (%)	32.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	21.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	5.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,214
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 (%)	67.5
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	74.2
43. Institutional births in public facility (%)	45.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.2
45. Births attended by skilled health personnel ¹⁰ (%)	78.2
46. Births delivered by caesarean section (%)	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	25.5
48. Births in a public health facility that were delivered by caesarean section (%)	1.4
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	83.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	89.6
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 (%)	84.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	89.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.7
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	73.5
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	72.7
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	86.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.8
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) (%)	(57.4)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(57.7)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(86.8)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	73.1

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sambhal, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
Total	
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	31.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	62.5
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(25.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(3.9)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	51.6
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 (%)	5.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	29.8
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 (%)	16.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	19.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	61.6
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	69.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	51.1
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	53.0
84. All women age 15-49 years who are anaemic ²² (%)	51.3
85. All women age 15-19 years who are anaemic ²² (%)	57.3
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.5
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 (%)	7.4
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.8
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.4
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.5
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.2
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96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.4
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.7
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 (%)	4.9
102. Men age 15 years and above who use any kind of tobacco (%)	40.3
103. Women age 15 years and above who consume alcohol (%)	0.2
104. Men age 15 years and above who consume alcohol (%)	16.7

¹⁵Based on the last child born in the 3 years before the survey.

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²³Random blood sugar measurement.

NOTES



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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SANT KABEER NAGAR

UTTAR PRADESH



(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 Sant Kabeer Nagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Sant Kabeer Nagar, information was gathered from 958 households, 1,266 women, and 120 men.

Sant Kabeer Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.8	58.6
2. Population below age 15 years (%)	34.6	37.8
3. Sex ratio of the total population (females per 1,000 males)	1,185	1,137
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	835	903
5. Children under age 5 years whose birth was registered with the civil authority (%)	82.6	64.5
6. Deaths in the last 3 years registered with the civil authority (%)	36.4	na
7. Population living in households with electricity (%)	94.0	67.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.9	99.9
9. Population living in households that use an improved sanitation facility ² (%)	65.1	16.7
10. Households using clean fuel for cooking ³ (%)	58.1	18.0
11. Households using iodized salt (%)	98.2	87.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.4	13.8
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 (%)	61.3	na
15. Women with 10 or more years of schooling (%)	34.8	28.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.8	31.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.5	3.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.9	1.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	63.4	30.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	69.2	21.9
21. Any modern method ⁶ (%)	48.5	15.6
22. Female sterilization (%)	13.6	9.5
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	4.1	0.6
25. Pill (%)	8.3	2.6
26. Condom (%)	16.2	2.7
27. Injectables (%)	4.6	0.4
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	13.0	28.1
29. Unmet need for spacing ⁷ (%)	6.6	8.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.4	17.9
31. Current users ever told about side effects of current method ⁸ (%)	84.6	55.2

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sant Kabeer Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	62.1	45.7
33. Mothers who had at least 4 antenatal care visits (%)	43.2	32.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.7	91.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	23.8	6.5
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.8	2.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	77.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	72.5	56.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,134	2,457
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(11.5)	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.6	68.8
43. Institutional births in public facility (%)	79.5	55.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.6	5.3
45. Births attended by skilled health personnel ¹⁰ (%)	89.7	65.9
46. Births delivered by caesarean section (%)	8.3	5.8
47. Births in a private health facility that were delivered by caesarean section (%)	33.0	24.9
48. Births in a public health facility that were delivered by caesarean section (%)	5.9	4.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	80.2	43.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	82.9	52.2
51. Children age 12-23 months who have received BCG (%)	95.5	89.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	85.1	68.6
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.8	59.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	95.5	70.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	42.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	37.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	88.0	52.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.4	47.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.2	76.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	2.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.5	15.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	29.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	9.0
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	61.3
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.9	10.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	60.3	67.9

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sant Kabeer Nagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	12.5	29.2
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(61.7)	(55.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(22.8)	(61.0)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	7.3	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} (%)	7.5	7.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	42.3	50.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	19.0	10.9
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.8	2.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	34.2	36.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.9	1.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	19.3	26.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	15.9	13.5
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	58.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	71.6	69.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	43.8	50.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	36.2	50.1
84. All women age 15-49 years who are anaemic ²² (%)	43.5	50.9
85. All women age 15-19 years who are anaemic ²² (%)	47.1	54.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.7	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 (%)	4.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	10.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.0	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.3	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.2	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.8	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 (%)	9.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	51.9	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	14.4	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SANT RAVIDAS NAGAR (BHADOHI)

UTTAR PRADESH



(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Sant Ravidas Nagar (Bhadohi). Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Sant Ravidas Nagar (Bhadohi), information was gathered from 884 households, 1,352 women, and 118 men.

Sant Ravidas Nagar (Bhadohi), Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	67.3	62.2
2. Population below age 15 years (%)	33.7	35.8
3. Sex ratio of the total population (females per 1,000 males)	1,082	1,077
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	839	951
5. Children under age 5 years whose birth was registered with the civil authority (%)	81.9	59.4
6. Deaths in the last 3 years registered with the civil authority (%)	45.2	na
7. Population living in households with electricity (%)	96.5	82.6
8. Population living in households with an improved drinking-water source ¹ (%)	96.7	85.8
9. Population living in households that use an improved sanitation facility ² (%)	68.8	22.7
10. Households using clean fuel for cooking ³ (%)	39.9	25.4
11. Households using iodized salt (%)	98.7	97.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	18.8	3.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	2.5	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	69.7	na
15. Women with 10 or more years of schooling (%)	46.5	34.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	19.6	25.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.7	6.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.7	3.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.8	47.2
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	53.8	43.0
21. Any modern method ⁶ (%)	40.2	31.8
22. Female sterilization (%)	30.9	25.0
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	0.6	0.3
25. Pill (%)	2.2	1.2
26. Condom (%)	6.1	5.0
27. Injectables (%)	0.0	0.1
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	22.4	22.1
29. Unmet need for spacing ⁷ (%)	10.1	10.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	26.3	5.2
31. Current users ever told about side effects of current method ⁸ (%)	62.6	39.8

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sant Ravidas Nagar (Bhadohi), Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(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 (%)	53.6	57.5
33. Mothers who had at least 4 antenatal care visits (%)	25.8	38.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.9	90.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	12.9	15.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	5.7	6.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	92.1	83.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	69.5	57.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,299	1,244
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	1.9
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.3	80.7
43. Institutional births in public facility (%)	47.8	45.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	3.7	4.7
45. Births attended by skilled health personnel ¹⁰ (%)	92.3	85.4
46. Births delivered by caesarean section (%)	18.9	6.8
47. Births in a private health facility that were delivered by caesarean section (%)	37.8	16.1
48. Births in a public health facility that were delivered by caesarean section (%)	5.9	2.5
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 (%)	62.2	43.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	72.1	66.0
51. Children age 12-23 months who have received BCG (%)	87.8	86.8
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	69.1	65.7
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	78.6	61.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.6	67.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.3	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	59.1	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	77.8	50.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	63.9	35.8
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.5	73.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.7
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.1	20.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	47.4
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	5.0
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	44.4
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	1.6	4.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(77.3)	54.6

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sant Ravidas Nagar (Bhadohi), Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	7.8	20.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	66.6	(25.5)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(34.3)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.5	9.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(0.0)	(11.5)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.9	9.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	42.7	51.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	9.1	21.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.4	8.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	26.5	49.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.3	1.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	15.8	24.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	26.5	13.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	49.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	59.2	62.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	43.2	55.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	53.8	49.2
84. All women age 15-49 years who are anaemic ²² (%)	43.8	55.0
85. All women age 15-19 years who are anaemic ²² (%)	39.7	55.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.3	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) (%)	9.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	14.9	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) (%)	5.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.8	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	7.4	na
102. Men age 15 years and above who use any kind of tobacco (%)	36.5	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	7.7	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SHAHJAHANPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Shahjahanpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Shahjahanpur, information was gathered from 980 households, 1,286 women, and 220 men.

Shahjahanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.2	60.0
2. Population below age 15 years (%)	34.4	37.0
3. Sex ratio of the total population (females per 1,000 males)	977	952
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,064	981
5. Children under age 5 years whose birth was registered with the civil authority (%)	64.9	23.5
6. Deaths in the last 3 years registered with the civil authority (%)	43.0	na
7. Population living in households with electricity (%)	84.1	54.8
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	100.0
9. Population living in households that use an improved sanitation facility ² (%)	69.2	34.8
10. Households using clean fuel for cooking ³ (%)	40.4	26.0
11. Households using iodized salt (%)	79.8	92.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.2	3.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	6.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	56.8	na
15. Women with 10 or more years of schooling (%)	27.7	23.4
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.9	30.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.2	5.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.6	4.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	59.6	29.5
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	70.3	50.6
21. Any modern method ⁶ (%)	46.4	27.4
22. Female sterilization (%)	10.0	10.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	2.1	1.3
25. Pill (%)	5.9	2.0
26. Condom (%)	26.1	13.7
27. Injectables (%)	1.7	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	6.4	14.5
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 (%)	27.8	19.4
31. Current users ever told about side effects of current method ⁸ (%)	74.2	(47.4)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.

- Pregnant with a mistimed pregnancy.

- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.

- Pregnant with an unwanted pregnancy.

- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Shahjahanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	61.4	53.0
33. Mothers who had at least 4 antenatal care visits (%)	35.3	21.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.2	82.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	24.5	12.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	5.8	3.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.2	89.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	62.8	51.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,394	1,043
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.7	1.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	63.3	52.2
43. Institutional births in public facility (%)	47.8	36.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.7	2.2
45. Births attended by skilled health personnel ¹⁰ (%)	68.3	54.0
46. Births delivered by caesarean section (%)	8.6	8.1
47. Births in a private health facility that were delivered by caesarean section (%)	42.2	42.3
48. Births in a public health facility that were delivered by caesarean section (%)	4.3	3.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	76.5	65.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	84.5	76.9
51. Children age 12-23 months who have received BCG (%)	97.3	90.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	80.8	79.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	88.1	79.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.1	76.2
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 (%)	48.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.3	70.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.7	37.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.2	91.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.8	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.8	11.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(42.0)	48.5
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(30.2)	3.8
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(67.2)	76.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	7.3	2.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	65.8	76.3

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Shahjahanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	27.6	15.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	55.1	(28.0)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(36.1)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.7	8.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(9.5)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.7	7.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	44.5	49.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.0	23.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.1	5.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	34.7	54.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.2	0.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	17.8	30.0
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	17.2	17.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	54.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	75.4	76.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	60.6	61.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	56.0	58.7
84. All women age 15-49 years who are anaemic ²² (%)	60.3	60.8
85. All women age 15-19 years who are anaemic ²² (%)	58.7	63.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.5	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.3	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	6.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.2	na
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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 (%)	14.5	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 (%)	6.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.0	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	20.4	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

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²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

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Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SHAMLI
UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
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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 for Shamli. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Research and Development Initiative (RDI) Pvt. Ltd. In Shamli, information was gathered from 950 households, 1,300 women, and 180 men.

Shamli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	62.7
2. Population below age 15 years (%)	31.3
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)	1,029
5. Children under age 5 years whose birth was registered with the civil authority (%)	87.0
6. Deaths in the last 3 years registered with the civil authority (%)	65.4
7. Population living in households with electricity (%)	98.7
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 (%)	83.3
10. Households using clean fuel for cooking ³ (%)	53.6
11. Households using iodized salt (%)	95.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	14.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.0
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	64.2
15. Women with 10 or more years of schooling (%)	32.6
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	10.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	6.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.1
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	71.0
21. Any modern method ⁶ (%)	45.6
22. Female sterilization (%)	10.9
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	0.9
25. Pill (%)	4.4
26. Condom (%)	27.7
27. Injectables (%)	1.1
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	5.6
29. Unmet need for spacing ⁷ (%)	2.3
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	17.6
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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Shamli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	82.7
33. Mothers who had at least 4 antenatal care visits (%)	41.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	25.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	6.7
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 (%)	81.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,725
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.2
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.2
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	78.3
43. Institutional births in public facility (%)	54.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.9
45. Births attended by skilled health personnel ¹⁰ (%)	83.3
46. Births delivered by caesarean section (%)	11.3
47. Births in a private health facility that were delivered by caesarean section (%)	35.7
48. Births in a public health facility that were delivered by caesarean section (%)	5.0
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 (%)	91.1
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	95.3
51. Children age 12-23 months who have received BCG (%)	97.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	93.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	40.4
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	76.9
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	92.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	84.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.0
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 (%)	1.9
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 (%)	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 (%)	*

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Shamli, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
Total	
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	19.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	64.8
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	1.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(2.5)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	1.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	28.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	24.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.1
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	9.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	22.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	75.4
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	65.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	42.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	28.8
84. All women age 15-49 years who are anaemic ²² (%)	41.7
85. All women age 15-19 years who are anaemic ²² (%)	49.5
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 (%)	3.6
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 (%)	7.4
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.7
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.5
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) (%)	12.7
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 (%)	21.2
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.9
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.2
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	28.6
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	0.4
99. Ever undergone a breast examination for breast cancer (%)	0.2
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2
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 (%)	3.7
102. Men age 15 years and above who use any kind of tobacco (%)	30.6
103. Women age 15 years and above who consume alcohol (%)	0.3
104. Men age 15 years and above who consume alcohol (%)	10.2

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SHRAVASTI UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Shravasti. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Shravasti, information was gathered from 974 households, 1,233 women, and 154 men.

Shravasti, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile		
	Total	Total
1. Female population age 6 years and above who ever attended school (%)	47.0	42.7
2. Population below age 15 years (%)	40.2	43.2
3. Sex ratio of the total population (females per 1,000 males)	1,037	1,042
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	971	911
5. Children under age 5 years whose birth was registered with the civil authority (%)	75.5	34.4
6. Deaths in the last 3 years registered with the civil authority (%)	34.6	na
7. Population living in households with electricity (%)	73.7	29.4
8. Population living in households with an improved drinking-water source ¹ (%)	99.3	97.6
9. Population living in households that use an improved sanitation facility ² (%)	58.1	10.6
10. Households using clean fuel for cooking ³ (%)	36.9	9.2
11. Households using iodized salt (%)	81.9	74.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.5	8.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	39.1	na
15. Women with 10 or more years of schooling (%)	15.9	9.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	51.9	67.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.8	4.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.3	7.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	47.4	15.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	49.8	8.4
21. Any modern method ⁶ (%)	35.6	6.8
22. Female sterilization (%)	6.9	4.1
23. Male sterilization (%)	0.2	0.1
24. IUD/PPIUD (%)	2.0	0.3
25. Pill (%)	8.3	1.2
26. Condom (%)	13.0	0.6
27. Injectables (%)	4.4	0.5
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	20.1	30.6
29. Unmet need for spacing ⁷ (%)	8.7	11.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	37.2	9.5
31. Current users ever told about side effects of current method ⁸ (%)	76.5	(37.1)

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Shravasti, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	42.2	18.3
33. Mothers who had at least 4 antenatal care visits (%)	42.4	8.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	94.4	64.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	16.6	2.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	8.8	0.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.9	63.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	68.3	28.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,969	2,018
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.0	0.4
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	68.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	80.4	48.4
43. Institutional births in public facility (%)	75.3	40.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	6.1	8.4
45. Births attended by skilled health personnel ¹⁰ (%)	84.3	49.6
46. Births delivered by caesarean section (%)	3.2	1.6
47. Births in a private health facility that were delivered by caesarean section (%)	(28.0)	10.8
48. Births in a public health facility that were delivered by caesarean section (%)	2.4	1.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	59.6	17.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	69.8	(47.1)
51. Children age 12-23 months who have received BCG (%)	92.2	58.1
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	65.5	40.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	76.1	27.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	78.1	37.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.1	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	33.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	70.9	16.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	81.7	29.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.7	74.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.8	17.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	47.3	25.8
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	29.0	9.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	67.9	56.2
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	6.7	7.0
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	59.1	54.4

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Shravasti, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	14.1	18.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	70.2	55.8
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(25.5)	(36.7)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.0	8.9
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(0.0)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.4	8.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	50.9	63.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.3	10.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.3	3.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	40.8	39.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.3	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 (%)	22.8	24.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	13.7	9.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	56.8	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	61.2	69.9
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	44.6	49.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	41.0	39.9
84. All women age 15-49 years who are anaemic ²² (%)	44.4	48.7
85. All women age 15-19 years who are anaemic ²² (%)	46.4	50.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.9	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	8.1	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.6	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 (%)	9.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.8	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 (%)	18.4	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) (%)	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 (%)	18.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	1.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	24.2	na
102. Men age 15 years and above who use any kind of tobacco (%)	64.2	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	8.0	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SIDDHARTH NAGAR

UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Siddharthnagar. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Siddharthnagar, information was gathered from 949 households, 1,396 women, and 127 men.

Siddharthnagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	57.7	56.3
2. Population below age 15 years (%)	41.0	40.8
3. Sex ratio of the total population (females per 1,000 males)	1,177	1,117
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	852	886
5. Children under age 5 years whose birth was registered with the civil authority (%)	85.2	46.6
6. Deaths in the last 3 years registered with the civil authority (%)	29.2	na
7. Population living in households with electricity (%)	90.7	66.1
8. Population living in households with an improved drinking-water source ¹ (%)	99.9	99.7
9. Population living in households that use an improved sanitation facility ² (%)	42.8	16.3
10. Households using clean fuel for cooking ³ (%)	50.6	19.2
11. Households using iodized salt (%)	99.0	96.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.2	5.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	48.3	na
15. Women with 10 or more years of schooling (%)	17.0	18.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	33.9	45.2
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.8	3.5
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.7	3.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	63.0	32.9
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	65.0	27.8
21. Any modern method ⁶ (%)	52.5	16.6
22. Female sterilization (%)	6.1	7.5
23. Male sterilization (%)	0.2	0.0
24. IUD/PPIUD (%)	1.9	0.9
25. Pill (%)	15.9	1.9
26. Condom (%)	22.9	5.1
27. Injectables (%)	4.7	1.0
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	14.4	29.5
29. Unmet need for spacing ⁷ (%)	6.2	10.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	36.1	8.9
31. Current users ever told about side effects of current method ⁸ (%)	93.2	53.7

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Siddharthnagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	62.8	40.3
33. Mothers who had at least 4 antenatal care visits (%)	60.9	14.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.8	83.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	31.7	10.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	17.9	7.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.3	61.8
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	61.8	36.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,943	1,863
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	6.2	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	57.2	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	69.7	45.3
43. Institutional births in public facility (%)	62.9	34.4
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	7.4	3.2
45. Births attended by skilled health personnel ¹⁰ (%)	67.6	44.3
46. Births delivered by caesarean section (%)	4.0	4.2
47. Births in a private health facility that were delivered by caesarean section (%)	(21.9)	23.8
48. Births in a public health facility that were delivered by caesarean section (%)	3.9	4.6
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	65.1	35.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	68.1	(42.3)
51. Children age 12-23 months who have received BCG (%)	97.1	78.6
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	70.1	58.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	77.1	47.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	87.9	55.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.8	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	53.6	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	74.6	17.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	82.7	49.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.4	78.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.1
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.1	29.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(43.2)	35.3
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(66.9)	6.5
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(68.2)	52.1
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.3	4.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	51.0	66.9

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Siddharthnagar, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	24.9	19.0
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	70.4	62.3
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(15.1)	(32.2)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.0	1.4
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.5	1.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.2	57.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	24.8	13.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	14.5	4.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	36.3	43.5
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.8	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 (%)	25.8	27.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	12.9	13.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	73.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	75.8	65.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	51.4	57.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	46.2	37.5
84. All women age 15-49 years who are anaemic ²² (%)	51.2	56.6
85. All women age 15-19 years who are anaemic ²² (%)	50.9	60.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
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Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	7.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.5	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	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 (%)	14.6	na
102. Men age 15 years and above who use any kind of tobacco (%)	54.9	na
103. Women age 15 years and above who consume alcohol (%)	0.2	na
104. Men age 15 years and above who consume alcohol (%)	11.2	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

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²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

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Government of India

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NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SITAPUR
UTTAR PRADESH



(स्थापना / Established in 1956)

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This fact sheet provides information on key indicators and trends for Sitapur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Sitapur, information was gathered from 960 households, 1,212 women, and 148 men.

Sitapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	65.0	59.8
2. Population below age 15 years (%)	33.6	35.7
3. Sex ratio of the total population (females per 1,000 males)	970	912
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,011	720
5. Children under age 5 years whose birth was registered with the civil authority (%)	88.7	64.9
6. Deaths in the last 3 years registered with the civil authority (%)	41.9	na
7. Population living in households with electricity (%)	68.4	31.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.7	99.0
9. Population living in households that use an improved sanitation facility ² (%)	52.5	18.3
10. Households using clean fuel for cooking ³ (%)	31.5	19.0
11. Households using iodized salt (%)	96.2	90.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	23.2	2.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	9.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	53.4	na
15. Women with 10 or more years of schooling (%)	23.9	21.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	20.8	32.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.0	3.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	3.4	7.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	55.5	32.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	51.1	42.8
21. Any modern method ⁶ (%)	36.5	31.0
22. Female sterilization (%)	16.8	20.8
23. Male sterilization (%)	0.0	0.1
24. IUD/PPIUD (%)	1.1	0.8
25. Pill (%)	1.6	1.4
26. Condom (%)	12.9	7.2
27. Injectables (%)	0.1	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	17.9	17.5
29. Unmet need for spacing ⁷ (%)	6.1	5.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	39.8	15.7
31. Current users ever told about side effects of current method ⁸ (%)	60.4	35.1

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

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sitapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(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 (%)	66.8	22.7
33. Mothers who had at least 4 antenatal care visits (%)	35.4	10.2
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.2	78.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	18.0	5.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.6	1.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	94.8	77.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	71.5	55.5
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,577	1,568
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.0	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	84.8	67.8
43. Institutional births in public facility (%)	70.4	56.2
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.5	4.9
45. Births attended by skilled health personnel ¹⁰ (%)	87.8	71.9
46. Births delivered by caesarean section (%)	8.4	4.9
47. Births in a private health facility that were delivered by caesarean section (%)	35.7	23.4
48. Births in a public health facility that were delivered by caesarean section (%)	4.6	3.9
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	65.9	44.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	72.2	(65.6)
51. Children age 12-23 months who have received BCG (%)	91.7	87.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	71.1	74.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	81.8	54.5
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	80.5	72.9
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 (%)	51.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	80.7	47.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	89.4	53.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.9	91.9
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.0	4.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.5	18.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(52.5)	40.6
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(39.2)	13.4
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(74.0)	60.8
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.4	10.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	53.9	70.7

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sitapur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	24.3	34.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	60.8	(62.7)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(15.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	3.1	1.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.1	2.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	47.8	56.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.2	14.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.5	5.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	37.9	48.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.9	1.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	30.1	35.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	15.4	9.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	42.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	66.4	52.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	55.2	38.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	57.8	41.7
84. All women age 15-49 years who are anaemic ²² (%)	55.3	38.8
85. All women age 15-19 years who are anaemic ²² (%)	61.2	34.6
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	3.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.5	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 (%)	9.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.4	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.5	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	17.8	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.1	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.8	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 (%)	13.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	59.7	na
103. Women age 15 years and above who consume alcohol (%)	0.1	na
104. Men age 15 years and above who consume alcohol (%)	13.8	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SONBHADRA UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Sonbhadra. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Sonbhadra, information was gathered from 952 households, 1,158 women, and 168 men.

Sonbhadra, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	62.1	59.8
2. Population below age 15 years (%)	31.8	35.6
3. Sex ratio of the total population (females per 1,000 males)	995	936
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	974	946
5. Children under age 5 years whose birth was registered with the civil authority (%)	82.6	54.6
6. Deaths in the last 3 years registered with the civil authority (%)	34.0	na
7. Population living in households with electricity (%)	82.9	53.0
8. Population living in households with an improved drinking-water source ¹ (%)	89.6	88.6
9. Population living in households that use an improved sanitation facility ² (%)	70.6	21.7
10. Households using clean fuel for cooking ³ (%)	30.4	20.3
11. Households using iodized salt (%)	98.2	98.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	19.7	15.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	60.9	na
15. Women with 10 or more years of schooling (%)	35.7	28.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	17.7	33.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.9	5.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.9	5.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	68.9	36.2
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	67.1	44.5
21. Any modern method ⁶ (%)	53.6	39.7
22. Female sterilization (%)	33.7	33.4
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	0.8	0.6
25. Pill (%)	7.6	1.0
26. Condom (%)	9.9	4.1
27. Injectables (%)	0.9	0.5
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	11.6	18.5
29. Unmet need for spacing ⁷ (%)	4.7	9.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	21.9	19.5
31. Current users ever told about side effects of current method ⁸ (%)	64.8	53.9

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sonbhadra, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	63.6	33.3
33. Mothers who had at least 4 antenatal care visits (%)	36.4	22.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	86.0	83.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	28.0	21.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.5	4.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	95.8	92.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	59.9	38.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,924	1,861
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 (%)	57.4	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	76.8	57.4
43. Institutional births in public facility (%)	56.8	45.1
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	7.3	4.4
45. Births attended by skilled health personnel ¹⁰ (%)	77.1	59.7
46. Births delivered by caesarean section (%)	11.8	6.9
47. Births in a private health facility that were delivered by caesarean section (%)	48.6	43.9
48. Births in a public health facility that were delivered by caesarean section (%)	3.7	3.4
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	72.7	30.3
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	82.3	(62.6)
51. Children age 12-23 months who have received BCG (%)	93.6	80.4
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	80.2	48.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	83.6	69.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	81.5	64.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	20.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	51.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	83.6	47.4
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	83.1	54.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.9	90.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	5.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.0	13.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	36.9
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	26.1
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	59.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.9	5.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(55.5)	68.3

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sonbhadra, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	29.1	36.9
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	66.8	(49.0)
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} (%)	1.9	4.7
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.5	4.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	38.3	45.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	26.8	22.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	17.4	7.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	46.5	46.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	0.9	2.7
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 (%)	20.9	24.6
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	15.3	13.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	60.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	63.0	58.1
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	44.2	60.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(52.9)	52.4
84. All women age 15-49 years who are anaemic ²² (%)	44.5	60.5
85. All women age 15-19 years who are anaemic ²² (%)	44.2	52.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	2.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	7.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	11.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.9	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 (%)	19.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.8	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 (%)	21.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.8	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 (%)	5.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	54.1	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	24.1	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

SULTANPUR UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators for Sultanpur. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Sultanpur, information was gathered from 922 households, 1,282 women, and 133 men.

Sultanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Population and Household Profile	
	Total
1. Female population age 6 years and above who ever attended school (%)	68.9
2. Population below age 15 years (%)	31.4
3. Sex ratio of the total population (females per 1,000 males)	1,151
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	997
5. Children under age 5 years whose birth was registered with the civil authority (%)	86.8
6. Deaths in the last 3 years registered with the civil authority (%)	53.0
7. Population living in households with electricity (%)	94.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.5
9. Population living in households that use an improved sanitation facility ² (%)	65.1
10. Households using clean fuel for cooking ³ (%)	33.7
11. Households using iodized salt (%)	97.0
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	15.1
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	71.9
15. Women with 10 or more years of schooling (%)	46.6
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	7.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	1.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	74.8
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	47.6
21. Any modern method ⁶ (%)	24.3
22. Female sterilization (%)	13.6
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	0.7
25. Pill (%)	1.1
26. Condom (%)	7.1
27. Injectables (%)	0.8
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	23.9
29. Unmet need for spacing ⁷ (%)	9.2
Quality of Family Planning Services	
30. Health worker ever talked to female non-users about family planning (%)	19.0
31. Current users ever told about side effects of current method ⁸ (%)	(75.2)

Note: Indicator estimates for NFHS-4 are not shown in this table since no comparable estimates are available from NFHS-4 in this district due to district boundary changes or a newly formed district. Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Sultanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	59.6
33. Mothers who had at least 4 antenatal care visits (%)	47.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	27.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	12.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.7
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.)	2,642
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 (%)	69.4
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	87.0
43. Institutional births in public facility (%)	68.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.4
45. Births attended by skilled health personnel ¹⁰ (%)	83.7
46. Births delivered by caesarean section (%)	13.0
47. Births in a private health facility that were delivered by caesarean section (%)	45.1
48. Births in a public health facility that were delivered by caesarean section (%)	6.5
Child Vaccinations and Vitamin A Supplementation	
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	80.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	92.7
51. Children age 12-23 months who have received BCG (%)	94.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	81.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	87.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	33.3
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	55.5
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	87.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	1.2
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	2.3
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 (%)	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 (%)	(72.3)

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Sultanpur, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)
Child Feeding Practices and Nutritional Status of Children	
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	26.7
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(64.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(25.4)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	2.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	4.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	33.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	10.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	2.5
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	28.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	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 (%)	20.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	22.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	53.8
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	62.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	49.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	65.2
84. All women age 15-49 years who are anaemic ²² (%)	50.2
85. All women age 15-19 years who are anaemic ²² (%)	45.4
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	5.6
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.9
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.5
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.8
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.8
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.7
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
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.8
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Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.4
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.7
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	24.3
Screening for Cancer among Women (age 30-49 years)	
98. Ever undergone a screening test for cervical cancer (%)	4.3
99. Ever undergone a breast examination for breast cancer (%)	1.8
100. Ever undergone an oral cavity examination for oral cancer (%)	1.7
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 (%)	14.2
102. Men age 15 years and above who use any kind of tobacco (%)	47.5
103. Women age 15 years and above who consume alcohol (%)	0.1
104. Men age 15 years and above who consume alcohol (%)	10.1

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

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²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

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NOTES



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Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

UNNAO
UTTAR PRADESH



(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
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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 Unnao. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Unnao, information was gathered from 984 households, 1,128 women, and 152 men.

Unnao, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	69.0	64.4
2. Population below age 15 years (%)	28.1	32.8
3. Sex ratio of the total population (females per 1,000 males)	993	1,011
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	960	915
5. Children under age 5 years whose birth was registered with the civil authority (%)	84.1	73.3
6. Deaths in the last 3 years registered with the civil authority (%)	36.1	na
7. Population living in households with electricity (%)	75.4	48.2
8. Population living in households with an improved drinking-water source ¹ (%)	98.5	97.9
9. Population living in households that use an improved sanitation facility ² (%)	60.3	30.9
10. Households using clean fuel for cooking ³ (%)	43.4	22.9
11. Households using iodized salt (%)	68.7	93.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	15.3	5.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	64.4	na
15. Women with 10 or more years of schooling (%)	37.0	28.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.9	11.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.4	2.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	2.2	4.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	65.4	43.3
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	48.7	41.8
21. Any modern method ⁶ (%)	46.2	27.1
22. Female sterilization (%)	9.6	14.9
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.6	0.9
25. Pill (%)	6.7	0.8
26. Condom (%)	26.7	10.1
27. Injectables (%)	0.3	0.2
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	19.1	19.7
29. Unmet need for spacing ⁷ (%)	4.5	6.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	25.9	10.7
31. Current users ever told about side effects of current method ⁸ (%)	64.3	(49.6)

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Unnao, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	44.7	24.8
33. Mothers who had at least 4 antenatal care visits (%)	19.8	11.8
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	88.1	86.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	18.6	5.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	9.6	1.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	93.0	86.1
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	54.2	53.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,405	1,130
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(7.0)	1.6
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	60.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	80.8	68.8
43. Institutional births in public facility (%)	62.6	53.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.7	2.1
45. Births attended by skilled health personnel ¹⁰ (%)	81.2	70.7
46. Births delivered by caesarean section (%)	18.3	6.8
47. Births in a private health facility that were delivered by caesarean section (%)	64.5	33.2
48. Births in a public health facility that were delivered by caesarean section (%)	10.4	3.3
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 (%)	58.6	57.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(62.5)	(66.9)
51. Children age 12-23 months who have received BCG (%)	88.8	86.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	63.2	80.3
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	71.5	63.7
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	76.7	67.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	21.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	26.2	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	64.8	52.5
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.1	51.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	88.3	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	7.4	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.0	8.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(65.5)	(15.1)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(23.4)	(9.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(73.7)	(78.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	10.5
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(61.8)	77.3

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Unnao, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	11.7	30.2
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(54.7)	(59.8)
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(19.5)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.8	4.0
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.2	4.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.2	46.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	12.1	13.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.1	2.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	29.3	34.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	7.5	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 (%)	22.6	26.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	20.6	13.2
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	62.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	76.0	43.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	49.6	35.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(33.8)	43.2
84. All women age 15-49 years who are anaemic ²² (%)	48.9	36.0
85. All women age 15-19 years who are anaemic ²² (%)	49.6	31.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.4	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	3.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	9.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.5	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	22.0	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) (%)	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 (%)	21.4	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	2.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.7	na
100. Ever undergone an oral cavity examination for oral cancer (%)	2.4	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 (%)	9.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	50.9	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	16.7	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES



सत्यमेव जयते
Government of India

Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-21

DISTRICT FACT SHEET

VARANASI UTTAR PRADESH



(स्थापना / Established in 1956)

बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
(Deemed University)

Introduction

The National Family Health Survey 2019-21 (NFHS-5), the fifth in the NFHS series, provides information on population, health, and nutrition for India and each state/union territory (UT). Like NFHS-4, NFHS-5 also provides district-level estimates for many important indicators.

The contents of NFHS-5 are similar to NFHS-4 to allow comparisons over time. However, NFHS-5 includes some new topics, such as preschool education, disability, access to a toilet facility, death registration, bathing practices during menstruation, and methods and reasons for abortion. The scope of clinical, anthropometric, and biochemical testing (CAB) has also been expanded to include measurement of waist and hip circumferences, and the age range for the measurement of blood pressure and blood glucose has been expanded. However, HIV testing has been dropped. The NFHS-5 sample has been designed to provide national, state/union territory (UT), and district level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behaviour; husband's background and woman's work; HIV/AIDS knowledge, attitudes and behaviour; and domestic violence are available only at the state/union territory (UT) and national level.

As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area. NFHS-5 data will be useful in setting benchmarks and examining the progress the health sector has made over time. Besides providing evidence for the effectiveness of ongoing programmes, the data from NFHS-5 help in identifying the need for new programmes with an area specific focus and identifying groups that are most in need of essential services.

Four Survey Schedules - Household, Woman's, Man's, and Biomarker - were canvassed in local languages using Computer Assisted Personal Interviewing (CAPI). In the Household Schedule, information was collected on all usual members of the household and visitors who stayed in the household the previous night, as well as socio-economic characteristics of the household; water, sanitation, and hygiene; health insurance coverage; disabilities; land ownership; number of deaths in the household in the three years preceding the survey; and the ownership and use of mosquito nets. The Woman's Schedule covered a wide variety of topics, including the woman's characteristics, marriage, fertility, contraception, children's immunizations and healthcare, nutrition, reproductive health, sexual behaviour, HIV/AIDS, women's empowerment, and domestic violence. The Man's Schedule covered the man's characteristics, marriage, his number of children, contraception, fertility preferences, nutrition, sexual behaviour, health issues, attitudes towards gender roles, and HIV/AIDS. The Biomarker Schedule covered measurements of height, weight, and haemoglobin levels for children; measurements of height, weight, waist and hip circumference, and haemoglobin levels for women age 15-49 years and men age 15-54 years; and blood pressure and random blood glucose levels for women and men age 15 years and over. In addition, women and men were requested to provide a few additional drops of blood from a finger prick for laboratory testing for HbA1c, malaria parasites, and Vitamin D3.

Readers should be cautious while interpreting and comparing the trends as some States/UTs may have smaller sample size. Moreover, at the time of survey, *Ayushman Bharat AB-PMJAY* and *Pradhan Mantri Surakshit Matritva Abhiyan* (PMSMA) were not fully rolled out and hence, their coverage may not have been factored in the results of indicator 12 (percentage of households with any usual member covered under a health insurance/financing scheme) and indicator 33 (percentage of mothers who received 4 or more antenatal care check-ups).

This fact sheet provides information on key indicators and trends for Varanasi. Due to the Covid-19 situation and the imposition of lockdown, NFHS-5 fieldwork in phase 2 States/UTs was conducted in two parts. NFHS-5 fieldwork for Uttar Pradesh was conducted from 13th January 2020 to 21st March 2020 prior to the lockdown and from 28th November 2020 to 19th April 2021 post lockdown by Academy of Management Studies (AMS). In Varanasi, information was gathered from 936 households, 1,403 women, and 195 men.

Varanasi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5	NFHS-4
	(2019-21)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	74.1	69.3
2. Population below age 15 years (%)	27.3	30.4
3. Sex ratio of the total population (females per 1,000 males)	951	951
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	885	939
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.6	61.8
6. Deaths in the last 3 years registered with the civil authority (%)	61.8	na
7. Population living in households with electricity (%)	97.2	90.0
8. Population living in households with an improved drinking-water source ¹ (%)	98.4	96.0
9. Population living in households that use an improved sanitation facility ² (%)	83.2	50.4
10. Households using clean fuel for cooking ³ (%)	71.5	48.6
11. Households using iodized salt (%)	99.9	97.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	12.8	8.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	79.0	na
15. Women with 10 or more years of schooling (%)	55.0	44.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	10.4	19.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.2	3.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.0	4.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	85.6	69.1
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	72.5	58.5
21. Any modern method ⁶ (%)	60.9	42.6
22. Female sterilization (%)	23.9	30.7
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	1.5	1.6
25. Pill (%)	9.1	1.0
26. Condom (%)	23.7	8.5
27. Injectables (%)	2.0	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)		
28. Total unmet need ⁷ (%)	8.7	16.4
29. Unmet need for spacing ⁷ (%)	4.2	7.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	27.4	11.3
31. Current users ever told about side effects of current method ⁸ (%)	77.0	49.4

Note: Major indicators are highlighted in grey.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife
na = Not available

() Based on 25-49 unweighted cases

* Percentage not shown; based on fewer than 25 unweighted cases

¹Piped water into dwelling/yard/plot, piped to neighbour, public tap/standpipe, tube well or borehole, protected dug well, protected spring, rainwater, tanker truck, cart with small tank, bottled water, community RO plant.

²Flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit (VIP)/biogas latrine, pit latrine with slab, twin pit/composting toilet, which is not shared with any other household. This indicator does not denote access to toilet facility completely.

³Electricity, LPG/natural gas, biogas.

⁴Refers to women who completed standard 9 or higher and women who can read a whole sentence or part of a sentence.

⁵Locally prepared napkins, sanitary napkins, tampons, and menstrual cups are considered to be hygienic methods of protection.

⁶Any method includes other methods that are not shown separately; Any modern method includes other modern methods that are not shown separately.

⁷Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting.

⁸Based on current users of female sterilization, IUD/PPIUD, injectables, and pills who started using that method in the past 5 years.

Varanasi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	74.3	52.2
33. Mothers who had at least 4 antenatal care visits (%)	51.4	33.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.0	92.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	30.1	20.2
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	10.7	6.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.0	81.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	85.1	69.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,698	2,592
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	0.0
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.0	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.2	82.4
43. Institutional births in public facility (%)	58.7	48.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.8	3.0
45. Births attended by skilled health personnel ¹⁰ (%)	93.4	85.2
46. Births delivered by caesarean section (%)	23.0	17.8
47. Births in a private health facility that were delivered by caesarean section (%)	46.3	41.1
48. Births in a public health facility that were delivered by caesarean section (%)	10.5	8.1
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 (%)	79.3	59.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	78.6	68.1
51. Children age 12-23 months who have received BCG (%)	96.1	93.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	87.1	75.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	84.3	77.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.5	77.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	27.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	48.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	84.3	63.6
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	80.5	46.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.7	83.2
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.3	7.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.4	16.2
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	53.0
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	13.2
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	78.5
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.1	4.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	78.0

⁹Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

¹⁰Doctor/nurse/LHV/ANM/midwife/other health personnel.

¹¹Vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹²Among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine.

¹³Not including polio vaccination given at birth.

¹⁴Since rotavirus is not being provided across all states and districts, the levels should not be compared.

Varanasi, Uttar Pradesh - Key Indicators

Indicators	NFHS-5 (2019-21)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	36.4	18.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(47.5)	23.5
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	(37.3)
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	6.6	4.8
71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	*	(0.0)
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	5.8	4.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.4	44.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.0	25.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	13.3	8.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	39.0	45.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.1	0.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²) ²¹ (%)	15.7	23.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m ²) ²¹ (%)	22.6	18.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.1	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	65.2	58.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	38.2	50.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(17.3)	50.8
84. All women age 15-49 years who are anaemic ²² (%)	37.6	50.9
85. All women age 15-19 years who are anaemic ²² (%)	42.0	50.3
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	4.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.2	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 (%)	7.2	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	5.0	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	12.6	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) (%)	13.3	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 (%)	19.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	20.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	27.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	3.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.9	na
100. Ever undergone an oral cavity examination for oral cancer (%)	1.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	5.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	38.4	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	13.4	na

¹⁵Based on the last child born in the 3 years before the survey.

¹⁶Based on the youngest child living with the mother.

¹⁷Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is, receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group).

¹⁸Below -2 standard deviations, based on the WHO standard.

¹⁹Below -3 standard deviations, based on the WHO standard.

²⁰Above +2 standard deviations, based on the WHO standard.

²¹Excludes pregnant women and women with a birth in the preceding 2 months.

²²Haemoglobin in grams per decilitre (g/dl). Among children, prevalence is adjusted for altitude. Among women, prevalence is adjusted for altitude and for smoking status, if known. As NFHS uses the capillary blood for estimation of anaemia, the results of NFHS-5 need not be compared with other surveys using venous blood.

²³Random blood sugar measurement.

NOTES

NOTES

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