

Ministry of Health and Family Welfare

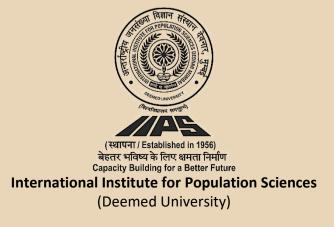
Compendium of Fact Sheets

KEY INDICATORS

STATE AND DISTRICTS OF WEST BENGAL

National Family Health Survey (NFHS-5)

2019-20



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For related information, visit http://www.rchiips.org/nfhs or http://www.iipsindia.ac.in

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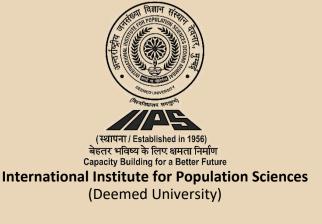
Ministry of Health and Family Welfare

NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

STATE FACT SHEET

WEST BENGAL



Introduction

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

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

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

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

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

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

West Deligar - Rey malcators				
		NFHS-5		NFHS-4
Indicators	((2019-20)	(2015-16)
Population and Household Profile	Urban	Rural	Total	Total
1. Female population age 6 years and above who ever attended school (%)	84.1	73.3	76.8	74.0
2. Population below age 15 years (%)	20.2	25.1	23.5	25.4
3. Sex ratio of the total population (females per 1,000 males)	1,016	1,065	1,049	1,011
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	921	993	973	960
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.1	98.3	98.2	96.9
6. Deaths in the last 3 years registered with the civil authority (%)	88.0	74.6	78.6	na
7. Population living in households with electricity (%)	99.3	96.6	97.5	94.3
8. Population living in households with an improved drinking-water source ¹ (%)	98.6	96.9	97.5	97.2
9. Population living in households that use an improved sanitation facility ² (%)	75.0	64.7	68.0	52.8
10. Households using clean fuel for cooking ³ (%)	80.3	20.5	40.2	27.8
11. Households using iodized salt (%)	97.1	93.2	94.5	94.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	25.9	31.0	29.3	33.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	20.8	19.9	20.1	na
Characteristics of Adults (age 15-49 years)				
14. Women who are literate ⁴ (%)	83.4	72.5	76.1	na
15. Men who are literate ⁴ (%)	89.8	77.8	81.6	na
16. Women with 10 or more years of schooling (%)	47.6	25.9	32.9	26.5
17. Men with 10 or more years of schooling (%)	51.4	26.9	34.7	33.8
18. Women who have ever used the internet (%)	48.1	14.0	25.5	na
19. Men who have ever used the internet (%)	64.6	38.3	46.7	na
Marriage and Fertility				
20. Women age 20-24 years married before age 18 years (%)	26.2	48.1	41.6	41.6
21. Men age 25-29 years married before age 21 years (%)	8.4	25.3	20.0	17.3
22. Total fertility rate (children per woman)	1.4	1.7	1.6	1.8
23. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.5	19.6	16.4	18.3
24. Adolescent fertility rate for women age 15-19 years ⁵	51	93	81	90
Infant and Child Mortality Rates (per 1,000 live births)				
25. Neonatal mortality rate (NNMR)	16.1	15.3	15.5	22.0
26. Infant mortality rate (IMR)	21.0	22.4	22.0	27.5
27. Under-five mortality rate (U5MR)	23.0	26.2	25.4	31.8
Current Use of Family Planning Methods (currently married women age 15-49 years)				
28. Any method ⁶ (%)	77.5	73.0	74.4	70.9
29. Any modern method ⁶ (%)	61.0	60.6	60.7	57.0
30. Female sterilization (%)	26.8	30.5	29.4	29.3
31. Male sterilization (%)	0.1	0.1	0.1	0.1
32. IUD/PPIUD (%)	2.0	2.3	2.2	1.2
33. Pill (%)	20.1	20.4	20.3	20.0
34. Condom (%)	10.1	5.6	7.0	5.9
35. Injectables (%)	8.0	0.7	0.7	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)				
36. Total unmet need ⁷ (%)	5.2	7.8	7.0	7.5
37. Unmet need for spacing ⁷ (%)	2.0	3.4	3.0	3.0
Quality of Family Planning Services				
38. Health worker ever talked to female non-users about family planning (%)	16.4	18.1	17.5	12.3
39. Current users ever told about side effects of current method ⁸ (%)	54.0	53.4	53.6	49.6
Note: Major indicators are highlighted in grov	0 1.0	JJ.7	55.0	10.0

Note: Major indicators are highlighted in grey.

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

- · 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.

⁽⁾ Based on 25-49 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.

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

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

West Bengal - Rey indicators		NEUC E		NEUC 4
Indicators	,	NFHS-5		NFHS-4
Indicators Metarral and Child Hookh		(2019-20		(2015-16)
Maternal and Child Health	Urban	Rural	Total	Total
Maternity Care (for last birth in the 5 years before the survey)	74.0	74.0	70.0	540
40. Mothers who had an antenatal check-up in the first trimester (%) 41. Mothers who had at least 4 antenatal care visits (%)	74.9 81.2	71.8 73.8	72.6 75.8	54.9 76.4
42. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.0	94.2	94.6	95.4
43. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	64.4	61.8	62.5	28.0
44. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.6	29.7	30.8	6.0
45. Registered pregnancies for which the mother received a Mother and Child Protection (MCP)	00.0	20.1	00.0	0.0
card (%)	96.7	99.1	98.4	97.4
46. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health				
personnel within 2 days of delivery (%)	74.1	65.7	68.0	61.1
47. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,675	2,686	2,683	7,919
48. Children born at home who were taken to a health facility for a check-up within 24 hours of	4.0	40.4	0.0	4.0
birth (%)	1.6	10.4	8.8	4.6
49. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.1	75.9	76.8	na
Delivery Care (for births in the 5 years before the survey)	70.1	70.0	70.0	na na
50. Institutional births (%)	92.3	91.6	91.7	75.2
51. Institutional births (70)	62.8	75.8	72.4	56.6
52. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.7	2.6	2.6	6.8
53. Births attended by skilled health personnel ¹⁰ (%)	95.2	93.7	94.1	81.6
54. Births delivered by caesarean section (%)	43.5	28.6	32.6	23.8
55. Births in a private health facility that were delivered by caesarean section (%)	80.2	84.4	82.7	70.9
56. Births in a public health facility that were delivered by caesarean section (%)	31.7	20.3	22.9	18.8
Child Vaccinations and Vitamin A Supplementation				
57. Children age 12-23 months fully vaccinated based on information from either vaccination card				
or mother's recall ¹¹ (%)	83.6	89.3	87.8	84.4
58. Children age 12-23 months fully vaccinated based on information from vaccination card	00.4	04.0	00.0	00.5
only ¹² (%)	88.1	91.8	90.8	92.5
59. Children age 12-23 months who have received BCG (%)	97.5	99.0	98.6	97.5
60. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%) 61. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	85.3 93.1	92.7 95.6	90.8 95.0	87.9 92.7
62. Children age 12-23 months who have received the first dose of measles-containing	93.1	93.0	95.0	92.7
vaccine (MCV) (%)	92.4	95.1	94.4	92.8
63. Children age 24-35 months who have received a second dose of measles-containing	0		•	02.0
vaccine (MCV) (%)	35.8	47.5	44.4	na
64. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	3.0	1.4	1.8	na
65. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.3	92.6	92.0	86.4
66. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	66.0	69.3	68.4	75.0
67. Children age 12-23 months who received most of their vaccinations in a public health				
facility (%)	90.2	98.5	96.3	96.6
68. Children age 12-23 months who received most of their vaccinations in a private health	8.7	0.3	2.5	3.2
facility (%) Treetment of Childhood Discosos (children under age E years)	0.7	0.3	2.5	3.2
Treatment of Childhood Diseases (children under age 5 years) 69. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	F 0	6.7	G F	F 0
70. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration	5.9	6.7	6.5	5.9
salts (ORS) (%)	76.9	74.8	75.3	64.7
71. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	36.0	35.9	36.0	20.8
72. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health				
provider (%)	78.1	74.3	75.2	74.7
73. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the				
survey (%)	2.1	3.1	2.8	3.3
74. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health	77.0	00.5	74.0	70.5
facility or health provider (%)	77.3	69.5	71.3	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.

10 Doctor/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.

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

¹³Not including polio vaccination given at birth.

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

west Bengal - Key Indicators		NFHS-5		NFHS-4
Indicators		ุทศกร-ร (2019-20)		(2015-16)
		<u> </u>		
Child Feeding Practices and Nutritional Status of Children	Urban 60.7	Rural	Total 59.4	Total 47.4
75. Children under age 3 years breastfed within one hour of birth 15 (%)		59.0		
76. Children under age 6 months exclusively breastfed ¹⁶ (%)	51.2 75.6	54.0	53.3	52.3
77. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	75.6 25.4	65.5	67.8	52.0
78. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)		23.5	24.0	19.1
79. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%) 80. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(19.5) 24.9	16.0 22.9	17.0 23.4	25.7 19.6
81. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.1	34.4	33.8	32.5
82. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.2 7.9	20.4 6.9	20.3 7.1	20.3 6.5
83. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	28.7	33.5	32.2	31.6
84. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%) 85. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.0	3.6	4.3	2.1
	0.0	3.0	4.3	2.1
Nutritional Status of Adults (age 15-49 years)	0.5	47.4	110	24.2
86. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	9.5	17.4	14.8	21.3
87. Men whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²) (%)	11.5	16.8	15.1	19.9
88. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	27.9	20.3	22.7	19.9
89. Men who are overweight or obese (BMI ≥25.0 kg/m²) (%)	20.0	14.5	16.2	14.2
90. Women who have high risk waist-to-hip ratio (≥0.85) (%)	80.1	72.1	74.7	na
91. Men who have high risk waist-to-hip ratio (≥0.90) (%)	60.5	55.7	57.2	na
Anaemia among Children and Adults				
92. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	63.0	71.3	69.0	54.2
93. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	65.2	74.8	71.7	62.8
94. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	60.3	63.0	62.3	53.6
95. All women age 15-49 years who are anaemic ²² (%)	65.1	74.4	71.4	62.5
96. All women age 15-19 years who are anaemic ²² (%)	64.7	73.2	70.8	62.2
97. Men age 15-49 years who are anaemic (<13.0 g/dl) ^{22 (%)}	30.9	42.4	38.9	30.3
98. Men age 15-19 years who are anaemic (<13.0 g/dl) ²² (%)	27.6	42.8	38.7	31.7
Blood Sugar Level among Adults (age 15 years and above)				
Women				
99. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.7	8.5	8.9	na
100. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.6	7.2	7.7	na
101. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood	40.4	40.5	47.5	
sugar level ²³ (%)	19.4	16.5	17.5	na
Men (1) 22 (2)	44.0	40.0	400	
102. Blood sugar level - high (141-160 mg/dl) ²³ (%)	11.2	10.6	10.8	na
103. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.6	9.0	9.5	na
104. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	23.1	20.4	21.3	na
Hypertension among Adults (age 15 years and above)	20.1	20.4	21.0	IIa
Women				
105. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.3	11.1	11.5	na
106. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.9	5.5	5.3	na
107. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	21.5	19.9	20.5	na
Men				
108. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5	12.3	13.1	na
109. Moderately or severely elevated blood pressure (Systolic ≥160 mm of Hg and/or Diastolic ≥100 mm of Hg) (%)	4.2	4.2	4.2	
110. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking				na
medicine to control blood pressure (%)	22.3	19.0	20.1	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).

18 Below -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.

		NFHS-5		NFHS-4
Indicators		(2019-20)		(2015-16)
Screening for Cancer among Adults (age 30-49 years)	Urban	<u> </u>	Total	Total
Women	O. Daii	i (di di	. Ota.	. 0
111. Ever undergone a screening test for cervical cancer (%)	0.1	0.2	0.2	na
111. Ever undergone a screening test for cervical cancer (%) 112. Ever undergone a breast examination for breast cancer (%)	0.1	0.2	0.2	
113. Ever undergone an oral cavity examination for oral cancer (%)	0.2	0.1	0.2	na na
Men	0.2	0.1	0.2	IIa
	0.4	0.0	0.7	
114. Ever undergone an oral cavity examination for oral cancer (%)	0.4	0.8	0.7	na
Knowledge of HIV/AIDS among Adults (age 15-49 years)	00.0	10.0	40.5	40.0
115. Women who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	30.8	12.3	18.5	18.6
116. Men who have comprehensive knowledge ²⁴ of HIV/AIDS (%)	21.3	12.8	15.5	25.9
117. Women who know that consistent condom use can reduce the chance of getting	73.3	53.8	60.4	53.9
HIV/AIDS (%)	73.3 81.8	68.4	72.7	53.9 82.6
118. Men who know that consistent condom use can reduce the chance of getting HIV/AIDS (%)	81.8	00.4	12.1	82.0
Women's Empowerment (women age 15-49 years)	20.4	25.0	00.0	00.0
119. Currently married women who usually participate in three household decisions ²⁵ (%)	96.1	85.8	88.9	89.9
120. Women who worked in the last 12 months and were paid in cash (%)	20.2	20.2	20.2	22.8
121. Women owning a house and/or land (alone or jointly with others) (%)	24.7	22.5	23.2	23.8
122. Women having a bank or savings account that they themselves use (%)	82.9	73.2	76.5	43.5
123. Women having a mobile phone that they themselves use (%)	71.9	39.1	50.1	41.8
124. Women age 15-24 years who use hygienic methods of protection during their menstrual period ²⁶ (%)	91.2	79.7	83.0	54.9
Gender Based Violence (age 18-49 years)				
125. Ever-married women age 18-49 years who have ever experienced spousal violence ²⁷ (%)	22.9	28.7	27.0	33.1
126. Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	2.3	4.0	3.5	5.0
127. Young women age 18-29 years who experienced sexual violence by age 18 (%)	1.7	2.4	2.2	3.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)				
128. Women age 15 years and above who use any kind of tobacco (%)	8.0	12.3	10.8	na
129. Men age 15 years and above who use any kind of tobacco (%)	44.7	49.9	48.1	na
130. Women age 15 years and above who consume alcohol (%)	0.8	1.3	1.1	na
131. Men age 15 years and above who consume alcohol (%)	18.9	17.7	18.1	na

 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.

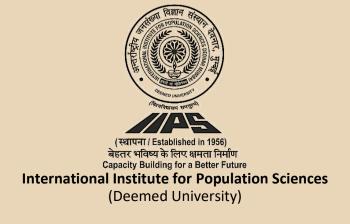


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

BANKURA WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Bankura. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Bankura, information was gathered from 889 households, 997 women, and 133 men.

Bankura, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.7	67.1
2. Population below age 15 years (%)	22.6	24.9
3. Sex ratio of the total population (females per 1,000 males)	1,053	1,002
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,002	1,145
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.6	97.5
6. Deaths in the last 3 years registered with the civil authority (%)	64.8	na
7. Population living in households with electricity (%)	92.3	90.5
8. Population living in households with an improved drinking-water source ¹ (%)	96.3	97.9
9. Population living in households that use an improved sanitation facility ² (%)	49.2	32.0
10. Households using clean fuel for cooking ³ (%)	20.8	16.3
11. Households using iodized salt (%)	86.8	88.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	43.4	48.6
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 (%)	68.3	na
15. Women with 10 or more years of schooling (%)	27.9	23.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	45.7	39.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	16.0	16.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.0	47.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	56.7	76.3
21. Any modern method ⁶ (%)	51.9	69.0
22. Female sterilization (%)	26.6	42.8
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.4	0.0
25. Pill (%)	19.8	22.9
26. Condom (%)	3.7	3.2
27. Injectables (%)	0.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.0	5.7
29. Unmet need for spacing ⁷ (%)	4.7	2.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	12.4	16.5
31. Current users ever told about side effects of current method ⁸ (%)	43.6	50.3

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Bankura, West Bengal - Key Indicators

Bankara, West Bengar Rey maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(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 (%)	74.7	65.8
33. Mothers who had at least 4 antenatal care visits (%)	75.7	89.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	89.5	96.1
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	60.5	46.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.3	16.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	99.5	97.6
days of delivery (%)	67.2	61.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,274	4,980
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	*	(3.4)
days of delivery (%)	76.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.3	85.6
43. Institutional births in public facility (%)	83.3	71.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.7	3.1
45. Births attended by skilled health personnel 10 (%)	93.8	87.9
46. Births delivered by caesarean section (%)	22.7	18.0
47. Births in a private health facility that were delivered by caesarean section (%)	*	(58.8)
48. Births in a public health facility that were delivered by caesarean section (%)	20.9	13.5
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(85.0)	96.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(94.6)	(98.1)
51. Children age 12-23 months who have received BCG (%)	(97.8)	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	(94.1)	98.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(93.7)	100.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(93.5)	98.2
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(32.5)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(6.4)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(74.6)	92.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	73.4	86.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	12.7	5.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(87.3)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(44.5)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(67.3)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	4.3	2.9
health provider (%)	71.1	(85.5)

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

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

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.

Bankura, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	47.6	54.1
68. Children under age 6 months exclusively breastfed 16 (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	26.2	23.5
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	23.8	23.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	30.3	34.0
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	26.0	27.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.3	7.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	38.8	39.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.9	1.2
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	28.0	33.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	13.0	9.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	56.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.1	47.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	77.3	66.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(71.3)	(66.7)
84. All women age 15-49 years who are anaemic ²² (%)	`77.0 [′]	66.9
85. All women age 15-19 years who are anaemic ²² (%)	80.3	71.9
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.1	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	11.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	23.8	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) (%)	11.5	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 (%)	21.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.8	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 (%)	20.3	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 (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	21.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.7	na
103. Women age 15 years and above who consume alcohol (%)	0.6	na
104. Men age 15 years and above who consume alcohol (%)	16.0	na

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

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 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

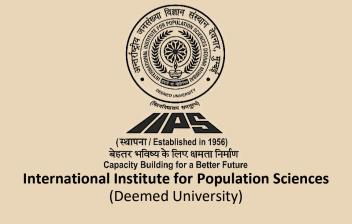


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

BIRBHUM WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Birbhum. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Birbhum, information was gathered from 922 households, 1,161 women, and 168 men.

Birbhum, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	73.6	69.0
2. Population below age 15 years (%)	25.7	25.4
3. Sex ratio of the total population (females per 1,000 males)	1,033	968
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	934	865
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.2	97.7
6. Deaths in the last 3 years registered with the civil authority (%)	75.2	na
7. Population living in households with electricity (%)	97.8	96.4
8. Population living in households with an improved drinking-water source ¹ (%)	99.4	97.7
9. Population living in households that use an improved sanitation facility ² (%)	55.0	31.1
10. Households using clean fuel for cooking ³ (%)	28.1	15.5
11. Households using iodized salt (%)	93.3	94.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	37.7	40.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	7.3	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 (%)	25.8	22.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	49.9	51.3
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.6	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	25.0	24.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.3	36.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	82.2	77.1
21. Any modern method ⁶ (%)	73.9	65.5
22. Female sterilization (%)	41.3	37.4
23. Male sterilization (%)	0.2	0.1
24. IUD/PPIUD (%)	1.6	0.5
25. Pill (%)	24.7	22.2
26. Condom (%)	5.6	4.9
27. Injectables (%)	0.3	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.8	4.1
29. Unmet need for spacing ⁷ (%)	2.7	2.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	21.6	13.7
31. Current users ever told about side effects of current method ⁸ (%)	48.1	60.6

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Birbhum, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)	10141	10.0.
	0.4.0	50.0
32. Mothers who had an antenatal check-up in the first trimester (%)	81.9	50.8
33. Mothers who had at least 4 antenatal care visits (%)	78.4	78.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	98.4	96.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	51.5	22.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	16.2	1.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	98.7	99.5
days of delivery (%)	67.5	78.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,391	2,639
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(10.1)	(3.6)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	81.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	90.3	86.3
43. Institutional births in public facility (%)	72.7	74.1
44. Home births that were conducted by skilled health personnel (%)	2.4	1.5
45. Births attended by skilled health personnel 10 (%)	92.2	88.2
46. Births delivered by caesarean section (%)	25.4	17.3
47. Births in a private health facility that were delivered by caesarean section (%)	92.2	(83.7)
48. Births in a public health facility that were delivered by caesarean section (%)	12.6	9.6
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 (%)	81.6	91.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	90.9	96.6
51. Children age 12-23 months who have received BCG (%)	95.2	100.0 92.9
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	84.8 98.4	92.9 91.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)		
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	98.4	98.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	43.3 0.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)		na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	96.8	92.9
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.4	78.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	96.9	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	0.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.5	5.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(68.1)	*
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 (%)	(74.7)	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	4.7	0.4
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	78.9	*

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

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

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.

Birbhum, West Bengal - Key Indicators

Dirbitum, West Bengal - Rey mulcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	72.0	54.6
68. Children under age 6 months exclusively breastfed 16 (%)	(56.2)	*
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 (%)	24.8	31.0
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} (%)	24.6	30.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	37.0	40.5
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.5	29.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.6	10.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	41.8	43.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.4	1.3
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	20.5	30.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	13.4	10.3
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 (%)	76.5	59.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	78.2	64.8
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(66.0)	(39.8)
84. All women age 15-49 years who are anaemic ²² (%)	77.7	63.8
85. All women age 15-19 years who are anaemic ²² (%)	78.6	62.4
Blood Sugar Level among Adults (age 15 years and above)	70.0	02.4
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.2	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.4	na
Men	10.4	na
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	11.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.9	na
Hypertension among Adults (age 15 years and above)	20.0	na
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) (%)	4.0	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	4.0	na
control blood pressure (%)	17.5	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.9	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	2.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	14.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	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 (%)	8.1	na
102. Men age 15 years and above who use any kind of tobacco (%)	50.3	na
103. Women age 15 years and above who consume alcohol (%)	1.7	na
104. Men age 15 years and above who consume alcohol (%)	18.0	na

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

²³Random blood sugar measurement.

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 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.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET DAKSHIN DINAJPUR WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Dakshin Dinajpur. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Dakshin Dinajpur, information was gathered from 920 households, 1,137 women, and 163 men.

Dakshin Dinajpur, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.7	70.2
2. Population below age 15 years (%)	23.4	24.1
3. Sex ratio of the total population (females per 1,000 males)	1,106	1,023
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,067	903
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.7	96.2
6. Deaths in the last 3 years registered with the civil authority (%)	80.2	na
7. Population living in households with electricity (%)	96.5	94.8
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 (%)	79.0	47.5
10. Households using clean fuel for cooking ³ (%)	28.7	12.6
11. Households using iodized salt (%)	97.3	92.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	28.3	40.7
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.9	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	74.3	na
15. Women with 10 or more years of schooling (%)	30.5	21.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	45.6	45.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	2.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	18.2	19.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	76.6	43.0
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	78.6	60.3
21. Any modern method ⁶ (%)	59.0	53.2
22. Female sterilization (%)	26.6	21.0
23. Male sterilization (%)	0.1	0.2
24. IUD/PPIUD (%)	3.3	0.9
25. Pill (%)	17.6	25.6
26. Condom (%)	9.9	5.0
27. Injectables (%)	1.0	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	6.1	8.5
29. Unmet need for spacing ⁷ (%)	2.6	2.8
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	16.0	9.9
31. Current users ever told about side effects of current method8 (%)	68.3	42.2

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Dakshin Dinajpur, West Bengal - Key Indicators

Bakonin Binajpar, West Bengar Rey maioate	NFHS-5	NFHS-4
Indicators	(2019-20)	(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 (%)	70.9	51.8
33. Mothers who had at least 4 antenatal care visits (%)	76.4	68.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.3	90.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	76.2	38.8
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	36.2	10.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	99.6	98.3
days of delivery (%)	83.2	65.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,593	10,350
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	*	(5.4)
days of delivery (%)	89.1	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	91.4	78.2
43. Institutional births in public facility (%)	81.2	71.6
44. Home births that were conducted by skilled health personnel (%)	3.1	4.5
45. Births attended by skilled health personnel ¹⁰ (%)	94.0	80.3
46. Births delivered by caesarean section (%)	25.3	16.5
47. Births in a private health facility that were delivered by caesarean section (%)	(93.4)	*
48. Births in a public health facility that were delivered by caesarean section (%)	19.5	15.7
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 (%)	92.6	83.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	93.0	(87.4)
51. Children age 12-23 months who have received BCG (%)	100.0	96.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	92.6	85.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	96.7	90.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.7	88.6
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	44.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	92.6	86.8
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.2	86.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	98.2
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 (%)	2.7	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 (%)	2.1	4.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(75.5)	(76.5)

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

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.

Dakshin Dinaipur, West Bengal - Key Indicators

Daksiilii Diliajpui, West Bellgai - Rey iliulcato		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	70.5	42.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	34.5	14.7
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} (%)	34.2	15.5
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.9	32.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	22.8	17.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.6	4.3
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.2	28.1
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.9	4.4
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	14.9	24.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	20.2	12.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	76.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.5	66.7
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	82.8	76.9
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(61.4)	(78.3)
84. All women age 15-49 years who are anaemic ²² (%)	82.0	77.0
85. All women age 15-19 years who are anaemic ²² (%)	78.7	75.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.5	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 (%)	17.5	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	13.5	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.1	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	22.0	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.7	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%) 94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	4.1	na
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) (%)	10.2	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 (%)	16.2	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 (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	12.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.2	na
103. Women age 15 years and above who consume alcohol (%)	2.3	na
104. Men age 15 years and above who consume alcohol (%)	22.7	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).

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

19 Below -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

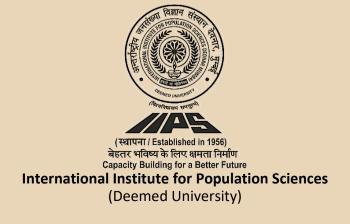


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

DARJEELING WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Darjeeling. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Darjeeling, information was gathered from 898 households, 1,058 women, and 163 men.

Darjeeling, West Bengal - Key Indicators

Dai jooning, troot Dongar Ttoy marcatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	78.3	77.0
2. Population below age 15 years (%)	20.7	22.4
3. Sex ratio of the total population (females per 1,000 males)	1,029	992
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,059	1,006
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.4	98.7
6. Deaths in the last 3 years registered with the civil authority (%)	92.0	na
7. Population living in households with electricity (%)	98.2	96.4
8. Population living in households with an improved drinking-water source ¹ (%)	90.8	71.8
9. Population living in households that use an improved sanitation facility² (%)	83.0	67.0
10. Households using clean fuel for cooking ³ (%)	68.8	56.3
11. Households using iodized salt (%)	97.7	98.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	26.3	24.5
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 (%)	77.0	na
15. Women with 10 or more years of schooling (%)	41.3	32.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	21.2	21.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.1	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	6.3	10.1
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	92.7	73.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	82.2	73.4
21. Any modern method ⁶ (%)	67.0	66.1
22. Female sterilization (%)	32.6	39.0
23. Male sterilization (%)	0.0	0.6
24. IUD/PPIUD (%)	2.2	2.0
25. Pill (%)	19.5	14.3
26. Condom (%)	8.8	9.3
27. Injectables (%)	1.4	0.4
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	5.9	7.0
29. Unmet need for spacing ⁷ (%)	2.7	3.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	11.8	12.3
31. Current users ever told about side effects of current method8 (%)	49.2	42.2

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 completely.
³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Darjeeling, West Bengal - Key Indicators

Darjeening, West Bengar - Rey malcators	NEUO	NEUO 4
Indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(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 (%)	85.0	81.2
33. Mothers who had at least 4 antenatal care visits (%)	79.2	65.9
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.6	96.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	62.2	42.4
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	30.1	16.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	96.8	93.2
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	70.0	0.4.0
days of delivery (%)	73.9	84.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,183	4,408
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	•	•
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.7	na
	04.7	IIa
Delivery Care (for births in the 5 years before the survey) 42. Institutional births (%)	98.4	04.5
	90.4 79.5	94.5 76.3
43. Institutional births in public facility (%)	79.5 0.9	
44. Home births that were conducted by skilled health personnel ¹⁰ (%) 45. Births attended by skilled health personnel ¹⁰ (%)	99.2	0.5 94.6
46. Births delivered by caesarean section (%)	30.5	26.8
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 (%)	(84.6) 18.4	(61.7) 20.4
	10.4	20.4
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 (%)	94.2	(84.2)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	94.2	(93.3)
51. Children age 12-23 months who have received BCG (%)	100.0	(95.4)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	95.9	(92.2)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	98.3	(91.7)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	100.0	(89.5)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	57.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%)	5.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.7	(87.4)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	76.2	55.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	92.0	(91.1)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	3.7	(9.0)
Treatment of Childhood Diseases (children under age 5 years)		(0.0)
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.6	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 (%)	3.1	2.9
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	0	2.0
health provider (%)	(78.6)	*

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.

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

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

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.

Darieeling, West Bengal - Key Indicators

Darjeening, West Bengar - Key mulcators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
	Total	Total
Child Feeding Practices and Nutritional Status of Children		
67. Children under age 3 years breastfed within one hour of birth 15 (%) 68. Children under age 6 months exclusively breastfed (%)	54.3	37.7 *
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	(41.6)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	28.0	8.6
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (76)	*	*
72. Total children age 6-23 months receiving an adequate diet (%)	29.4	10.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	34.3	29.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.6	11.3
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.6	3.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	31.6	25.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	8.2	4.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	11.8	15.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	28.3	23.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	74.5	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	68.1	45.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	59.1	48.5
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	*
84. All women age 15-49 years who are anaemic ²² (%)	59.2	48.3
85. All women age 15-19 years who are anaemic ²² (%)	60.1	53.7
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.2	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.0	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	6.6	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) (%)	16.2	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	10.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	29.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	8.7	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	00.5	
control blood pressure (%)	29.5	na
Screening for Cancer among Women (age 30-49 years)	0.5	
98. Ever undergone a screening test for cervical cancer (%)	0.5	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)	111	
101. Women age 15 years and above who use any kind of tobacco (%)	14.4	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 (%)	5.8	na
104. Men age 15 years and above who consume alcohol (%)	32.9	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).

18 Below -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.

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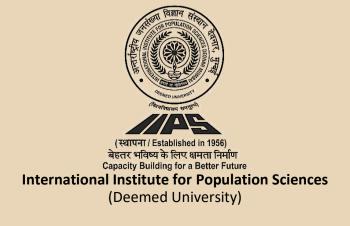


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

HAORA WEST BENGAL



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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 Haora. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Haora, information was gathered from 916 households, 1,067 women, and 153 men.

Haora, West Bengal - Key Indicators

Hadra, West Bongar Hoy maisaters	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	82.0	81.8
2. Population below age 15 years (%)	21.2	23.0
3. Sex ratio of the total population (females per 1,000 males)	1,011	1,001
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,062	974
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.8	96.0
6. Deaths in the last 3 years registered with the civil authority (%)	85.4	na
7. Population living in households with electricity (%)	99.0	98.0
8. Population living in households with an improved drinking-water source ¹ (%)	99.5	99.5
9. Population living in households that use an improved sanitation facility ² (%)	72.9	61.3
10. Households using clean fuel for cooking ³ (%)	61.9	47.2
11. Households using iodized salt (%)	97.4	97.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	20.1	21.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	19.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	80.5	na
15. Women with 10 or more years of schooling (%)	40.1	33.1
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	30.4	25.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.3
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	9.4	7.2
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	94.1	63.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	84.5	67.5
21. Any modern method ⁶ (%)	68.4	50.7
22. Female sterilization (%)	31.6	20.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.9	3.7
25. Pill (%)	23.8	18.2
26. Condom (%)	9.5	7.5
27. Injectables (%)	0.4	0.5
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	3.2	9.3
29. Unmet need for spacing ⁷ (%)	1.6	2.2
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.5	14.2
31. Current users ever told about side effects of current method ⁸ (%)	56.6	60.0

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Haora, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators Meternal and Child Hooks	(2019-20)	(2015-16) Total
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	84.8	74.2
33. Mothers who had at least 4 antenatal care visits (%)	82.7	86.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	97.8	93.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	69.2	38.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.1	13.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	96.5	94.0
days of delivery (%)	70.7	82.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,166	4,738
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	^	•
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	79.8	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.5	86.6
43. Institutional births in public facility (%)	60.8	37.5
44. Home births that were conducted by skilled health personnel (%)	1.4	6.4
45. Births attended by skilled health personnel ¹⁰ (%)	96.9	92.2
46. Births delivered by caesarean section (%)	42.8	39.1
47. Births in a private health facility that were delivered by caesarean section (%)	69.0	66.2
48. Births in a public health facility that were delivered by caesarean section (%)	30.9	17.6
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 (%)	(87.8)	73.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(90.8)	(81.2)
51. Children age 12-23 months who have received BCG (%)	(96.2)	97.5
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(90.6)	78.0
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(93.4)	86.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(89.8)	83.8
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 (%)	(3.9)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(80.2)	79.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	70.1	72.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(87.4)	86.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(12.6)	13.5
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	6.6	4.5
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	5.6	7.1
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(53.8)	(81.0)

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

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

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.

Haora, West Bengal - Key Indicators

naora, west Bengai - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	58.4	46.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	22.8	20.0
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} (%)	20.6	20.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	27.5	34.6
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.3	14.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	10.5	4.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	27.3	28.4
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	4.6	1.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	10.3	16.5
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	22.8	25.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	76.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.7	56.8
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	65.6	58.6
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 (%)	65.3	58.1
85. All women age 15-19 years who are anaemic ²² (%)	67.1	52.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.5	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 (%)	16.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.3	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.3	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.8	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		114
control blood pressure (%)	24.0	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.7	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 (%)	26.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.1	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	6.0	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 (%)	0.7	na
104. Men age 15 years and above who consume alcohol (%)	19.4	na

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

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 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

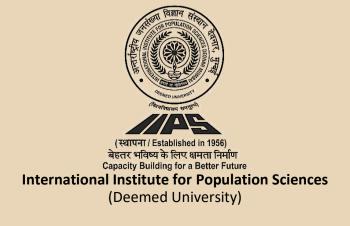


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

HUGLI WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Hugli. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Hugli, information was gathered from 892 households, 1,020 women, and 136 men.

Hugli, West Bengal - Key Indicators

riagii, rroot Boilgai Proy illaicatoro	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	81.0	78.5
2. Population below age 15 years (%)	19.9	22.7
3. Sex ratio of the total population (females per 1,000 males)	1,082	1,055
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,025	904
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.2	96.5
6. Deaths in the last 3 years registered with the civil authority (%)	83.2	na
7. Population living in households with electricity (%)	98.4	95.5
8. Population living in households with an improved drinking-water source ¹ (%)	98.1	100.0
9. Population living in households that use an improved sanitation facility² (%)	76.2	58.1
10. Households using clean fuel for cooking ³ (%)	54.6	30.8
11. Households using iodized salt (%)	90.5	98.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	26.5	39.1
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 (%)	77.4	na
15. Women with 10 or more years of schooling (%)	37.0	26.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	40.8	31.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	13.2	19.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	86.5	67.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	74.9	77.9
21. Any modern method ⁶ (%)	61.3	61.8
22. Female sterilization (%)	36.0	38.7
23. Male sterilization (%)	0.3	0.3
24. IUD/PPIUD (%)	1.7	1.7
25. Pill (%)	13.6	14.2
26. Condom (%)	7.8	6.5
27. Injectables (%)	0.5	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	7.0	6.4
29. Unmet need for spacing ⁷ (%)	2.5	1.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	13.3	10.4
31. Current users ever told about side effects of current method ⁸ (%)	59.7	50.4

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 completely.
³Electricity, LPG/natural gas, biogas.

Refers 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.

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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Hugli, West Bengal - Key Indicators

riagii, West Bengai - Rey maicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(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	52.3
33. Mothers who had at least 4 antenatal care visits (%)	72.2	76.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	92.2	95.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	68.1	33.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	42.3	3.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	98.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	56.7	69.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,558	2,684
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	•	^
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	76.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.0	91.3
43. Institutional births in public facility (%)	67.9	61.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.4	0.9
45. Births attended by skilled health personnel ¹⁰ (%)	97.4	91.7
46. Births delivered by caesarean section (%)	49.7	39.8
47. Births in a private health facility that were delivered by caesarean section (%)	84.9	76.6
48. Births in a public health facility that were delivered by caesarean section (%)	36.8	27.5
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or	(2 - 1)	
mother's recall ¹¹ (%)	(95.4)	(88.4)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	(95.2)	(100.0)
51. Children age 12-23 months who have received BCG (%)	(100.0)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(100.0) (95.4)	(90.5)
53. Children age 12-23 months who have received 5 doses of penta of DFT vaccine (%) 54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(93.4) (97.9)	(100.0) (95.3)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(43.4)	(95.5) na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%)	(2.2)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(93.3)	(85.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	75.0	78.3
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(97.8)	(98.5)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(2.2)	(1.5)
Treatment of Childhood Diseases (children under age 5 years)	ν=/	()
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	11.2	7.4
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 (%)	8.0	2.8
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or		
health provider (%)	62.8	*

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.

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

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

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

13 Not including polio vaccination given at birth.

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

Hugli, West Bengal - Key Indicators

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	NFHS-5	NFHS-4
Indicators	(2019-20)	(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 (%)	69.5	37.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	26.4	19.8
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} (%)	25.3	19.3
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	28.9	30.1
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.0	18.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.0	4.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	33.4	28.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.2	3.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	14.1	18.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	34.6	29.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	71.9	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.9	53.3
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	75.1	64.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	*
84. All women age 15-49 years who are anaemic ²² (%)	75.1	63.2
85. All women age 15-19 years who are anaemic ²² (%)	75.1	68.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.5	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	19.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.7	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.4	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	22.3	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) (%)	12.2	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 (%)	24.1	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	17.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.6	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	00.7	
control blood pressure (%)	26.7	na
Screening for Cancer among Women (age 30-49 years)	0.2	
98. Ever undergone a screening test for cervical cancer (%)	0.3	na
99. Ever undergone a breast examination for breast cancer (%)	0.4	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.6	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.1	20
101. Women age 15 years and above who use any kind of tobacco (%)	8.1 53.5	na
102. Men age 15 years and above who use any kind of tobacco (%)	53.5 1.5	na
103. Women age 15 years and above who consume alcohol (%)	1.5	na
104. Men age 15 years and above who consume alcohol (%)	22.3	na

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

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 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.

¹²Below -3 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

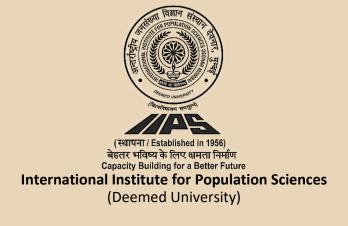


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

JALPAIGURI WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Jalpaiguri. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Jalpaiguri, information was gathered from 919 households, 1,101 women, and 149 men.

Jalpaiguri, West Bengal - Key Indicators

Carpaigari, West Bongar 110y maieatore	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	73.7	68.8
2. Population below age 15 years (%)	22.6	25.7
3. Sex ratio of the total population (females per 1,000 males)	1,038	969
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,099	908
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.2	96.9
6. Deaths in the last 3 years registered with the civil authority (%)	74.8	na
7. Population living in households with electricity (%)	97.4	90.5
8. Population living in households with an improved drinking-water source ¹ (%)	95.2	85.2
9. Population living in households that use an improved sanitation facility ² (%)	73.2	51.0
10. Households using clean fuel for cooking ³ (%)	42.7	27.0
11. Households using iodized salt (%)	94.8	92.1
12. Households with any usual member covered under a health insurance/financing scheme (%)	35.8	25.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	30.0	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	73.6	na
15. Women with 10 or more years of schooling (%)	33.9	22.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	18.7	34.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	11.8	9.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	82.3	51.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	82.7	49.1
21. Any modern method ⁶ (%)	70.1	48.2
22. Female sterilization (%)	35.5	25.8
23. Male sterilization (%)	0.3	0.3
24. IUD/PPIUD (%)	4.6	0.9
25. Pill (%)	20.2	17.1
26. Condom (%)	7.6	4.0
27. Injectables (%)	1.0	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.0	13.6
29. Unmet need for spacing ⁷ (%)	1.6	5.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	15.1	14.9
31. Current users ever told about side effects of current method ⁸ (%)	61.1	61.7

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 completely.
³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Jalpaiguri, West Bengal - Key Indicators

Jaipaiguri, West Berigar - Rey marcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(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 (%)	77.5	57.0
33. Mothers who had at least 4 antenatal care visits (%)	88.4	80.7
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.6	90.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	70.7	24.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	29.0	17.0
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	100.0	97.0
days of delivery (%)	74.8	69.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,243	3,728
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	82.5	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	95.8	84.0
43. Institutional births in public facility (%)	83.2	67.6
44. Home births that were conducted by skilled health personnel 10 (%)	0.4	3.3
45. Births attended by skilled health personnel ¹⁰ (%)	97.7	86.5
46. Births delivered by caesarean section (%)	28.7	18.5
47. Births in a private health facility that were delivered by caesarean section (%)	(90.8)	(53.4)
48. Births in a public health facility that were delivered by caesarean section (%)	20.8	14.5
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or	87.9	81.7
mother's recall ¹¹ (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	96.3	87.8
51. Children age 12-23 months who have received BCG (%)	98.3	98.3
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	89.5	90.5 87.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.8	91.2
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.6	88.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	53.6	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.8	93.0
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.5	79.0
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	98.1
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.9
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.3	10.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	(79.9)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	(27.5)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	(80.4)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.1	5.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	(00.0)	70.0
health provider (%)	(80.9)	79.8

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.

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

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

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.

Jalpaiguri, West Bengal - Key Indicators

Jaipaiguri, West Bengai - Key indicators		
Indicators	NFHS-5	NFHS-4
Indicators Child Fooding Procince and Nutritional Status of Children	(2019-20)	(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 (%)	61.3	48.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(60.9)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	20.7	
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	29.7	15.6
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 (%)	28.5	14.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	28.9	31.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	18.3	17.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.3	7.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.4	24.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	5.5	3.9
Nutritional Status of Women (age 15-49 years)	45.0	00.4
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	15.8	26.1
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	16.7	14.8
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	82.7	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.4	71.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	72.2	67.0
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(44.8)	*
84. All women age 15-49 years who are anaemic ²² (%)	71.4	67.0
85. All women age 15-19 years who are anaemic ²² (%)	66.6	73.1
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 (%)	5.2	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 (%)	9.5	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 (%)	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) (%)	12.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	21.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.1	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 (%)	23.7	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	19.0	na
102. Men age 15 years and above who use any kind of tobacco (%)	54.2	na
103. Women age 15 years and above who consume alcohol (%)	2.8	na
104. Men age 15 years and above who consume alcohol (%)	28.2	na

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

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 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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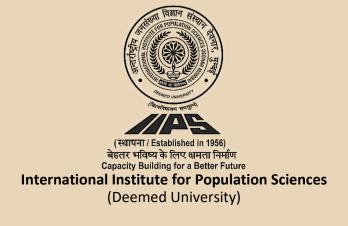


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

KOCH BIHAR WEST BENGAL



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 Koch Bihar. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Koch Bihar, information was gathered from 920 households, 1,095 women, and 157 men.

Koch Bihar, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	75.7	73.7
2. Population below age 15 years (%)	25.0	26.3
3. Sex ratio of the total population (females per 1,000 males)	1,058	1,008
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	959	1,073
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.4	94.6
6. Deaths in the last 3 years registered with the civil authority (%)	70.3	na
7. Population living in households with electricity (%)	98.2	90.7
8. Population living in households with an improved drinking-water source ¹ (%)	99.3	98.8
9. Population living in households that use an improved sanitation facility ² (%)	75.7	53.3
10. Households using clean fuel for cooking ³ (%)	25.7	13.7
11. Households using iodized salt (%)	97.6	89.4
12. Households with any usual member covered under a health insurance/financing scheme (%)	36.0	44.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	27.8	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	79.2	na
15. Women with 10 or more years of schooling (%)	26.7	20.9
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	46.7	41.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	1.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	27.3	23.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	83.5	46.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	81.7	65.7
21. Any modern method ⁶ (%)	67.7	60.8
22. Female sterilization (%)	31.9	34.9
23. Male sterilization (%)	0.3	0.4
24. IUD/PPIUD (%)	2.1	1.8
25. Pill (%)	24.0	21.0
26. Condom (%)	6.4	2.6
27. Injectables (%)	0.8	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.6	9.6
29. Unmet need for spacing ⁷ (%)	2.3	4.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.3	20.6
31. Current users ever told about side effects of current method ⁸ (%)	49.7	55.9

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Koch Bihar, West Bengal - Key Indicators

Roch Billar, West Bengar - Key Indicators		
Indicators	NFHS-5	NFHS-4
Indicators Metagral and Child Hoolth	(2019-20)	(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 (%)	71.3	58.0
33. Mothers who had at least 4 antenatal care visits (%)	77.3	74.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.6	94.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.8	20.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.3	10.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.6	97.4
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	74.0	00.0
days of delivery (%)	71.9	68.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,499	6,268
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(7.8)
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	70.7	
days of delivery (%)	79.7	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	93.0	81.2
43. Institutional births in public facility (%)	81.3	68.9
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.5	7.9
45. Births attended by skilled health personnel ¹⁰ (%)	92.5	88.7
46. Births delivered by caesarean section (%)	23.9	18.6
47. Births in a private health facility that were delivered by caesarean section (%)	(91.8)	(77.1)
48. Births in a public health facility that were delivered by caesarean section (%)	16.1	13.3
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or	0.4.0	(70.0)
mother's recall ¹¹ (%)	94.2	(76.6)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	97.1	(81.9)
51. Children age 12-23 months who have received BCG (%)	98.5	(98.1)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	97.0	(82.7)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.2	(95.8)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	97.0	(95.8)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	50.0	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.1	(85.0)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	61.4	83.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	(93.8)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	(4.1)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.5	5.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.5	7.6
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or		
health provider (%)	(59.8)	81.6

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

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

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.

Koch Bihar, West Bengal - Key Indicators

Roch Billar, West Bellgar - Key indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	56.5	39.4
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(45.9)	(57.6)
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 (%)	23.5	15.9
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} (%)	23.2	17.7
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	28.7	32.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	16.8	20.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.2	7.8
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	22.5	29.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	2.3	2.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	18.1	24.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	16.5	9.7
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 (%)	66.4	58.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	74.9	69.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(72.0)	(65.3)
84. All women age 15-49 years who are anaemic ²² (%)	74.8	69.1
85. All women age 15-19 years who are anaemic ²² (%)	71.2	63.0
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.3	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.6	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.6	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 (%)	18.7	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.8	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.1	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	21.7	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	6.4	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	20.8	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.4	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	22.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	56.1	na
103. Women age 15 years and above who consume alcohol (%)	0.3	na
104. Men age 15 years and above who consume alcohol (%)	14.4	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

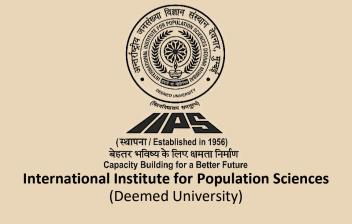


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

KOLKATA WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Kolkata. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Kolkata, information was gathered from 879 households, 921 women, and 138 men.

Kolkata, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	87.2	82.5
2. Population below age 15 years (%)	16.0	20.2
3. Sex ratio of the total population (females per 1,000 males)	954	921
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	809	1,020
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.0	95.6
6. Deaths in the last 3 years registered with the civil authority (%)	92.8	na
7. Population living in households with electricity (%)	99.6	99.9
8. Population living in households with an improved drinking-water source ¹ (%)	99.3	100.0
9. Population living in households that use an improved sanitation facility ² (%)	60.9	48.4
10. Households using clean fuel for cooking ³ (%)	91.7	69.4
11. Households using iodized salt (%)	98.6	98.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	21.1	26.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(20.1)	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	87.6	na
15. Women with 10 or more years of schooling (%)	55.4	49.5
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	16.7	13.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.7	3.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.9	4.8
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	97.5	91.1
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	84.7	70.0
21. Any modern method ⁶ (%)	71.7	57.5
22. Female sterilization (%)	29.8	19.0
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.6	3.4
25. Pill (%)	22.4	15.0
26. Condom (%)	15.0	19.7
27. Injectables (%)	0.7	0.5
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	2.2	6.4
29. Unmet need for spacing ⁷ (%)	0.3	2.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.9	4.9
31. Current users ever told about side effects of current method8 (%)	57.0	29.8

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Kolkata, West Bengal - Key Indicators

Indicators	NFHS-5	NFHS-4
Indicators Maternal and Child Health	(2019-20) Total	(2015-16) Total
Maternity Care (for last birth in the 5 years before the survey)	IOtai	IOlai
	74.0	75.7
32. Mothers who had an antenatal check-up in the first trimester (%)	74.2	75.7
33. Mothers who had at least 4 antenatal care visits (%)	71.7	84.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	100.0	92.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	67.5	42.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.8	9.8
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	94.4	92.1
days of delivery (%)	72.8	82.9
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,969	22,187
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	^	^
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	84.6	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.5	94.8
43. Institutional births in public facility (%)	69.9	72.5
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.9	2.6
45. Births attended by skilled health personnel ¹⁰ (%)	99.3	97.3
46. Births delivered by caesarean section (%)	44.7	35.0
47. Births in a private health facility that were delivered by caesarean section (%)	(79.9)	(62.3)
48. Births in a public health facility that were delivered by caesarean section (%)	32.4	29.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	(80.2)	(66.6)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(79.0)	(78.0)
51. Children age 12-23 months who have received BCG (%)	(97.7)	(100.0)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	(84.7)	(81.4)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(91.0)	(94.5)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(91.0)	(85.2)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	(41.4)	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	(2.8)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(86.7)	(81.4)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.0	71.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(83.5)	(86.7)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(13.2)	(13.3)
Treatment of Childhood Diseases (children under age 5 years)	(10.2)	(10.0)
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.6	6.1
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	3.U *	V. I *
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 (%)	2.6	0.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	2.0	0.2
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

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

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.

Kolkata, West Bengal - Key Indicators

Roikata, West Bengai - Rey indicators	NEUC E	NEUC 4
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	44.2	47.7
68. Children under age 6 months exclusively breastfed (%)	*	*
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 (%)	(34.0)	(11.9)
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	*	*
72. Total children age 6-23 months receiving an adequate diet ^{16, 17} (%)	(31.6)	13.6
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	29.6	24.2
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	29.3	17.4
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	16.9	4.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.9	19.6
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	6.0	5.1
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	6.6	7.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	29.0	40.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	84.4	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	72.3	70.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	58.4	46.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	*	*
84. All women age 15-49 years who are anaemic ²² (%)	58.2	46.4
85. All women age 15-19 years who are anaemic ²² (%)	61.4	42.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.6	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.4	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	21.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.4	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	12.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	24.3	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) (%)	15.1	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 (%)	23.9	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.0	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.1	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	22.0	
control blood pressure (%)	23.8	na
Screening for Cancer among Women (age 30-49 years)	0.0	no
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%) 100. Ever undergone an oral cavity examination for oral cancer (%)	0.0 0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	0.0	na
	6.0	no
101. Women age 15 years and above who use any kind of tobacco (%)	6.0 42.4	na
102. Men age 15 years and above who use any kind of tobacco (%) 103. Women age 15 years and above who consume alcohol (%)	42.4 1.0	na
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	22.2	na
107. Mich age 10 years and above who consume alcohol (70)	22.2	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).

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

19 Below -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

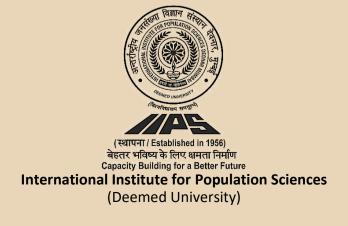


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

MALDAH WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Maldah. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Maldah, information was gathered from 911 households, 1,113 women, and 150 men.

Maldah, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	71.3	68.4
2. Population below age 15 years (%)	30.2	32.9
3. Sex ratio of the total population (females per 1,000 males)	1,062	1,019
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	942	881
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.9	93.0
6. Deaths in the last 3 years registered with the civil authority (%)	72.4	na
7. Population living in households with electricity (%)	98.1	95.6
8. Population living in households with an improved drinking-water source ¹ (%)	99.0	92.1
9. Population living in households that use an improved sanitation facility ² (%)	62.0	47.2
10. Households using clean fuel for cooking ³ (%)	29.6	15.8
11. Households using iodized salt (%)	97.8	93.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	29.0	40.6
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	13.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	72.3	na
15. Women with 10 or more years of schooling (%)	30.0	19.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	49.1	56.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.8	0.7
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	18.9	24.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	83.6	41.6
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	75.3	60.3
21. Any modern method ⁶ (%)	54.7	51.8
22. Female sterilization (%)	23.3	25.4
23. Male sterilization (%)	0.0	0.4
24. IUD/PPIUD (%)	2.5	0.4
25. Pill (%)	19.2	18.5
26. Condom (%)	8.2	6.5
27. Injectables (%)	0.3	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	9.2	14.1
29. Unmet need for spacing ⁷ (%)	3.4	6.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	18.9	9.2
31. Current users ever told about side effects of current method ⁸ (%)	46.5	29.6

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Maldah, West Bengal - Key Indicators

Maidan, West Bengal - Rey indicators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		1010.1
32. Mothers who had an antenatal check-up in the first trimester (%)	77.8	42.5
33. Mothers who had at least 4 antenatal care visits (%)	82.8	52.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	93.1	95.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	58.8	19.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	27.8	3.3
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	99.7	96.3
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	61.6	
days of delivery (%)		35.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,961	3,024
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	(6.0)	0.0
days of delivery (%)	67.9	na
Delivery Care (for births in the 5 years before the survey)	07.7	55.0
42. Institutional births (%)	87.7	55.0
43. Institutional births in public facility (%)	76.6	48.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	1.8	6.6
45. Births attended by skilled health personnel ¹⁰ (%)	88.9	61.6
46. Births delivered by caesarean section (%)	22.2	10.8
47. Births in a private health facility that were delivered by caesarean section (%)	(89.0)	(73.1)
48. Births in a public health facility that were delivered by caesarean section (%)	16.1	12.2
Child Vaccinations and Vitamin A Supplementation		
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall ¹¹ (%)	87.2	69.5
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	93.1	79.8
51. Children age 12-23 months who have received BCG (%)	100.0	94.2
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	90.2	77.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.1	86.9
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.8	86.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	45.7	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	92.2	78.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	57.7	69.4
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	98.8
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	1.2
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.5	5.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	*	*
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.3	4.3
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or		70.0
health provider (%)	65.0	73.6

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

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

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.

Maldah, West Bengal - Key Indicators

waidan, west Bengai - Key indicators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	52.5	43.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(59.8)	(63.7)
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} (%)	25.8	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} (%)	24.2	6.0
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	40.5	37.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	20.0	22.8
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	6.3	8.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	35.3	37.2
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.3	0.9
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	15.7	23.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	22.0	12.0
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	80.6	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	71.0	55.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	73.8	59.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(67.6)	(53.1)
84. All women age 15-49 years who are anaemic ²² (%)	73.6	59.0
85. All women age 15-19 years who are anaemic ²² (%)	68.5	56.5
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.8	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.7	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.1	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	9.6	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.2	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) (%)	11.4	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	40.0	
control blood pressure (%)	19.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.6	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 (%)	17.8	na
Screening for Cancer among Women (age 30-49 years)	17.0	IIa
98. Ever undergone a screening test for cervical cancer (%)	0.2	na
99. Ever undergone a screening test for cervical cancer (%) 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)	0.2	na
101. Women age 15 years and above who use any kind of tobacco (%)	8.4	na
101. Women age 15 years and above who use any kind of tobacco (%)	45.2	na
102. Well age 15 years and above who use any kind of tobacco (%) 103. Women age 15 years and above who consume alcohol (%)	0.3	na
103. Women age 15 years and above who consume alcohol (%)	15.1	na
10 milen ago 10 yours and above with consume about (70)	10.1	пи

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).

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

19 Below -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

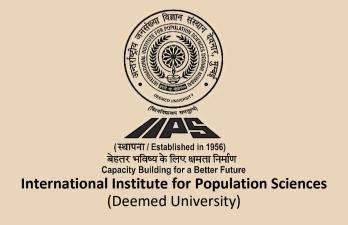


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

MURSHIDABAD WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Murshidabad. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Murshidabad, information was gathered from 917 households, 1,144 women, and 159 men.

Murshidabad, West Bengal - Key Indicators

marsinaabaa, west bengar ney maleators	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	74.7	70.8
2. Population below age 15 years (%)	29.3	31.8
3. Sex ratio of the total population (females per 1,000 males)	1,103	1,083
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,054	1,075
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.4	98.9
6. Deaths in the last 3 years registered with the civil authority (%)	74.1	na
7. Population living in households with electricity (%)	96.7	93.1
8. Population living in households with an improved drinking-water source ¹ (%)	99.1	100.0
9. Population living in households that use an improved sanitation facility ² (%)	69.7	54.1
10. Households using clean fuel for cooking ³ (%)	30.7	19.2
11. Households using iodized salt (%)	92.5	93.5
12. Households with any usual member covered under a health insurance/financing scheme (%)	28.4	40.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	17.2	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	67.6	na
15. Women with 10 or more years of schooling (%)	24.2	22.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	55.4	53.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.8	8.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	20.6	29.5
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	85.7	48.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	85.4	72.8
21. Any modern method ⁶ (%)	64.9	60.9
22. Female sterilization (%)	39.6	40.5
23. Male sterilization (%)	0.1	0.1
24. IUD/PPIUD (%)	1.0	0.6
25. Pill (%)	14.5	15.9
26. Condom (%)	7.6	3.4
27. Injectables (%)	0.3	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	3.5	6.9
29. Unmet need for spacing ⁷ (%)	1.8	3.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	6.4	6.9
31. Current users ever told about side effects of current method ⁸ (%)	60.9	27.7

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 completely.
³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Murshidabad, West Bengal - Key Indicators

Mursindabad, West Bengar - Key murcators		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(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 (%)	73.9	49.1
33. Mothers who had at least 4 antenatal care visits (%)	66.9	72.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.1	99.3
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	52.8	22.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	30.6	0.4
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	97.3	98.9
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	49.8	47.0
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,662	31,457
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(0.0)	3.9
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	07.0	
days of delivery (%)	67.6	na
Delivery Care (for births in the 5 years before the survey)	07.0	00.0
42. Institutional births (%)	87.0	63.8
43. Institutional births in public facility (%)	71.5	55.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	5.3	6.7
45. Births attended by skilled health personnel ¹⁰ (%)	92.3	69.8
46. Births delivered by caesarean section (%)	29.5	16.5
47. Births in a private health facility that were delivered by caesarean section (%)	92.4	(96.7)
48. Births in a public health facility that were delivered by caesarean section (%)	21.3	14.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	90.0	78.9
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	89.7	93.1
51. Children age 12-23 months who have received BCG (%)	97.7	95.8
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	94.7	83.5
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	95.4	91.6
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	96.1	93.8
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	30.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	1.4	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	94.2	83.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.7	74.3
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 (%)	7.8	7.0
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(71.5)	(60.0)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(35.9)	(7.0)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(90.6)	(59.9)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	2.4	2.7
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or		
health provider (%)	83.0	71.9

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.

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

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

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.

Murshidabad, West Bengal - Key Indicators

Indicators	Murshuabau, West Bengai - Rey mulcators		
Child Feeding Practices and Nutritional Status of Children Children under age 3 years breasted within one hour of brith¹ (%) Sc. Children under age 6 months receiving solid or semi-solid food and breastmilk ⁴ (%) Sc. Children age 6-6 months receiving an adequate diet ♣ (*) Children age 6-2 months receiving an adequate diet ♣ (*) Children age 6-2 months receiving an adequate diet ♣ (*) Children age 6-2 months receiving an adequate diet ♣ (*) Children age 6-2 months receiving an adequate diet ♠ (*) Children under 5 years who have receiving an adequate diet ♠ (*) Children under 5 years who are susted (height-for-leight)♠ (*) Children under 5 years who are susted (height-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who are vasted (weight-for-leight)♠ (*) Children under 5 years who a	Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
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¹⁵Based on the last child born in the 3 years before the survey.

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 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

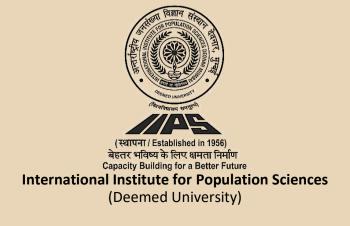


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

Nadia West Bengal



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Nadia. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Nadia, information was gathered from 919 households, 1,034 women, and 146 men.

Nadia, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	77.6	73.7
2. Population below age 15 years (%)	21.5	23.4
3. Sex ratio of the total population (females per 1,000 males)	1,071	1,015
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	982	812
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.6	98.0
6. Deaths in the last 3 years registered with the civil authority (%)	81.3	na
7. Population living in households with electricity (%)	98.2	96.4
8. Population living in households with an improved drinking-water source ¹ (%)	98.2	99.8
9. Population living in households that use an improved sanitation facility ² (%)	78.4	70.4
10. Households using clean fuel for cooking ³ (%)	34.2	28.2
11. Households using iodized salt (%)	96.0	95.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	23.0	38.5
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	(29.1)	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 (%)	28.3	24.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	39.9	43.1
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	8.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.1	21.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	83.4	68.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	59.9	74.3
21. Any modern method ⁶ (%)	49.3	52.5
22. Female sterilization (%)	26.8	33.5
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.8	0.7
25. Pill (%)	10.5	14.5
26. Condom (%)	6.9	3.4
27. Injectables (%)	0.9	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.9	7.0
29. Unmet need for spacing ⁷ (%)	5.9	2.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.9	16.3
31. Current users ever told about side effects of current method ⁸ (%)	61.6	53.3

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Nadia, West Bengal - Key Indicators

Tradia, West Bengar Rey maisators	NFHS-5	NFHS-4
Indicators	(2019-20)	(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	68.3
33. Mothers who had at least 4 antenatal care visits (%)	71.2	91.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	95.7	98.7
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	57.9	36.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	23.8	8.5
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	98.4	98.6
days of delivery (%)	89.4	60.6
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,776	3,184
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	*	*
days of delivery (%)	89.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	97.7	93.1
43. Institutional births in public facility (%)	54.2	69.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.0	0.4
45. Births attended by skilled health personnel ¹⁰ (%)	98.6	90.8
46. Births delivered by caesarean section (%)	58.2	33.9
47. Births in a private health facility that were delivered by caesarean section (%)	93.4	86.6
48. Births in a public health facility that were delivered by caesarean section (%)	32.4	19.4
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	(89.9)	93.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(91.8)	100.0
51. Children age 12-23 months who have received BCG (%)	(100.0)	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	(92.6)	94.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	(97.3)	100.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	(95.0)	98.4
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 (%)	(0.0)	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	(92.2)	91.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	74.0	78.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	(100.0)	98.4
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	(0.0)	1.6
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	5.9	3.6
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	*	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	*	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	2.2	
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	3.3	0.8
health provider (%)	(69.2)	(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

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

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.

Nadia, West Bengal - Key Indicators

Madia, West Deligal - Key Indicators		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	71.8	50.8
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet 16, 17 (%)	17.4	32.2
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} (%)	17.8	32.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	26.1	23.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	17.6	10.7
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.5	2.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	25.1	19.3
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/m²)²¹ (%)	8.3	11.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	28.6	24.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	80.3	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	63.6	36.6
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	73.8	57.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(58.7)	(45.8)
84. All women age 15-49 years who are anaemic ²² (%)	73.4	57.1
85. All women age 15-19 years who are anaemic ²² (%)	68.2	53.8
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	11.1	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.9	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	20.0	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	11.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	21.2	na
Hypertension among Adults (age 15 years and above)		
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.3	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.3	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to		
control blood pressure (%)	21.2	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.2	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 (%)	16.0	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 (%)	0.0	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 (%)	6.8	na
102. Men age 15 years and above who use any kind of tobacco (%)	47.7	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	10.8	na

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

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.

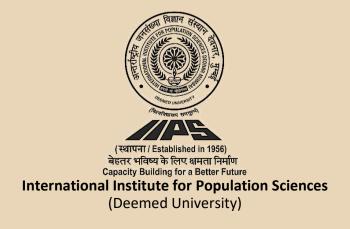
NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET NORTH TWENTY FOUR PARGANAS WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for North Twenty Four Parganas. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In North Twenty Four Parganas, information was gathered from 924 households, 1,055 women, and 148 men.

North Twenty Four Parganas, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	82.4	83.7
2. Population below age 15 years (%)	20.6	21.3
3. Sex ratio of the total population (females per 1,000 males)	1,013	981
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	889	803
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.6	99.3
6. Deaths in the last 3 years registered with the civil authority (%)	87.6	na
7. Population living in households with electricity (%)	99.5	97.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.5	100.0
9. Population living in households that use an improved sanitation facility ² (%)	80.4	70.3
10. Households using clean fuel for cooking ³ (%)	58.9	50.7
11. Households using iodized salt (%)	98.9	97.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	30.7	35.9
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	26.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	85.5	na
15. Women with 10 or more years of schooling (%)	40.7	35.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	33.6	36.5
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.4
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	11.5	18.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	89.6	65.9
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	78.8	73.0
21. Any modern method ⁶ (%)	61.0	50.7
22. Female sterilization (%)	22.2	20.3
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	3.7	1.3
25. Pill (%)	24.3	18.2
26. Condom (%)	8.8	9.4
27. Injectables (%)	1.8	0.2
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.4	7.1
29. Unmet need for spacing ⁷ (%)	1.5	2.3
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	21.9	6.0
31. Current users ever told about side effects of current method ⁸ (%)	66.5	45.1

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

· 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

North Twenty Four Parganas, West Bengal - Key Indicators

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 (%) 33. Mothers who had at alteast 4 antenatal care visits (%) 34. Mothers who se last birth was protected against neonatal tetanus² (%) 35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%) 35. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 35. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%) 37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/hursel/HV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children who received postnatal care from a doctor/hursel/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 41. Children who received postnatal care from a doctor/hursel/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 42. Institutional births (%) 43. Institutional births (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births delivered by caesarean section (%) 47. Births in a public health facility that were delivered by caesarean section (%) 48. Births that inclied by the middle health personnel (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall!! (%) 50. Children age 12-23 months who have received 3 doses of penta or DPT vaccina (%) 40. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 40. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 40. Children age 12-23 months who have received 3		NFHS-5	NFHS-4
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37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 42. Institutional births in the 5 years before the survey) 42. Institutional births in public facility (%) 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births delivered by caesarean section (%) 46. Births delivered by caesarean section (%) 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 (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (1 %) 50. Children age 12-23 months who have received BCG (%) 51. Children age 12-23 months who have received 3 doses of polio vaccine (1 %) 52. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 53. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 64. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 65. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 66. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 67. Q6. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 67. Q6. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 67. Children age 12-23 months	35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	73.3	21.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 2,809 4,34 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) * (0.41. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) * (0.41. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) * (0.41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 92.4 n nother of delivery (%) 92.4 nother Care (for births in the 5 years before the survey) ### Value of the survey of delivery (%) 74.4 64. ### Value of the survey o	36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	35.7	9.7
days of delivery (%) 39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 20. This is the 5 years before the survey) 42. Institutional births (%) 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births delivered by caesarean section (%) 47. Births all the health facility that were delivered by caesarean section (%) 47. Births in a private health facility that were delivered by caesarean section (%) 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 (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) 50. Children age 12-23 months who have received BCG (%) 51. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 52. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 54. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 55. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 56. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 57. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 58. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 57. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 12-23 months who	37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.7	96.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.) 40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/hurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) Polivery Care (for births in the 5 years before the survey) 22.4 nstitutional births (%) 42. Institutional births (%) 43. Institutional births (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births attended by skilled health personnel (%) 47. Births in a private health facility that were delivered by caesarean section (%) 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 (%) 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 (%) 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) 49. Children age 12-23 months fully vaccinated based on information from vaccination card only (92.8) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only (97.7) 60. Children age 12-23 months who have received 3 doses of polio vaccine (%) 61. Children age 12-23 months who have received 3 doses of ponia or DPT vaccine (%) 62. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 63. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 65. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 66. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 67. Children age 12-23 months who have received 3 doses of reasiles-containing vaccine (MCV) (%) 68. Children age 12-23 months w	38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
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41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%) 92.4 n Polivery Care (for births in the 5 years before the survey) 42. Institutional births (%) 97.5 86. 43. Institutional births in public facility (%) 74.4 64. 44. Home births that were conducted by skilled health personnel (%) 98.3 93. 45. Births attended by skilled health personnel (%) 98.3 93. 46. Births attended by skilled health personnel (%) 47.5 39. 47. Births in a private health facility that were delivered by caesarean section (%) 91.5 89. 48. Births in a private health facility that were delivered by caesarean section (%) 91.5 89. 48. Births in a public health facility that were delivered by caesarean section (%) 91.5 89. 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) (92.8) (88. 50. Children age 12-23 months fully vaccinated based on information from vaccination card only (92.8) (92.8) (88. 50. Children age 12-23 months who have received BCG (%) (97.7) (96. 51. Children age 12-23 months who have received 3 doses of polio vaccine (%) (97.7) (96. 52. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) (97.7) (90. 54. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) (95.0) (93. 55. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) (96.0) (93. 56. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) (9.2) (9.5) (9	39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,809	4,344
Delivery Care (for births in the 5 years before the survey) 42. Institutional births (%) 43. Institutional births in public facility (%) 44. Home births that were conducted by skilled health personnel (%) 45. Births attended by skilled health personnel (%) 46. Births delivered by caesarean section (%) 47. Births delivered by caesarean section (%) 48. Births delivered by caesarean section (%) 49. 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 (%) 49. 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 (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only (97.1) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) 53. Children age 12-23 months who have received a doses of penta or DPT vaccine (MCV) (%) 54. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 55. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (MCV) (%) 57. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 60. Children age 12-23 months who have received a vitamin A dose in the last 6 months (%) 61. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) 62. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) 63. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) 64. Children age	40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	(0.0)
### Pelivery Care (for births in the 5 years before the survey) ### 42. Institutional births (%) ### 42. Institutional births in public facility (%) ### 43. Institutional births in public facility (%) ### 44. Home births that were conducted by skilled health personnel (%) ### 45. Births attended by skilled health personnel (%) ### 47. Births that were doucted by skilled health personnel (%) ### 47. Births in a private health facility that were delivered by caesarean section (%) ### 47. Births in a public health facility that were delivered by caesarean section (%) ### 47. Births in a public health facility that were delivered by caesarean section (%) ### 48. Births in a public health facility that were delivered by caesarean section (%) ### 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall (%) ### 49. Children age 12-23 months fully vaccinated based on information from vaccination card only (%) ### 49. Children age 12-23 months who have received BCG (%) ### 49. Children age 12-23 months who have received 3 doses of polio vaccine (%) ### 49. Children age 12-23 months who have received 3 doses of polio vaccine (%) ### 49. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) ### 49. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) ### 49. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%) ### 40. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (MCV) (%) ### 40. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (MCV) (%) ### 40. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) ### 40. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) ### 40. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) ### 40. Children age 12-23 months who re	41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
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45. Births attended by skilled health personnel 10 (%) 98.3 93. 46. Births delivered by caesarean section (%) 47.5 39. 47. Births in a private health facility that were delivered by caesarean section (%) 91.5 89. 48. Births in a public health facility that were delivered by caesarean section (%) 35.5 29. 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 (%) (92.8) (88. 50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%) (97.1) (96. 51. Children age 12-23 months who have received BCG (%) (97.7) (96. 52. Children age 12-23 months who have received 3 doses of polio vaccine (%) (92.8) (92.8) (92.8) (92.5) (10.4)	43. Institutional births in public facility (%)	74.4	64.3
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46. Births delivered by caesarean section (%) 47. 5 irths in a private health facility that were delivered by caesarean section (%) 48. Births in a public health facility that were delivered by caesarean section (%) 49. Child Vaccinations and Vitamin A Supplementation 49. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 40. Children age 12-23 months fully vaccinated based on information from vaccination card only¹² (%) 40. Children age 12-23 months who have received BCG (%) 40. Children age 12-23 months who have received 3 doses of polio vaccine¹³ (%) 40. Children age 12-23 months who have received 3 doses of polio vaccine¹³ (%) 40. Children age 12-23 months who have received 3 doses of polio vaccine (%) 40. Children age 12-23 months who have received 3 doses of measles-containing vaccine (MCV) (%) 40. 60. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 40. 60. Children age 12-23 months who have received 3 doses of polio vaccine¹⁴ (%) 40. Children age 12-23 months who have received 3 doses of polio vaccine¹⁴ (%) 40. Children age 12-23 months who have received 3 doses of rotavirus vaccine¹⁴ (%) 40. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (MCV) (%) 40. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) 40. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 40. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 40. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 40. Children with diarrhoea in the 2 weeks preceding the survey (%) 41. Children with diarrhoea in the 2 weeks preceding the survey (%) 42. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 43. Children with diarrhoea in the 2 weeks preceding the survey who received zinc	45. Births attended by skilled health personnel ¹⁰ (%)	98.3	93.2
48. Births in a public health facility that were delivered by caesarean section (%) 29. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received BCG (%) 53. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%) 54. Children age 12-23 months who have received 3 doses of polio vaccine (%) 55. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 57. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 58. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%) 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 61. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 62. Children with diarrhoea in the 2 weeks preceding the survey (%) 63. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 64. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) 65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with	46. Births delivered by caesarean section (%)	47.5	39.3
48. Births in a public health facility that were delivered by caesarean section (%) 29. Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall 11 (%) 50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%) 51. Children age 12-23 months who have received BCG (%) 52. Children age 12-23 months who have received BCG (%) 53. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%) 54. Children age 12-23 months who have received 3 doses of polio vaccine (%) 55. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 56. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%) 57. Children age 12-23 months who have received a second dose of measles-containing vaccine (MCV) (%) 58. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%) 57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 58. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%) 59. Children age 12-23 months who received a vitamin A dose in the last 6 months (%) 59. Children age 12-23 months who received most of their vaccinations in a public health facility (%) 60. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 61. Children age 12-23 months who received most of their vaccinations in a private health facility (%) 62. Children with diarrhoea in the 2 weeks preceding the survey (%) 63. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%) 64. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%) 65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with	47. Births in a private health facility that were delivered by caesarean section (%)	91.5	89.2
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66. Children with toyer or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or		2.0	5.6
	66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	4	(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

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

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.

North Twenty Four Parganas, West Bengal - Key Indicators

	THE A
	FHS-4 15-16)
	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	33.3
68. Children under age 6 months exclusively breastfed 16 (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	11.3
71. Non-breastfeeding children age 6-23 months receiving an adequate diet (76) * * * * * * * * * * * * * * * * * * *	*
71. Not bleastreading children age 6-23 months receiving an adequate diet (79) 72. Total children age 6-23 months receiving an adequate diet (89) 25.5	13.9
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%) 32.4	23.8
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%) 13.3	13.6
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%) 5.0	6.2
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%) 23.6	18.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%) 6.5	3.1
Nutritional Status of Women (age 15-49 years)	J. 1
, , ,	11.5
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%) 6.5 79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%) 26.4	11.5
	28.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	na
Anaemia among Children and Women	
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%) 57.9	53.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	62.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%) (62.3)	*
84. All women age 15-49 years who are anaemic ²² (%) 65.3	62.7
85. All women age 15-19 years who are anaemic ²² (%)	66.3
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%) 9.7	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	na
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%) 12.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	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) (%)	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 (%)	na
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	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 (%)	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 (%)	na
100. Ever undergone an oral cavity examination for oral cancer (%)	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
	na
101. Women age 15 years and above who use any kind of tobacco (%) 7.0	
, , , , , , , , , , , , , , , , , , , ,	na
, , , , , , , , , , , , , , , , , , , ,	na 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



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET PASCHIM BARDDHAMAN WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Paschim Barddhaman. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Paschim Barddhaman, information was gathered from 912 households, 1,190 women, and 184 men.

Paschim Barddhaman, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	74.8
2. Population below age 15 years (%)	22.3
3. Sex ratio of the total population (females per 1,000 males)	977
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	787
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.7
6. Deaths in the last 3 years registered with the civil authority (%)	77.9
7. Population living in households with electricity (%)	97.0
8. Population living in households with an improved drinking-water source ¹ (%)	95.2
9. Population living in households that use an improved sanitation facility ² (%)	71.5
10. Households using clean fuel for cooking ³ (%)	56.3
11. Households using iodized salt (%)	89.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	21.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.2
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	73.5
15. Women with 10 or more years of schooling (%)	37.1
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	31.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	2.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	15.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	84.4
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	65.3
21. Any modern method ⁶ (%)	54.0
22. Female sterilization (%)	28.2
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	2.1
25. Pill (%)	13.4
26. Condom (%)	8.8
27. Injectables (%)	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)	
28. Total unmet need ⁷ (%)	12.0
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 (%)	13.7
31. Current users ever told about side effects of current method ⁸ (%)	25.8

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

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.

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

⁽⁾ Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Paschim Barddhaman, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	70.3
33. Mothers who had at least 4 antenatal care visits (%)	70.4
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.6
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	57.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	30.8
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 (%)	64.1
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,020
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	70.5
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	89.8
43. Institutional births in public facility (%)	62.7
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	0.8
45. Births attended by skilled health personnel ¹⁰ (%)	91.3
46. Births delivered by caesarean section (%)	34.3
47. Births in a private health facility that were delivered by caesarean section (%)	69.1
48. Births in a public health facility that were delivered by caesarean section (%)	24.8
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 (%)	62.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	69.7
51. Children age 12-23 months who have received BCG (%)	95.9
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	62.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	90.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.4
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	48.6
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	60.6
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.6
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.4
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.8
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(81.2)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(48.9)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(69.7)
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 (%)	86.3

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

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

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

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.

Paschim Barddhaman, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	59.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	31.4
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} (%)	31.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	39.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	25.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	8.0
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	41.0
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.1
Nutritional Status of Women (age 15-49 years)	
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	18.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	20.4
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	67.1
Anaemia among Children and Women	07.1
	74.7
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%) 82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	66.5
83. Pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	
, , , ,	49.4
84. All women age 15-49 years who are anaemic ²² (%)	65.8
85. All women age 15-19 years who are anaemic ²² (%)	65.6
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.5
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.0
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.2
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	12.2
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.3
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	23.4
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) (%)	9.6
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.3
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
Men	
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.7
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood	
pressure (%)	20.7
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 (%)	1.3
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 (%)	11.8
102. Men age 15 years and above who use any kind of tobacco (%)	40.2
103. Women age 15 years and above who consume alcohol (%)	0.8
104. Men age 15 years and above who consume alcohol (%)	14.6

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.

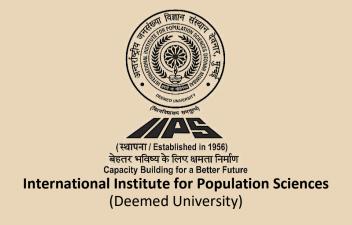
NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET PASCHIM MEDINIPUR WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Paschim Medinipur. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Paschim Medinipur, information was gathered from 910 households, 1,002 women, and 137 men.

Paschim Medinipur, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	72.1	74.7
2. Population below age 15 years (%)	23.4	25.2
3. Sex ratio of the total population (females per 1,000 males)	1,089	1,050
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,005	862
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.3	96.5
6. Deaths in the last 3 years registered with the civil authority (%)	78.8	na
7. Population living in households with electricity (%)	95.4	96.5
8. Population living in households with an improved drinking-water source ¹ (%)	95.5	96.9
9. Population living in households that use an improved sanitation facility ² (%)	58.3	43.8
10. Households using clean fuel for cooking ³ (%)	17.5	13.9
11. Households using iodized salt (%)	93.8	91.8
12. Households with any usual member covered under a health insurance/financing scheme (%)	25.8	29.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	41.5	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 (%)	26.2	24.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	55.7	52.6
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.4	0.9
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	25.0	15.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	67.3	47.2
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	60.7	73.8
21. Any modern method ⁶ (%)	55.6	62.0
22. Female sterilization (%)	32.1	38.9
23. Male sterilization (%)	0.4	0.0
24. IUD/PPIUD (%)	1.4	0.7
25. Pill (%)	18.0	20.3
26. Condom (%)	3.1	2.0
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	11.5	4.8
29. Unmet need for spacing ⁷ (%)	5.7	3.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	23.5	15.5
31. Current users ever told about side effects of current method8 (%)	49.3	61.6

Note: Major indicators are highlighted in grey. Indicator 10 includes households that have any type of toilet facility that household members usually use and households that do not use a toilet facility but report that they have access to a toilet facility.

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

na = Not available

· 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.

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

^() 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.

Paschim Medinipur, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	52.6	49.7
33. Mothers who had at least 4 antenatal care visits (%)	63.1	84.0
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.2	96.4
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	64.3	26.0
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	31.9	1.7
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	99.1	98.2
days of delivery (%)	79.7	74.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	3,388	2,837
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	*	(4.6)
days of delivery (%)	80.9	na
Delivery Care (for births in the 5 years before the survey)		
42. Institutional births (%)	87.6	77.7
43. Institutional births in public facility (%)	72.0	61.8
44. Home births that were conducted by skilled health personnel 10 (%)	5.1	7.3
45. Births attended by skilled health personnel ¹⁰ (%)	95.1	84.6
46. Births delivered by caesarean section (%)	23.1	21.1
47. Births in a private health facility that were delivered by caesarean section (%)	(63.6)	(71.7)
48. Births in a public health facility that were delivered by caesarean section (%)	18.3	15.6
Child Vaccinations and Vitamin A Supplementation		
 Children age 12-23 months fully vaccinated based on information from either vaccination card or mother's recall¹¹ (%) 	76.9	92.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	86.8	(92.3)
51. Children age 12-23 months who have received BCG (%)	100.0	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	80.1	96.1
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	93.7	98.1
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	89.3	96.1
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 (%)	0.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	89.0	82.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	78.3	81.9
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	93.3	98.0
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 (%)	6.3	5.3
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 (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	1.4	1.6
health provider (%)	72.1	(86.6)

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

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

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.

Paschim Medinipur, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	67.9	48.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	20.9	32.3
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} (%)	21.8	31.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	31.1	29.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	30.3	28.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	9.6	9.1
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	40.0	40.3
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	1.7	2.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	18.9	29.9
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	19.1	15.6
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 (%)	66.0	53.0
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	82.0	67.3
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(62.9)	(58.1)
84. All women age 15-49 years who are anaemic ²² (%)	`81.5 [°]	67.0
85. All women age 15-19 years who are anaemic ²² (%)	84.5	66.4
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.3	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 (%)	17.9	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.9	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	10.5	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	21.7	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) (%)	9.1	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 (%)	19.3	na
Men		
95. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10.7	na
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	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 (%)	19.0	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)		
101. Women age 15 years and above who use any kind of tobacco (%)	18.8	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 (%)	1.5	na
104. Men age 15 years and above who consume alcohol (%)	20.8	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).

18 Below -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



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET PURBA BARDDHAMAN WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators for Purba Barddhaman. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Purba Barddhaman, information was gathered from 915 households, 1,088 women, and 163 men.

Purba Barddhaman, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)
Population and Household Profile	Total
1. Female population age 6 years and above who ever attended school (%)	71.2
2. Population below age 15 years (%)	22.2
3. Sex ratio of the total population (females per 1,000 males)	1,067
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	877
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.6
6. Deaths in the last 3 years registered with the civil authority (%)	69.6
7. Population living in households with electricity (%)	96.8
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 (%)	64.2
10. Households using clean fuel for cooking ³ (%)	32.1
11. Households using iodized salt (%)	95.2
12. Households with any usual member covered under a health insurance/financing scheme (%)	37.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	17.5
Characteristics of Women (age 15-49 years)	
14. Women who are literate ⁴ (%)	73.2
15. Women with 10 or more years of schooling (%)	27.3
Marriage and Fertility	
16. Women age 20-24 years married before age 18 years (%)	50.4
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	21.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	80.4
Current Use of Family Planning Methods (currently married women age 15-49 years)	
20. Any method ⁶ (%)	67.9
21. Any modern method ⁶ (%)	58.5
22. Female sterilization (%)	37.2
23. Male sterilization (%)	0.0
24. IUD/PPIUD (%)	0.8
25. Pill (%)	15.9
26. Condom (%)	3.8
27. Injectables (%)	0.3
Unmet Need for Family Planning (currently married women age 15-49 years)	
28. Total unmet need ⁷ (%)	8.6
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 (%)	16.0
31. Current users ever told about side effects of current method ⁸ (%)	36.0

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

LHV = Lady health visitor, ANM = Auxiliary nurse midwife

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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

Purba Barddhaman, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)
Maternal and Child Health	Total
Maternity Care (for last birth in the 5 years before the survey)	
32. Mothers who had an antenatal check-up in the first trimester (%)	72.5
33. Mothers who had at least 4 antenatal care visits (%)	80.5
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	90.8
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	68.3
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	33.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	100.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	65.2
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	1,892
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.0
Delivery Care (for births in the 5 years before the survey)	
42. Institutional births (%)	96.0
43. Institutional births in public facility (%)	70.3
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.0
45. Births attended by skilled health personnel ¹⁰ (%)	94.3
46. Births delivered by caesarean section (%)	37.9
47. Births in a private health facility that were delivered by caesarean section (%)	88.4
48. Births in a public health facility that were delivered by caesarean section (%)	21.6
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 (%)	97.2
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	97.2
51. Children age 12-23 months who have received BCG (%)	100.0
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	97.2
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	100.0
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	100.0
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	54.8
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine 14 (%)	0.0
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	96.3
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	65.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	95.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	5.0
Treatment of Childhood Diseases (children under age 5 years)	
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	3.3
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 (%)	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 (%)	56.6

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.

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

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

¹³Not including polio vaccination given at birth.

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

Purba Barddhaman, West Bengal - Key Indicators

Tarba Bardanaman, West Bengar Rey maleators	
Indicators	NFHS-5 (2019-20)
Child Feeding Practices and Nutritional Status of Children	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	54.5
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	36.5
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} (%)	34.1
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	32.7
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	5.4
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	31.6
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/m²)²¹ (%)	16.3
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	23.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	73.0
Anaemia among Children and Women	70.0
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	71.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	78.4
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(63.7)
84. All women age 15-49 years who are anaemic ²² (%)	77.9
85. All women age 15-19 years who are anaemic ²² (%)	78.2
Blood Sugar Level among Adults (age 15 years and above)	
Women	
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.1
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	8.1
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.6
Men	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.0
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 (%)	21.8
Hypertension among Adults (age 15 years and above)	
Women	
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.5
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	5.7
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) (%)	11.5
96. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	3.8
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	18.4
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 (%)	0.1
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	
101. Women age 15 years and above who use any kind of tobacco (%)	9.9
102. Men age 15 years and above who use any kind of tobacco (%)	50.1
103. Women age 15 years and above who consume alcohol (%)	1.2
104. Men age 15 years and above who consume alcohol (%)	22.9

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).

18 Below -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.

NOTES



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET PURBA MEDINIPUR WEST BENGAL



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

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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 Purba Medinipur. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Purba Medinipur, information was gathered from 873 households, 957 women, and 131 men.

Purba Medinipur, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	83.0	78.8
2. Population below age 15 years (%)	23.9	24.7
3. Sex ratio of the total population (females per 1,000 males)	1,031	991
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	777	998
5. Children under age 5 years whose birth was registered with the civil authority (%)	99.3	99.0
6. Deaths in the last 3 years registered with the civil authority (%)	86.2	na
7. Population living in households with electricity (%)	99.0	97.9
8. Population living in households with an improved drinking-water source ¹ (%)	87.8	99.8
9. Population living in households that use an improved sanitation facility ² (%)	69.8	71.2
10. Households using clean fuel for cooking ³ (%)	17.0	10.9
11. Households using iodized salt (%)	90.0	86.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	21.5	33.8
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	23.3	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	77.0	na
15. Women with 10 or more years of schooling (%)	30.9	28.6
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	57.6	44.0
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.0
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	22.0	19.6
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	78.4	50.8
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	59.3	75.3
21. Any modern method ⁶ (%)	48.1	59.5
22. Female sterilization (%)	16.4	19.7
23. Male sterilization (%)	0.0	0.0
24. IUD/PPIUD (%)	1.2	8.0
25. Pill (%)	26.2	33.4
26. Condom (%)	3.5	4.6
27. Injectables (%)	0.1	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	12.3	6.0
29. Unmet need for spacing ⁷ (%)	4.1	2.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	20.6	7.3
31. Current users ever told about side effects of current method ⁸ (%)	50.0	27.5

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 completely.
³Electricity, LPG/natural gas, biogas.

Refers 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.

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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Purba Medinipur, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	69.3	41.9
33. Mothers who had at least 4 antenatal care visits (%)	56.8	79.3
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	87.1	98.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	51.6	29.6
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	32.9	5.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.8	97.5
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	48.5	60.4
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	4,390	19,721
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)		1.7
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	50 1	no
days of delivery (%)	58.1	na
Delivery Care (for births in the 5 years before the survey)	04.5	74.4
42. Institutional births (%)	91.5	74.1
43. Institutional births in public facility (%)	71.5	45.0
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	4.6	14.1
45. Births attended by skilled health personnel ¹⁰ (%)	94.6	87.8
46. Births delivered by caesarean section (%)	36.1	28.7
47. Births in a private health facility that were delivered by caesarean section (%)	76.0	57.2
48. Births in a public health facility that were delivered by caesarean section (%)	29.3	26.9
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 (%)	88.4	(92.6)
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	(74.3)	(97.3)
51. Children age 12-23 months who have received BCG (%)	100.0	(97.5)
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	90.6	(92.6)
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.7	(95.1)
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	91.7	(95.1)
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	52.5	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	9.5	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	90.0	(95.1)
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	83.7	82.1
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	98.0	(94.9)
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	(5.1)
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	8.9	7.5
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 (%)	3.8	3.2
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	(52.3)

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

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

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.

Purba Medinipur, West Bengal - Key Indicators

Purba Medinipur, West Bengar - Rey indicato		
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	59.4	28.1
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	*	*
69. Children age 6-8 months receiving solid or semi-solid food and breastmilk ¹⁶ (%)	*	*
70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)	21.5	16.4
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} (%)	20.9	17.4
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	25.8	29.9
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	15.5	24.5
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	3.0	5.7
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	30.6	32.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	3.1	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 (%)	16.5	19.4
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	27.4	20.9
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	66.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	67.5	42.5
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	70.5	59.2
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(66.4)	(52.9)
84. All women age 15-49 years who are anaemic ²² (%)	70.4	59.0
85. All women age 15-19 years who are anaemic ²² (%)	73.8	63.4
Blood Sugar Level among Adults (age 15 years and above)		55.1
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.8	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.0	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	21.3	na
Men	21.0	na
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.8	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	11.9	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	24.0	na
Hypertension among Adults (age 15 years and above)	21.0	i i i
Women		
92. Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.6	na
93. Moderately or severely elevated blood pressure (Systolic ≥160mm of Hg and/or Diastolic ≥100mm of Hg) (%)	4.7	na
94. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to	7.7	Πα
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) (%)	11.9	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 (%)	21.3	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.2	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.5	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 (%)	12.9	na
102. Men age 15 years and above who use any kind of tobacco (%)	40.1	na
100 144		
103. Women age 15 years and above who consume alcohol (%) 104. Men age 15 years and above who consume alcohol (%)	2.0 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).

18 Below -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.

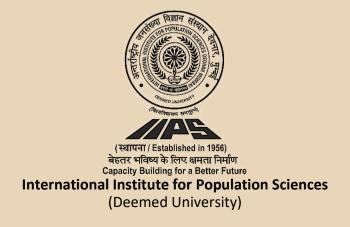


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

PURULIYA WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for Puruliya. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Puruliya, information was gathered from 912 households, 1,050 women, and 138 men.

Puruliya, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	63.6	53.6
2. Population below age 15 years (%)	25.4	28.8
3. Sex ratio of the total population (females per 1,000 males)	1,065	983
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	860	998
5. Children under age 5 years whose birth was registered with the civil authority (%)	95.3	95.9
6. Deaths in the last 3 years registered with the civil authority (%)	61.3	na
7. Population living in households with electricity (%)	88.6	82.3
8. Population living in households with an improved drinking-water source ¹ (%)	87.6	82.4
9. Population living in households that use an improved sanitation facility ² (%)	29.2	12.1
10. Households using clean fuel for cooking ³ (%)	23.2	6.8
11. Households using iodized salt (%)	89.7	93.9
12. Households with any usual member covered under a health insurance/financing scheme (%)	35.6	27.1
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	10.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	61.0	na
15. Women with 10 or more years of schooling (%)	26.9	15.7
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	37.0	43.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.9	1.2
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.0	21.7
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	72.7	48.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	51.0	69.0
21. Any modern method ⁶ (%)	41.3	50.5
22. Female sterilization (%)	26.5	38.2
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	2.4	8.0
25. Pill (%)	6.7	8.6
26. Condom (%)	4.0	2.5
27. Injectables (%)	0.5	0.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	16.1	9.1
29. Unmet need for spacing ⁷ (%)	6.3	5.1
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	21.2	19.7
31. Current users ever told about side effects of current method8 (%)	30.7	44.2

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Puruliya, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	59.1	52.5
33. Mothers who had at least 4 antenatal care visits (%)	57.8	68.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	91.2	89.9
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	53.4	34.9
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	26.4	3.6
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.0	100.0
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		
days of delivery (%)	51.5	59.7
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,478	1,647
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	(24.5)	8.0
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 (%)	89.8	72.9
43. Institutional births in public facility (%)	82.7	68.2
44. Home births that were conducted by skilled health personnel (%)	2.6	7.5
45. Births attended by skilled health personnel 10 (%)	91.4	79.9
46. Births delivered by caesarean section (%)	11.9	6.3
47. Births in a private health facility that were delivered by caesarean section (%)	*	*
48. Births in a public health facility that were delivered by caesarean section (%)	8.2	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 (%)	84.7	87.4
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	87.0	94.6
51. Children age 12-23 months who have received BCG (%)	96.6	96.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	88.2	89.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	91.6	93.5
53. Children age 12-23 months who have received 5 doses of penta of DFT vaccine (%) 54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	93.2	93.9
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	52.0	
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%)	3.3	na na
57. Children age 12-23 months who have received 3 doses of rotavirus vaccine (%)	93.1	92.2
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	68.0	80.2
59. Children age 12-23 months who received a warmin A dose in the last 6 months (%)	90.9	100.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.2	0.0
	2.2	0.0
Treatment of Childhood Diseases (children under age 5 years)	0.0	6.0
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	9.0	6.3
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(72.8)	*
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(35.6)	*
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(76.0)	2.0
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey taken to a health facility or	4.0	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 (%)	66.7	(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.

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

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

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.

Puruliva, West Bengal - Key Indicators

Indicators	Furullya, West Bellgar - Rey Indicators		
Child Feeding Practices and Nutritional Status of Children Total 67. Children under age 3 years breastled within one hour of birth¹5(%) 62.5 59.4 68. Children under age 3 years breastled within one hour of birth¹5(%) (60.9) (50.7) 69. Children age 6-2 months receiving gold or semi-solid food and breastmiik¹⁴ (%) 25.1 (57.7) 71. Non-breastleeding children age 6-23 months receiving an adequate diet⁴.** (%) 24.6 18.6 73. Children under 5 years who are sturted (height-for-legipt¹) (%) 36.9 45.5 73. Children under 5 years who are swated (weight-for-legipt¹) (%) 7.9 11.3 75. Children under 5 years who are severely wasted (weight-for-height)² (%) 7.9 11.3 75. Children under 5 years who are severely wasted (weight-for-height)² (%) 7.9 11.0 75. Children under 5 years who are wested (weight-for-height)² (%) 7.0 10.0 1.1 75. Children under 5 years who are everweight (weight-for-seight)² (%) 7.0 46.3 58.2 77. Children under 5 years who are everweight (weight-for-height)² (%) 3.0 4.5 4.6 58.2 77. Children under 5 years who are everweight (weight-for-seight)² (%) 3.0 4.5 4.6 </th <th></th> <th>NFHS-5</th> <th>NFHS-4</th>		NFHS-5	NFHS-4
6.7. Children under age 3 years breastfed within one hour of birth. (%) 8. Children under age 6 months exclusively breastfed (%) 8. Children age 6-8 months receiving solid or semi-solid food and breastmilk. (%) 7. Or breastfeeding children age 6-23 months receiving an adequate diet. (%) 7. The children age 6-23 months receiving an adequate diet. (%) 8. 15. 7 7. Total children age 6-23 months receiving an adequate diet. (%) 8. 24. 6 18.6 7. 25. Total children age 6-23 months receiving an adequate diet. (%) 8. 36. 9 45.5 7. Children under 5 years who are subrated (height-for-age) (%) 8. 45. 5 7. Children under 5 years who are variety (height-for-age) (%) 8. 50. Children under 5 years who are variety (height-for-age) (%) 7. Children under 5 years who are variety (height-for-age) (%) 8. 6 Children under 5 years who are verweight (height-for-age) (%) 8. 6 Children under 5 years who are verweight (height-for-age) (%) 8. 6 Children under 5 years who are verweight (height-for-age) (%) 8. 6 Children under 5 years who are verweight (height-for-age) (%) 8. 6 Children under 5 years who are verweight (height-for-age) (%) 8. 6 Children under 5 years who are verweight (height-for-age) (%) 8. 6 Children under 5 years who are verweight (height-for-age) (%) 8. 6 Children under 5 years who are verweight (height-for-age) (%) 8. 7 Pay Women who are overweight or obese (BMI ≥25.0 kg/m²) (%) 8. 7 Pay Women who are overweight or obese (BMI ≥25.0 kg/m²) (%) 8. 10 Nomen who have high risk wais-to-hip ratio (≥0.85) (%) 8. 10 Nomen who have high risk wais-to-hip ratio (≥0.85) (%) 8. 11 Nomen who are overweight or obese (BMI ≥25.0 kg/m²) (%) 8. 12 Nom-pregnant women age 15-49 years who are anaemic (≥1.0 g/dl) (2 (%) 8. 12 Nom-pregnant women age 15-49 years who are anaemic (≥1.0 g/dl) (2 (%) 8. 12 Nom-pregnant women age 15-49 years who are anaemic (≥1.0 g/dl) (2 (%) 8. 13 Nomen age 15-49 years who are anaemic (≥1.0 g/dl) (2 (%) 8. 14 Nomen who are verweight (≥1.0 g/dl) (2 (%) 8. 15 Nomen who are verweight	Indicators	(2019-20)	(2015-16)
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70. Breastfeeding children age 6-23 months receiving an adequate diet ^{6, 17} (%) 25. 15.7 71. Non-breastfeeding children age 6-23 months receiving an adequate diet ^{6, 17} (%) 26. 18.6 73. Children under 5 years who are sutned (height-for-age) ¹⁸ (%) 29.4 45.5 74. Children under 5 years who are sustned (weight-for-height) ¹⁸ (%) 79. 11.3 75. Children under 5 years who are severely wasted (weight-for-height) ¹⁸ (%) 46.3 58.2 77. Children under 5 years who are overweight (weight-for-height) ¹⁸ (%) 1.0 1.1 17. Children under 5 years who are overweight (weight-for-height) ¹⁸ (%) 46.3 58.2 77. Children under 5 years who are overweight (weight-for-height) ¹⁸ (%) 1.0 1.1 18. Women whose Body Mass Index (BMI) is below normal (BMI <8.5 kg/m²) ²¹ (%) 33.7 47.5 78. Women whose Body Mass Index (BMI) is below normal (BMI <8.5 kg/m²) ²¹ (%) 51.6 na 8. Children and Women 79. 66.8 1.0 na 8. Children under 5 years who are anaemic (<10.0 g/d) ¹² (%) 77.9 66.8 8. Don-pregnant women age 15-49 years who are anaemic (<11.0 g/d) ¹² (%) 77.9 66.8 8. Don-pregnant women age 15-49 years who are anaemic (<12.0 g/d) ¹² (%) 78.9	68. Children under age 6 months exclusively breastfed16 (%)	(60.9)	(50.7)
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17. Total children age 0-23 months receiving an adequate diet **. **T (%)	70. Breastfeeding children age 6-23 months receiving an adequate diet ^{16, 17} (%)		15.7
7.3. Children under 5 years who are satunted (height-for-age) % (%) 29.4 34.6 7.4. Children under 5 years who are wasted (weight-for-height) % (%) 7.9 11.3 7.6. Children under 5 years who are severely wasted (weight-for-height) % (%) 1.0 58.2 7.6. Children under 5 years who are overweight (weight-for-height) % (%) 1.0 1.1 Nurritional Status of Women (age 15-49 years) ************************************		*	*
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103. Women age 15 years and above who consume alcohol (%)			
	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).

18 Below -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.



NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET SOUTH TWENTY FOUR PARGANAS WEST BENGAL



Introduction

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

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

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

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

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

This fact sheet provides information on key indicators and trends for South Twenty Four Parganas. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In South Twenty Four Parganas, information was gathered from 917 households, 1,089 women, and 148 men.

South Twenty Four Parganas, West Bengal - Key Indicators

Toda i ai ganao, i rost Bongar i toy i		
	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	80.9	76.5
2. Population below age 15 years (%)	25.5	26.7
3. Sex ratio of the total population (females per 1,000 males)	1,055	1,036
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,099	1,066
5. Children under age 5 years whose birth was registered with the civil authority (%)	97.6	98.5
6. Deaths in the last 3 years registered with the civil authority (%)	84.1	na
7. Population living in households with electricity (%)	99.2	88.2
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	99.9
9. Population living in households that use an improved sanitation facility ² (%)	70.1	53.9
10. Households using clean fuel for cooking ³ (%)	36.2	19.3
11. Households using iodized salt (%)	94.1	94.6
12. Households with any usual member covered under a health insurance/financing scheme (%)	36.7	25.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	21.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	85.6	na
15. Women with 10 or more years of schooling (%)	34.9	22.8
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	41.9	48.8
17. Births in the 5 years preceding the survey that are third or higher order (%)	0.0	0.6
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	13.1	19.3
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	80.3	49.3
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	82.9	68.6
21. Any modern method ⁶ (%)	67.9	60.4
22. Female sterilization (%)	21.9	15.9
23. Male sterilization (%)	0.1	0.2
24. IUD/PPIUD (%)	2.8	1.8
25. Pill (%)	34.8	34.5
26. Condom (%)	5.4	7.7
27. Injectables (%)	1.1	0.1
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	3.7	7.3
29. Unmet need for spacing ⁷ (%)	1.7	3.0
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	17.7	16.6
31. Current users ever told about side effects of current method ⁸ (%)	54.5	64.4

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 completely.
³Electricity, LPG/natural gas, biogas.

Refers 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.

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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

South Twenty Four Parganas, West Bengal - Key Indicators

Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Maternal and Child Health	Total	Total
Maternity Care (for last birth in the 5 years before the survey)		
32. Mothers who had an antenatal check-up in the first trimester (%)	77.1	49.6
33. Mothers who had at least 4 antenatal care visits (%)	87.5	75.6
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.4	96.0
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	67.2	23.7
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	32.7	3.9
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	98.6	97.7
38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.0	50.8
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,142	3,840
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	*	5.1
41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2		0.1
days of delivery (%)	70.8	na
Delivery Care (for births in the 5 years before the survey)	7 0.0	110
42. Institutional births (%)	91.0	52.2
43. Institutional births (70)	77.7	35.8
44. Home births that were conducted by skilled health personnel ¹⁰ (%)	2.2	13.4
45. Births attended by skilled health personnel 10 (%)	93.2	67.2
46. Births delivered by caesarean section (%)	26.6	16.9
47. Births in a private health facility that were delivered by caesarean section (%)	(72.3)	44.9
48. Births in a public health facility that were delivered by caesarean section (%)	21.8	26.7
	21.0	20.7
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 (%)	91.7	94.8
50. Children age 12-23 months fully vaccinated based on information from vaccination card only ¹² (%)	96.3	97.1
51. Children age 12-23 months who have received BCG (%)	100.0	98.3
52. Children age 12-23 months who have received 3 doses of polio vaccine ¹³ (%)	95.1	94.8
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	94.9	94.8
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	94.8	98.3
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	37.4	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	1.7	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	95.0	91.7
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	58.8	80.2
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	100.0	96.0
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	0.0	4.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	4.5	5.9
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 (%)	1.6	3.2
66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or		
health provider (%)	(60.9)	81.7

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

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

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.

South Twenty Four Parganas, West Bengal - Key Indicators

Court I Wellty I out I digallas, West Bellgar Rey II	Idicator	
Indicators	NFHS-5 (2019-20)	NFHS-4 (2015-16)
Child Feeding Practices and Nutritional Status of Children	Total	Total
67. Children under age 3 years breastfed within one hour of birth ¹⁵ (%)	46.2	59.3
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(73.5)	*
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} (%)	27.2	23.5
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} (%)	27.6	24.8
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	36.7	27.3
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	21.2	20.1
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	11.8	5.9
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.2	27.8
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	7.0	0.6
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	9.9	18.8
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	21.2	22.6
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	86.0	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	70.4	65.2
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	62.1	67.6
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	(47.4)	(50.3)
84. All women age 15-49 years who are anaemic (*11.0 g/di) (70)	61.6	66.8
85. All women age 15-19 years who are anaemic ²² (%)	57.3	64.2
Blood Sugar Level among Adults (age 15 years and above)	37.0	04.2
Women		
	7.2	no
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	7.2 8.2	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)		na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	16.5	na
Men 20 Fl - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	0.0	
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	9.8	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 (%)	21.3	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) (%)	13.5	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	21.5	no
control blood pressure (%) Men	21.5	na
	12.0	no
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) (%)	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 (%)	19.1	na
Screening for Cancer among Women (age 30-49 years)		
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.2	na
Tobacco Use and Alcohol Consumption among Adults (age 15 years and above)	3.2	
101. Women age 15 years and above who use any kind of tobacco (%)	6.3	na
102. Men age 15 years and above who use any kind of tobacco (%)	49.8	na
103. Women age 15 years and above who consume alcohol (%)	0.4	na
104. Men age 15 years and above who consume alcohol (%)	16.5	na
		=

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

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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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²⁵Random blood sugar measurement.

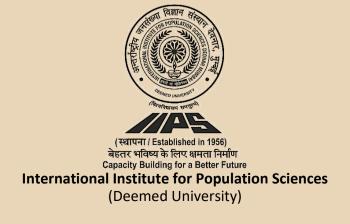


NATIONAL FAMILY HEALTH SURVEY - 5

2019-20

DISTRICT FACT SHEET

UTTAR DINAJPUR WEST BENGAL



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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 Uttar Dinajpur. NFHS-5 fieldwork for West Bengal was conducted from 21 June, 2019 to 8 November, 2019 by Indian Institute of Health Management Research (IIHMR). In Uttar Dinajpur, information was gathered from 922 households, 1,129 women, and 157 men.

Uttar Dinajpur, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(2015-16)
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)	68.1	60.1
2. Population below age 15 years (%)	29.2	36.8
3. Sex ratio of the total population (females per 1,000 males)	1,093	1,023
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,155	937
5. Children under age 5 years whose birth was registered with the civil authority (%)	98.2	88.5
6. Deaths in the last 3 years registered with the civil authority (%)	66.5	na
7. Population living in households with electricity (%)	96.9	90.3
8. Population living in households with an improved drinking-water source ¹ (%)	99.8	97.9
9. Population living in households that use an improved sanitation facility ² (%)	63.8	33.3
10. Households using clean fuel for cooking ³ (%)	27.2	12.3
11. Households using iodized salt (%)	93.7	97.3
12. Households with any usual member covered under a health insurance/financing scheme (%)	21.0	27.3
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	4.1	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	65.4	na
15. Women with 10 or more years of schooling (%)	29.3	17.0
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	30.3	39.7
17. Births in the 5 years preceding the survey that are third or higher order (%)	1.8	3.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	12.7	17.4
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	79.6	31.7
Current Use of Family Planning Methods (currently married women age 15–49 years)		
20. Any method ⁶ (%)	81.2	54.7
21. Any modern method ⁶ (%)	60.9	43.6
22. Female sterilization (%)	25.9	19.3
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	1.5	0.7
25. Pill (%)	20.7	17.6
26. Condom (%)	9.5	4.6
27. Injectables (%)	1.4	1.0
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)	4.4	14.4
29. Unmet need for spacing ⁷ (%)	3.3	4.9
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	10.3	12.5
31. Current users ever told about side effects of current method8 (%)	50.6	51.8

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 completely. ³Electricity, LPG/natural gas, biogas.

Refers 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.

- 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.

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

^() Based on 25-49 unweighted cases
* Percentage not shown; based on fewer than 25 unweighted cases

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:

Uttar Dinajpur, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(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 (%)	76.6	36.9
33. Mothers who had at least 4 antenatal care visits (%)	70.1	43.1
34. Mothers whose last birth was protected against neonatal tetanus ⁹ (%)	96.7	88.2
35. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	59.3	6.1
36. Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	28.9	1.2
37. Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%) 38. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	97.8	96.8
days of delivery (%)	60.9	46.3
39. Average out-of-pocket expenditure per delivery in a public health facility (Rs.)	2,706	3,729
40. Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%) 41. Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2	6.5	3.8
days of delivery (%)	69.4	na
Delivery Care (for births in the 5 years before the survey)	70.0	47.0
42. Institutional births (%)	76.9	47.0
43. Institutional births in public facility (%)	58.9	37.6
44. Home births that were conducted by skilled health personnel ¹⁰ (%) 45. Births attended by skilled health personnel ¹⁰ (%)	7.8 84.7	12.0 58.4
46. Births delivered by caesarean section (%)	22.0	12.6
47. Births in a private health facility that were delivered by caesarean section (%)	77.7	(67.6)
48. Births in a public health facility that were delivered by caesarean section (%)	13.7	16.6
Child Vaccinations and Vitamin A Supplementation	10.7	10.0
49. Children age 12-23 months fully vaccinated based on information from either vaccination card or		
mother's recall ¹¹ (%)	84.4	66.0
50. Children age 12-23 months fully vaccinated based on information from vaccination card only 12 (%)	86.4	85.3
51. Children age 12-23 months who have received BCG (%)	97.5	92.6
52. Children age 12-23 months who have received 3 doses of polio vaccine 13 (%)	88.4	74.4
53. Children age 12-23 months who have received 3 doses of penta or DPT vaccine (%)	92.4	75.4
54. Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)	88.5	73.5
55. Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)	51.9	na
56. Children age 12-23 months who have received 3 doses of rotavirus vaccine ¹⁴ (%)	0.0	na
57. Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	91.3	71.1
58. Children age 9-35 months who received a vitamin A dose in the last 6 months (%)	67.4	56.5
59. Children age 12-23 months who received most of their vaccinations in a public health facility (%)	97.2	91.5
60. Children age 12-23 months who received most of their vaccinations in a private health facility (%)	2.9	6.0
Treatment of Childhood Diseases (children under age 5 years)		
61. Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	7.9	7.9
62. Children with diarrhoea in the 2 weeks preceding the survey who received oral rehydration salts (ORS) (%)	(64.9)	(67.6)
63. Children with diarrhoea in the 2 weeks preceding the survey who received zinc (%)	(50.6)	(22.4)
64. Children with diarrhoea in the 2 weeks preceding the survey taken to a health facility or health provider (%)	(82.5)	(74.1)
65. Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%) 66. Children with fever or symptoms of ARI in the 2 weeks preceding the survey taken to a health facility or	4.3	6.3
health provider (%)	84.1	61.1

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

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

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 Dinajpur, West Bengal - Key Indicators

	NFHS-5	NFHS-4
Indicators	(2019-20)	(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 (%)	60.2	44.2
68. Children under age 6 months exclusively breastfed ¹⁶ (%)	(66.4)	67.8
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} (%)	22.4	15.2
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} (%)	20.4	15.2
73. Children under 5 years who are stunted (height-for-age) ¹⁸ (%)	44.8	40.4
74. Children under 5 years who are wasted (weight-for-height) ¹⁸ (%)	16.0	14.0
75. Children under 5 years who are severely wasted (weight-for-height) ¹⁹ (%)	7.2	5.6
76. Children under 5 years who are underweight (weight-for-age) ¹⁸ (%)	32.0	34.7
77. Children under 5 years who are overweight (weight-for-height) ²⁰ (%)	7.1	2.0
Nutritional Status of Women (age 15-49 years)		
78. Women whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m²)²¹ (%)	16.5	25.7
79. Women who are overweight or obese (BMI ≥25.0 kg/m²)²¹ (%)	14.6	11.1
80. Women who have high risk waist-to-hip ratio (≥0.85) (%)	71.2	na
Anaemia among Children and Women		
81. Children age 6-59 months who are anaemic (<11.0 g/dl) ²² (%)	77.2	64.4
82. Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) ²² (%)	71.9	61.7
83. Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) ²² (%)	84.4	69.7
84. All women age 15-49 years who are anaemic ²² (%)	72.4	62.1
85. All women age 15-19 years who are anaemic ²² (%)	63.6	58.2
Blood Sugar Level among Adults (age 15 years and above)		
Women		
86. Blood sugar level - high (141-160 mg/dl) ²³ (%)	8.0	na
87. Blood sugar level - very high (>160 mg/dl) ²³ (%)	4.7	na
88. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	13.6	na
Men		
89. Blood sugar level - high (141-160 mg/dl) ²³ (%)	10.3	na
90. Blood sugar level - very high (>160 mg/dl) ²³ (%)	7.7	na
91. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level ²³ (%)	18.8	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) (%)	10.4	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	40.0	
control blood pressure (%)	16.3	na
Men	45.0	
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) (%)	4.8	na
97. Elevated blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure (%)	23.8	na
Screening for Cancer among Women (age 30-49 years)	20.0	na
98. Ever undergone a screening test for cervical cancer (%)	0.0	na
99. Ever undergone a breast examination for breast cancer (%)	0.0	na
100. Ever undergone an oral cavity examination for oral cancer (%)	0.0	na
	0.0	Πü
Lobacco Use and Alcohol Consumption among Adults (age 15 years and above)	40.0	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 (%)	10.7	
101. Women age 15 years and above who use any kind of tobacco (%)	10.2 49.1	na na
	49.1 1.7	na 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).

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

19 Below -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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