

National Family Health Survey (NFHS) – 5 report

December 26, 2020

Good health benefits not only the individual, but the nation as well. The NFHS gives a detailed picture of the performance of India's population in various health indicators. It helps in analyzing the success or failure of various policy measures and programmes initiated over the last few years. To address the lacunae mentioned in the report, a comprehensive and coordinated approach with better governance and cooperation of civil society is needed.

In news: NFHS-5 report has been released.

Placing it in syllabus: Governance

Dimensions

1. About NFHS
2. Highlights of the report
3. Data on malnutrition
4. Government interventions to tackle malnutrition
5. Way ahead

Content:

About NFHS:

- The National Family Health Survey (NFHS) is a **large-scale, multi-round survey** conducted in a **representative sample of households throughout India.**
- 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.

- Its **two specific goals** are a) to provide essential data on health and family welfare needed by the Ministry of Health and Family Welfare (MOHFW) and other agencies for policy and programme purposes, and b) to provide information on important emerging health and family welfare issues.
- **International Institute for Population Sciences (IIPS), Mumbai** is the nodal agency, responsible for providing coordination and technical guidance for the survey.
- The funding for different rounds of NFHS has been provided by USAID, DFID, the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and MOHFW, GOI.
- The **2019-20 survey is the fifth edition of NFHS.**
- The first four editions of surveys **were conducted in 1992-93, 1998-99, 2005-06 and 2015-16.**
- Seven lakh households are being covered and **67 indicators are being used to cover the NFHS 5 data.**

The International Institute for Population Sciences (IIPS)

- It serves as a regional Institute for Training and Research in Population Studies for the ESCAP region.
- It was established in Mumbai in July 1956 under the joint sponsorship of Sir Dorabji Tata Trust, the Government of India and the United Nations,
- Until July 1970 it was known as the Demographic Training and Research Centre (DTRC) and till 1985 it was known as the International Institute for Population Studies (IIPS).
- The Institute was re-designated to its present title in 1985 and was declared as a **'Deemed University'** on August 19, 1985 under Section 3 of the UGC Act, 1956.
- It is the premier Institute for training and research in Population Studies for developing countries in the Asia

and Pacific region.

- IIPS holds a unique position among all the regional centres, in that it was the first such centre to be started, and serves a much larger population than that served by any of the other regional centres.
- The Institute is under the **administrative control of the Ministry of Health and Family Welfare**, Government of India.
- Besides teaching and research activities, the Institute also provides consultancy to the Government and NGOs and other academic institutions.

Objectives:

- To train persons from India and other countries in demography and related fields, including demographic aspects of family planning.
- To undertake scientific research on population problems which are of special importance to India and other countries in the ESCAP region.
- To collect, organize and disseminate demographic information about the population of India and other countries of the world.
- To provide services of research, evaluation, training, consultation and guidance related to demographic problems to government departments, public corporations or private establishments.
- To undertake, organize and facilitate study courses, conferences, lectures, seminars.
- To undertake and provide for publication of journals and research papers, books and to establish, maintain libraries and information service.

Highlights of the report:

- 17 states are analyzed in the fifth round of NFHS.
- India's population is stabilising, as the **total**

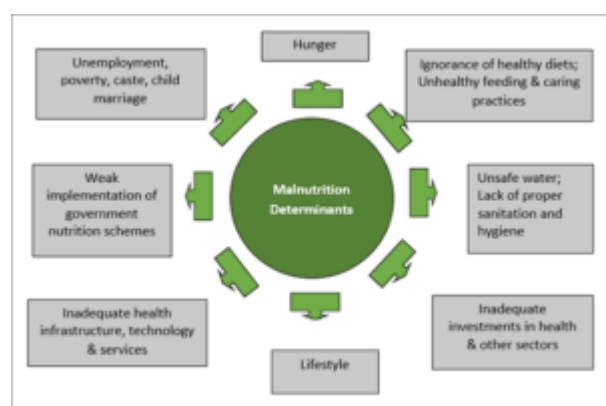
fertility rate (TFR) has decreased across the majority of the states.

- **Except for Bihar, Manipur and Meghalaya**, all other states have a TFR of 2.1 or less.
- All 17 states have witnessed an **increase in the use of modern contraceptives** of family planning.
- Female sterilisation continues to dominate as the modern method of contraception in states like Andhra Pradesh, Telangana, Kerala, Karnataka, Bihar and Maharashtra.
- In **all the states, anaemia is much higher among women compared to men**. The share of anaemic men and women was the highest in West Bengal, while Gujarat had the highest share of anaemic children.
- There is an **increase in child marriages** in a number of states, highest being in West Bengal, Bihar, Tripura, Manipur and Assam.
- States such as Manipur, Andhra Pradesh, Himachal Pradesh and Nagaland have shown an **increase in teenage pregnancies**.
- Though **spousal violence** has declined in most of the states and UTs, it has witnessed an increase in five states – Sikkim, Maharashtra, Himachal Pradesh, Assam and Karnataka.
- **Karnataka witnessed the largest increase in spousal violence**, from 20.6 percent in NFHS 4 to 44.4 percent in NFHS-5.
- **Sexual violence has increased** in five states – Assam, Karnataka, Maharashtra, Meghalaya and West Bengal.
- The share of **households having access to some basic amenities has increased in most of the states** – the share of the population living in households with electricity increased in 19 states, with improved sources of drinking-water increased in 20 states; with improved sanitation facilities increased in 21 states and the share of households using clean cooking fuel increased in all 22 states and UTs.
- Though all of India's households have access to a

toilet, a quarter of the population lives in households that do not have an exclusively used improved toilet and they may be using a facility common to multiple households.

Data on malnutrition:

In Child malnutrition parameters – such as **infant and child mortality (under 5 years of age), child stunting (low height for one's age), child wasting (low weight for one's height) and proportion of underweight children** – several states have either been stagnant or worsened. Children born between 2014 and 2019 (that is, 0 to 5 years of age) are more malnourished than the previous generation. NFHS 4, which was conducted in 2015-16, had recorded a drop in child malnutrition levels.



The share of children who were stunted increased in 13 states, while the share of children who had low weight for their height increased in 12 states. The share of underweight and overweight children also increased in 16 and 20 states, respectively. The under-five mortality rate (probability of dying between birth and five years of age expressed per 1,000 live births), decreased in 18 of the 22 states.

The reversal in the proportion of children who are stunted is the most worrisome because unlike wasting and being underweight, **stunting represents chronic malnutrition**. Another cause of concern is the fact that the first phase data is pre-pandemic and it is quite likely that the second phase which

will also incorporate Covid's impact may show even poorer results.

The latest round of the survey reported an **increased share of men and women who were overweight or obese**. Among major states and UTs, the **share of obese women increased the most in Karnataka**, by 6.8 percentage points, and the **share of obese men increased the most in Jammu and Kashmir**, by 11.1 percentage points.

Government interventions to tackle malnutrition:

Various government initiatives have been launched over the years to improve the nutrition status in the country. These include the *Integrated Child Development Services (ICDS)*, the *National Health Mission*, the *Janani Suraksha Yojana*, the *Matritva Sahyog Yojana*, the *Mid-Day Meal Scheme*, and the *National Food Security Mission*. The **National Nutrition Strategy** has been released.

- The **Strategy aims to reduce all forms of malnutrition by 2030**, with a focus on the most vulnerable and critical age groups.
- It aims to assist in achieving the targets identified as part of the Sustainable Development Goals related to nutrition and health.
- Aims to launch a **National Nutrition Mission**, similar to the National Health Mission
- A decentralised approach will be promoted with greater flexibility and decision making at the state, district and local levels.
- It aims to strengthen the ownership of Panchayati Raj institutions and urban local bodies over nutrition initiatives to enable decentralised planning and local innovation along with accountability for nutrition outcomes.
- It proposes to launch interventions with a focus on improving healthcare and nutrition among children. These

interventions will include: (i) promotion of breastfeeding for the first six months after birth, (ii) universal access to infant and young child care (including ICDS and crèches), (iii) enhanced care, referrals and management of severely undernourished and sick children, (iv) bi-annual vitamin A supplements for children in the age group of 9 months to 5 years, and (v) micro-nutrient supplements and bi-annual de-worming for children.

- **Measures to improve maternal care and nutrition include:** (i) supplementary nutritional support during pregnancy and lactation, (ii) health and nutrition counselling, (iii) adequate consumption of iodised salt and screening of severe anaemia, and (iv) institutional childbirth, lactation management and improved post-natal care.

National nutrition mission (NNM):

- The **National Nutrition Mission** also known as **Rashtriya Poshan Mission** has been launched by the government of India with **three year** budget of 9046.17 crore rupees.
- Commenced from **2017-18**.
- As an apex body under the **MWCD** will supervise, monitor, fix targets and guide nutrition related interventions all over the Ministries.
- It will also monitor an assortment of schemes contributing towards addressing malnutrition in India.
- **50%** of the NNM will be **funded by the Government Budgetary Support** and **50%** will be funded by **International Bank for Reconstruction and Development (IBRD, also known as World Bank)**.
- The Government budgetary support would be of **60:40** between Centre and States/UTs, **90:10 for Northeast region and Himalayan States** and 100% for UTs without legislature.
- NNM will bring in **measurement of height of children** at the Anganwadi Centres (AWCs).

- The scheme will assist to conduct **Social Audits**.
- It will also **set-up Nutrition Resource Centres**, which will involve masses through Jan Andolan for their participation on nutrition throughout various activities, among others.

Solutions:

Article 47 of the Indian Constitution provides that it is the “duty of the State to raise the level of nutrition and the standard of living and to improve public health”. Compliance with this provision is seen in the form of **nutrition missions** launched by some State governments.

To improve nutritional content in food products, steps are being taken towards **universal food fortification**. A proposed policy would provide for adding essential vitamins and minerals (iron, folic acid, vitamin, iodine) to food items (rice, wheat flour, salt, edible oil, milk) sold in markets. The **Food Safety and Standards Authority of India (FSSAI) has set nutritional benchmarks** to ensure that manufacturers responsible for fortifying food add desirable levels of micronutrients to the food items.

Adequate funds are needed for the successful implementation of any nutrition scheme. In the case of India, with respect to centrally supported schemes such as ICDS, data show that the **budgetary allocations have decreased over time**. More recently, while the allocations have increased in absolute terms, the annual rate of change is down. State governments must play a more pro-active role in combating malnutrition and themselves generate funds for this purpose.

The agencies of State governments have to adopt a **comprehensive and coordinated multi-sectoral approach** which is formulated by **taking into account the varied nature of local-level challenges**. Better governance has to be demonstrated and the civil society must respond in a responsible manner.

Mould your thought:

1. Explain the prevalence of malnutrition in India. What are the government interventions in place to reduce malnutrition?

Approach to the answer:

- Briefly write the causes of malnutrition
- Write the recent NFHS data on malnutrition
- Write about government interventions
- Way ahead