



National Family Health Survey-5

About

▪ National Family Health Survey (NFHS):

- The **NFHS** is a large-scale, multi-round survey conducted in a representative sample of households throughout India.

▪ Conducted By:

- The **Ministry of Health and Family Welfare (MoHFW)** has designated the **International Institute for Population Sciences (IIPS) Mumbai**, as the **nodal agency** for providing coordination and technical guidance for the survey.
- IIPS collaborates with a number of Field Organizations (FO) for survey implementation.

▪ Goals:

- Each successive round of the NFHS has had two specific goals:
 - To provide essential data on health and family welfare needed by the Ministry of Health and Family Welfare and other agencies for policy and programme purposes.
 - To provide information on important emerging health and family welfare issues.
- The survey provides **state and national information** for India on:
 - Fertility
 - Infant and child mortality
 - The practice of family planning
 - Maternal and child health
 - Reproductive health
 - Nutrition
 - Anaemia
 - Utilization and quality of health and family planning services.

▪ Funding:

- The funding for different rounds of NFHS has been provided by **USAID, the Bill and Melinda Gates Foundation, UNICEF, UNFPA**, and **MoHFW (Government of India)**.

History of NFHS

- **Objective:** 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-1:** The **NFHS-1** was conducted in **1992-93**.

- **NFHS-2:** The **NFHS-2** was conducted in **1998-99** in **all 26 states of India**.

- The project was funded by the **USAID**, with additional support from **UNICEF**.

- **NFHS-3:** The **NFHS-3** was carried out in **2005-2006**.

- NFHS-3 funding was provided by the USAID, the **Department for International**

Development (UK), the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and the Government of India.

- **NFHS-4: The NFHS-4 in 2014-2015.**
 - In addition to the **29 states**, NFHS-4 **included all six union territories** for the first time and provided estimates of most indicators at the district level for all **640 districts in the country** as per the **2011 census**.
 - The survey covered a range of health-related issues, including fertility, infant and child mortality, maternal and child health, perinatal mortality, adolescent reproductive health, high-risk sexual behaviour, safe injections, tuberculosis, and malaria, non-communicable diseases, domestic violence, HIV knowledge, and attitudes toward people living with HIV.

National Family Health Survey-5

- The NFHS-5 has captured the data during 2019-20 and has been conducted in around 6.1 lakh households.
 - Many indicators of NFHS-5 are similar to those of NFHS-4, carried out in 2015-16 to make possible comparisons over time.
 - Phase 2 of the survey (covering remaining states) was delayed due to the **Covid-19 pandemic** and its results were released in September 2021.
- 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.
 - It provides an indicator for tracking 30 **Sustainable Development Goals (SDGs)** that the country aims to achieve by 2030.
- 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.**
 - NFHS-5 includes new focal areas that will give requisite input for strengthening existing programmes and evolving new strategies for policy intervention. The areas are:
 - Expanded domains of child immunization
 - Components of micro-nutrients to children
 - Menstrual hygiene
 - Frequency of alcohol and tobacco use
 - Additional components of non-communicable diseases (NCDs)
 - Expanded age ranges for measuring hypertension and diabetes among all aged 15 years and above.
- In 2019, for the first time, the NFHS-5 sought details on the percentage of women and men who have ever used the Internet.

Key Findings of NFHS-5

- **Sex Ratio:** NFHS-5 data shows that there were 1,020 women for 1000 men in the country in 2019-2021.
 - This is the highest sex ratio for any NFHS survey as well as since the first modern synchronous census conducted in 1881.
 - In the 2005-06 NFHS, the sex ratio was 1,000 or women and men were equal in number.
- **Sex Ratio at Birth:** For the first time in India, between 2019-21, there were 1,020 adult women per 1,000 men.
 - However, the data shall not undermine the fact that India still has a sex ratio at birth (SRB)

more skewed towards boys than the natural SRB (which is 952 girls per 1000 boys).

- Uttar Pradesh, Haryana, Punjab, Rajasthan, Bihar, Delhi, Jharkhand, Andhra Pradesh, Tamil Nadu, Odisha, Maharashtra are the major states with low SRB.

▪ **Total Fertility Rate (TFR):** The TFR has also come down below the threshold at which the population is expected to replace itself from one generation to next.

- TFR was 2 in 2019-2021, just below the replacement fertility rate of 2.1.

- In rural areas, the TFR is still 2.1.
- In urban areas, TFR had gone below the replacement fertility rate in the 2015-16 NFHS itself.

- A decline in TFR, which implies that a lower number of children are being born, also entails that India's population would become older.
- The survey shows that the share of under-15 population in the country has therefore further declined from 28.6% in 2015-16 to 26.5% in 2019-21.

▪ **Children's Nutrition:** Child Nutrition indicators show a slight improvement at all-India level as Stunting has declined from 38% to 36%, wasting from 21% to 19% and underweight from 36% to 32% at all India level.

- In all phase-II States/UTs the situation has improved in respect of child nutrition but the change is not significant as drastic changes in respect of these indicators are unlikely in a short span period.

- The share of overweight children has increased from 2.1% to 3.4%.

▪ **Anaemia:** The incidence of anaemia in under-5 children (from 58.6 to 67%), women (53.1 to 57%) and men (22.7 to 25%) has worsened in all States of India (20%-40% incidence is considered moderate).

- Barring Kerala (at 39.4%), all States are in the "severe" category.

▪ **Immunization:** Full immunization drive among children aged 12-23 months has recorded substantial improvement from 62% to 76% at all-India level.

- 11 out of 14 States/UTs have more than three-fourth of children aged 12-23 months with fully immunization and it is highest (90%) for Odisha.

▪ **Institutional Births:** Institutional births have increased substantially from 79% to 89% at all-India Level.

- Institutional delivery is 100% in Puducherry and Tamil Nadu and more than 90% in 7 States/UTs out of 12 Phase II States/UTs.
- Along with an increase in institutional births, there has also been a substantial increase in C-section deliveries in many States/UTs especially in private health facilities.

- It calls into question unethical practices of private health providers who prioritise monetary gain over women's health and control over their bodies.

▪ **Family Planning:** Overall Contraceptive Prevalence Rate (CPR) has increased substantially from 54% to 67% at all-India level and in almost all Phase-II States/UTs with an exception of Punjab.

- Use of modern methods of contraceptives has also increased in almost all States/UTs.
- Unmet needs of family Planning have witnessed a significant decline from 13% to 9% at all-India level and in most of the Phase-II States/UTs.
- The unmet need for spacing which remained a major issue in India in the past has come down to less than 10% in all the States except Jharkhand (12%), Arunachal Pradesh (13%) and Uttar Pradesh (13%).

▪ **Breastfeeding to Children's:** Exclusive breastfeeding to children under age 6 months has shown an improvement in all-India level from 55% in 2015-16 to 64% in 2019-21. All the phase-II States/UTs are also showing considerable progress.

▪ **Women Empowerment:** Women's empowerment indicators portray considerable improvement at all India level and across all the phase-II States/UTs.

- Significant progress has been recorded between NFHS-4 and NFHS-5 in regard to women operating bank accounts from 53% to 79% at all-India level.
- More than 70% of women in every state and UTs in the second phase have operational bank accounts.

Key Terms

- **Total Fertility Rate (TFR)** indicates the average number of children expected to be born to a woman during her reproductive span of 15-49 years.
 - **The replacement level** is the number of children needed to replace the parents, after accounting for fatalities, skewed sex ratio, infant mortality, etc. Population starts falling below this level.
- **Contraceptive Prevalence Rate (CPR)** is the proportion of women who are currently using, or whose sexual partner is currently using, at least one method of **contraception**, regardless of the method being used.
 - It is reported as a **percentage** with reference to women of respective marital status and age group.
- **Sex ratio at birth (SRB)** is defined as the number of female births per 1,000 male births. The SRB is a key indicator of a son's preference vis-à-vis daughters.
- **Stunting** is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation.
 - It is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life.
- **Wasting** is defined as **low weight-for-height**. It often indicates recent and severe weight loss, although it can also persist for a long time. Wasting in children is associated with a higher risk of death if not treated properly.
- **Infant Mortality Rate (IMR)** is defined as the 'number of deaths of children under the age of 1 year per 1000 live births for a given year.
 - The country's average IMR stands at 32 per 1,000 live births which includes an average 36 deaths for rural and 23 for urban areas.