

Long Way to Go

NFHS-4 data shows improvements in health status, yet serious concerns remain.

Data on India's health status ought to inform policy. Unfortunately, this does not always follow. After a gap of 10 years, data from the fourth round of the National Family Health Survey (NFHS-4) was released by the Ministry of Health and Family Welfare. Like the previous surveys of 2005–06, 1998–99 and 1992–93, NFHS-4 provides information on demographic, health and nutritional data for adults and children at the all-India and state level. This time, the NFHS has expanded its sample to provide data that can be disaggregated up to the district level. This is useful to study the large intra-state variations.

The data fact sheets released allow preliminary comparisons with NFHS-3. For instance, the percentage of stunted children under five years of age has reduced from 48% in 2005–06 to 38% in 2015–16, indicating a reduction in malnutrition. Yet, undernutrition remains prevalent compared to global statistics. On the positive side, the percentage of children who are fully immunised has increased from 44% to 62%. Also, the total fertility rate (TFR) is now at replacement level with TFR coming down from 2.7 to 2.2.

Another encouraging development is the increase in institutional deliveries—79% (95% amongst highest wealth quintile and 60% amongst lowest) from 39% (84% in highest wealth quintile and 13% amongst lowest). More women have used public facilities for deliveries—52% as compared to 18%. This shows that more women will use public facilities, instead of private, if they are available. There is no doubt that the National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY), despite their shortcomings, contributed to this expansion and shift.

These positives apart, the NFHS-4 also highlights a number of areas, both old and new, where concerted action is needed. First, although there is an improvement in a number of indicators across class, caste, and region, the gaps are still wide. For instance, NFHS-4 finds that one in two children belonging to households in the lowest quintile (51%) are stunted and underweight (49%), while the corresponding figures for the highest quintile are 22% and 20%. Also, while only 25% of mothers in the lowest quintile had at least four antenatal visits, the percentage was 73% for mothers in the highest quintile. NFHS-4 shows that regional and socio-economic differences continue to persist. So Bihar continues to lag behind in areas like TFR—3.4 in Bihar (which was the all-India TFR in 1991–92) while it is 1.7 in Tamil Nadu. Similarly,

Uttar Pradesh has an infant mortality rate (IMR) of 64 compared to 28 in Karnataka.

The data highlights certain hitherto neglected issues that need to be considered more seriously when planning for health policy. For instance, urban areas have largely been ignored by health interventions despite poor status of health. In a decade, the percentage of children fully immunised in urban areas is only 64% (62% in rural areas), a slight increase from 58% in NFHS-3. There is practically no difference between urban and rural in the percentage of children under three years of age who are breastfed within one hour of birth—43% in urban areas and 41% in rural—while infants exclusively breastfed under six months are more in rural areas than in urban—56% as compared to 52%. The prevalence of severe wasting (low weight for height) among children is the same in rural and urban areas (7.5%). Given the rate of urbanisation, it is essential that health interventions are designed keeping in mind urban contexts.

Along with high levels of undernutrition, India also faces increasing levels of overweight/obesity, the underlying condition for a number of non-communicable diseases (NCDs) such as diabetes and hypertension. NFHS-4 shows that 21% of adult women and 19% of adult men are overweight or obese with the problem being more pronounced in urban areas. Some of the factors underlying both undernutrition and obesity are common, especially the globalisation of food systems. The control over food production, distribution and trade have increasingly moved away from local communities to big corporations. India has hardly taken any steps so far to improve dietary diversity and regulate the market penetration of ultra-processed foods.

In the face of this data, although National Health Policy (NHP) 2017 includes goals to reduce NCDs, it does not spell out adequately how this will be achieved. In fact, the NHP is weak in making the linkages with social determinants of health, including nutrition, sanitation, gender and poverty. It also does not address adequately the regulatory framework for the private sector in health. With more people accessing private health facilities in the absence of adequate public provisioning, putting in place a legal and institutional framework to ensure ethical and quality care in private facilities is imperative. The focus of the Indian health system cannot be profit-oriented. Rather, the state must step up the expansion of public services to cover all levels of care.