



National Family Health Survey-5

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Introduction

- The **National Family Health Survey (NFHS)** is a large-scale, multi-round survey conducted in a representative sample of households throughout India.
- The **Ministry of Health and Family Welfare (MoHFW)**, Government of India 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.
- 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
- 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 funding for different rounds of NFHS has been provided by **USAID, the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and MoHFW (Government of India)**.

The United States Agency for International Development:

- USAID is the world's premier international development agency.

- It is an independent agency primarily responsible for administering civilian foreign aid and development assistance.
- It was established by former US President John. F. Kennedy in 1961.

History of National Family Health Survey

- The **First National Family Health Survey (NFHS-1)** was conducted in **1992-93**.
- The **Second National Family Health Survey (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**.
- The **Third National Family Health Survey (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**.
- The **Fourth National Family Health Survey (NFHS-4)** in **2014-2015**, the fourth National Family Health Survey (NFHS-4) was conducted.
 - 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 (NFHS) - 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 are expected to be made available in May 2021.

Key Points

- 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 the NFHS-5

- **Sex ratio at birth (SRB)** has remained unchanged or increased in most States/UTs.
 - Majority of the states are in normal sex ratio of 952 or above.
 - **SRB** is below 900 in Telangana, Himachal Pradesh, Goa, Dadra & Nagar Haveli and Daman & Diu.
- **Child Marriages:** There has been an increase in **child marriages** in **Tripura** (40.1% from 33.1% in 2015-16), **Manipur** (16.3% from 13.7% in 2015-16) and **Assam** (31.8% from 30.8 % in 2015-16).
States such as **Tripura, Manipur, Andhra Pradesh, Himachal Pradesh and Nagaland** have also shown an increase in teenage pregnancies.
- **Child nutrition indicators** show a mixed pattern across states. While the situation improved in many States/UTs, there has been minor deterioration in others.
 - **Malnutrition:** it has worsened. Stunting has risen in 11 out of 18 states. Wasting was going up in 14 states.
 - **Stunting:** 13 out of 22 states and UTs surveyed, recorded a rise in the percentage of stunting in children.
 - **Wasted:** 12 out of 22 states and UTs surveyed, recorded a rise in the percentage of children under five years who are wasted in comparison to NFHS-4.
 - **Overweight:** 20 states and UTs have recorded a rise in the percentage of children under 5 years who are overweight.
 - **Diarrhoea:** Children with diarrhoea in the two weeks preceding the survey also jumped to 7.2% from 6.6%.

- **Infant & Child Mortalities; NMR, IMR and U5MR**
 - Infant and child mortality rates across most Indian states have declined. Sikkim, Jammu & Kashmir, Goa and Assam were the best performers as they witnessed a steep reduction in **neonatal mortality rate (NMR)**, **infant mortality rate (IMR)** and **under-five mortality rate (U5MR)**.
 - Tripura, Andaman & Nicobar Island, Meghalaya and Manipur Recorded a spike in all three categories of child mortality.
 - **Bihar** registered the **highest prevalence of NMR (34), IMR (47), and U5MR (56)** across 22 surveyed states and Union territories while Kerala reported the lowest death rates.
 - The child mortality rate of Maharashtra remained unchanged in the last five years.
- **Spousal Violence** has witnessed an increase in five states, namely **Sikkim, Maharashtra, Himachal Pradesh, Assam and Karnataka**. **Karnataka** witnessed the largest increase in spousal violence, from 20.6% in NFHS 4 to 44.4% in NFHS-5.

Comparison between NFHS- 4 and NFHS- 5

- **The Total Fertility Rates (TFR): Declined since NFHS-4** in almost all the Phase-1 States and UTs.
 - **Replacement Level of Fertility** (2.1) has been achieved in 19 out of the 22 States/UTs.
 - Only 3 states viz. Manipur (2.2), Meghalaya (2.9) and Bihar (3.0) have TFR above replacement levels now.
- **Contraceptive Prevalence Rate (CPR): Increased substantially** in most States/UTs.
 - Highest in Himachal Pradesh and West Bengal (74%).
 - Use of modern methods of contraception has also increased in almost all States/UTs.
- **Unmet needs of family planning have witnessed a declining trend** in most of the Phase-1 States/UTs.

The percentage has come down to less than 10% in all the States except Meghalaya and Mizoram.
- **Bank Accounts: Considerable progress** has been recorded between NFHS-4 and NFHS-5 in regard to women operating bank accounts.
- **Immunisation:** Full immunization drive among children aged 12-23 months has recorded **substantial improvement** across States/UTs/districts.
 - More than two-third of children are fully immunized in all the States and UTs except Nagaland, Meghalaya and Assam.
 - In almost three-fourths of districts, 70% or more children aged 12-23 months are **fully immunized against childhood diseases**.

- **Institutional births:** Institutional births have **increased substantially** with over four-fifth of the women delivering in institutions in 19 States and UTs.
 - Institutional delivery is over 90% in 14 out of the total 22 States and UTs.
 - Almost 91% of districts recorded over 70% institutional deliveries of births in the 5 years preceding the survey.
 - 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.
- **Improved Sanitation and Cooking Facilities:** The percentage of households with **improved sanitation facilities and clean fuel** for cooking has increased in almost all the 22 States/UTs over the last four years (from 2015-16 to 2019-20).
- **Anaemia: Anaemia among women and children continues to be a cause of concern.**
 - More than half of the children and women are anaemic in 13 of the 22 States/UTs.
 - It has also been observed that anaemia among pregnant women has increased in half of the States/UTs compared to NFHS-4, in spite of substantial increase in the consumption of IFA tablets by pregnant women for 180 days or more.

Key Terms

- **Neonatal death** is defined as a death during the first 28 days of life, while **neonatal mortality rate** is defined as the number of neonatal deaths per 1,000 live births.

SDG goal 3 calls for an end to preventable deaths of newborns and children under 5 years of age and specifies that all countries should aim to reduce neonatal mortality to at least as low as 12 deaths per 1,000 live births and under-five mortality to at least as low as 25 deaths per 1,000 live births by 2030.
- **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.
 - **India's total fertility rate** (TFR) is declining. **It is now 2.2 per woman**, nearing the **replacement rate of 2.1**, according to the latest government data.
- **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.