



National Family Health Survey-5

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.