

# Policy Brief

## NFHS-5 (2019-21)





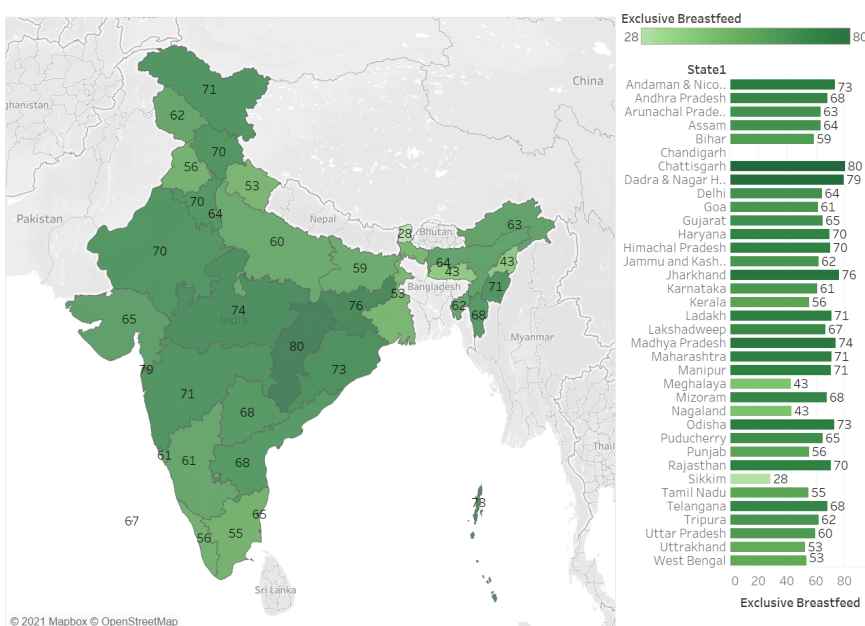
## NATIONAL TRENDS: COMPARISON BETWEEN NFHS-4 (2015-16) & NFHS-5 (2019-21)

### Infant & Young Child Feeding Practices

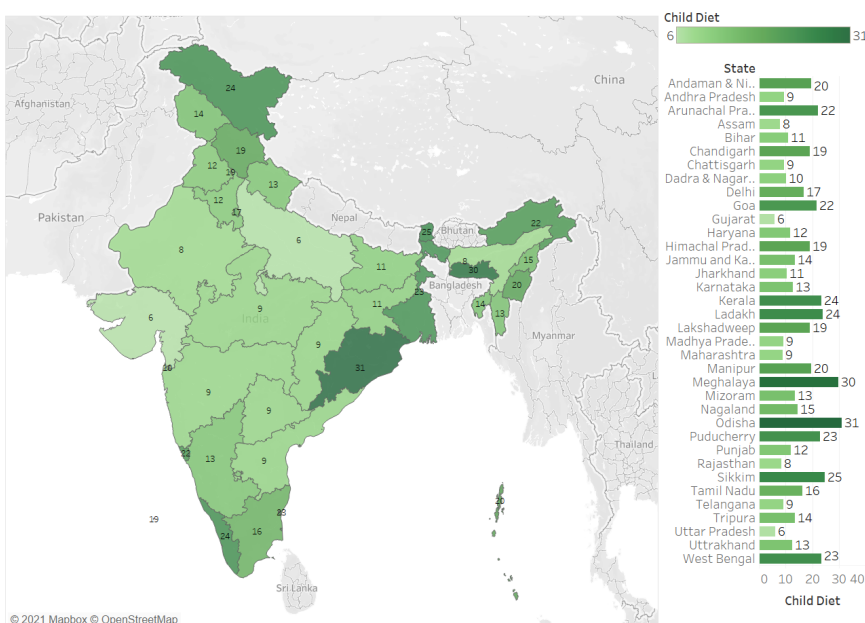
- Exclusive breastfeeding of children 0-6 months has increased from 55% to 64%.
- There has been a slight increase in the number of children 6-8 months receiving solid or semi-solid food and breastmilk, from 43% to 46%.
- However, receipt of an adequate diet\* for children 6-23 months remains worryingly low at just 11%.

\*Adequate diet is defined as 4 or more food groups and minimum meal frequency for breastfed children; and 3 or more IYCF practices for non-breastfed children.

Children under age 6 months exclusively breastfed (%)



Total children age 6-23 months receiving an adequate diet (%)

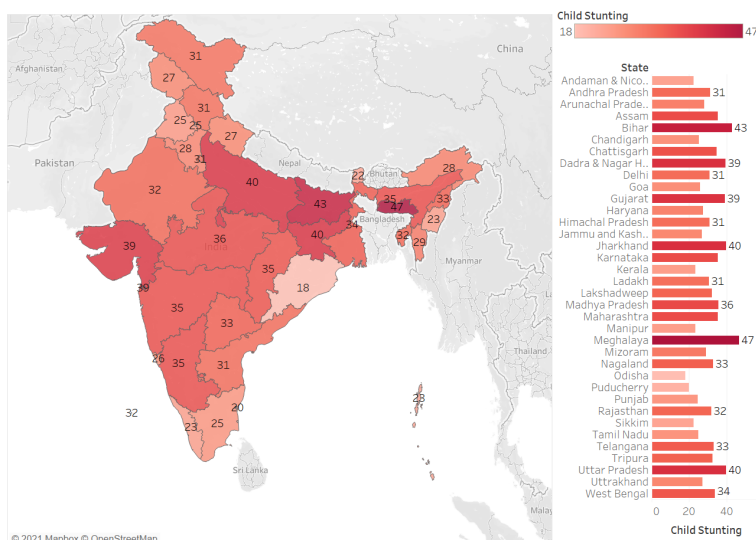




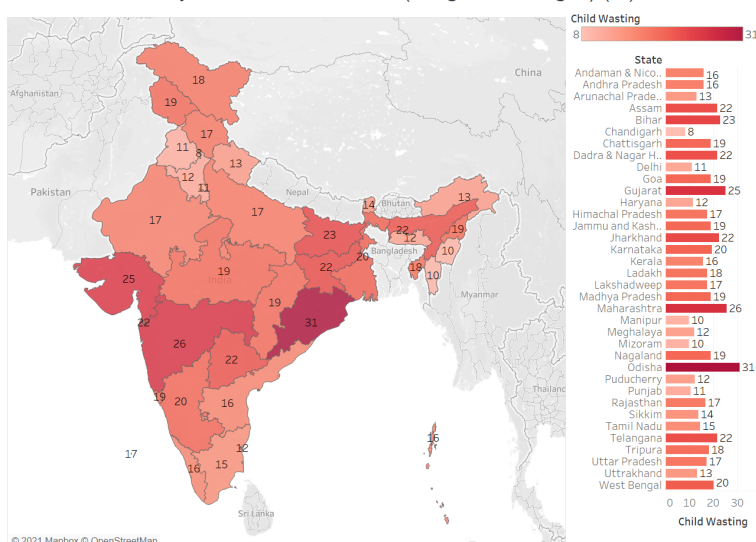
## Child Nutrition

- There have been no major changes to key child undernutrition indicators at an all-India level.
- Slight improvement in the rates of stunting, which declined from 38% to 36%, but this is still ~10% higher than the target of 25% by 2022. Only 7 states seem to have met this target.
- Wasting also declined slightly from 21% to 19%, and underweight slightly from 36% to 32%.
- Critically, the number of children experiencing severe acute malnutrition (SAM) seems to have remained nearly the same, at 8%.

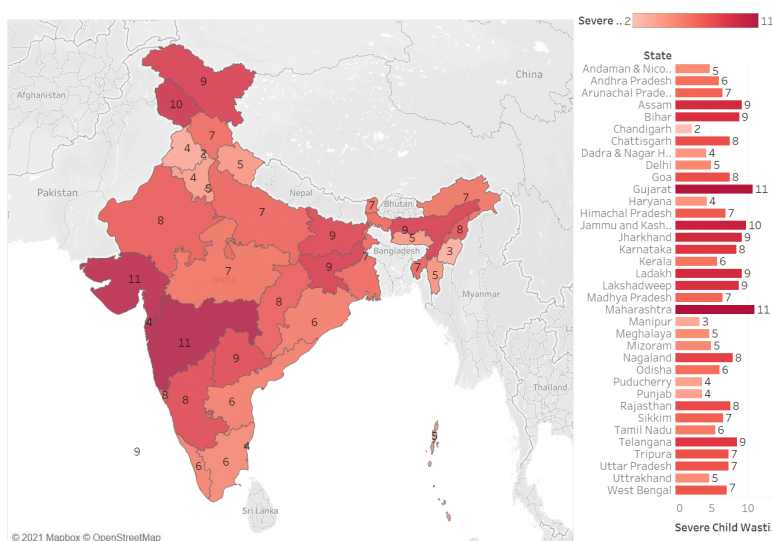
Children under 5 years who are stunted (height-for-age) (%)



Children under 5 years who are wasted (weight-for-height) (%)



Children under 5 years who are severely wasted (weight-for-height) (%)

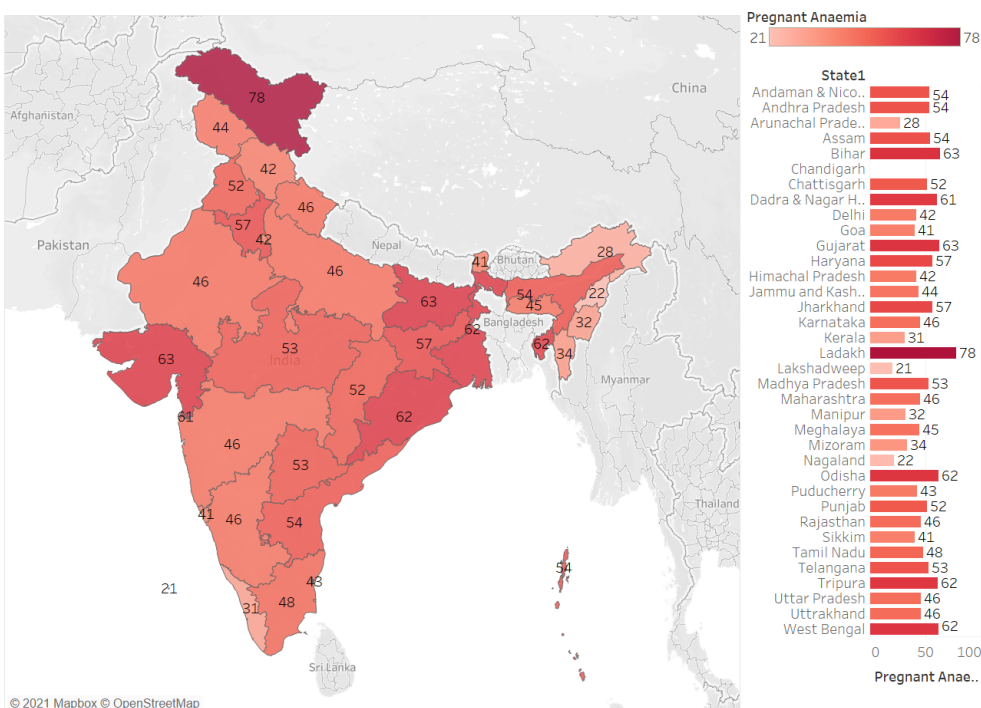




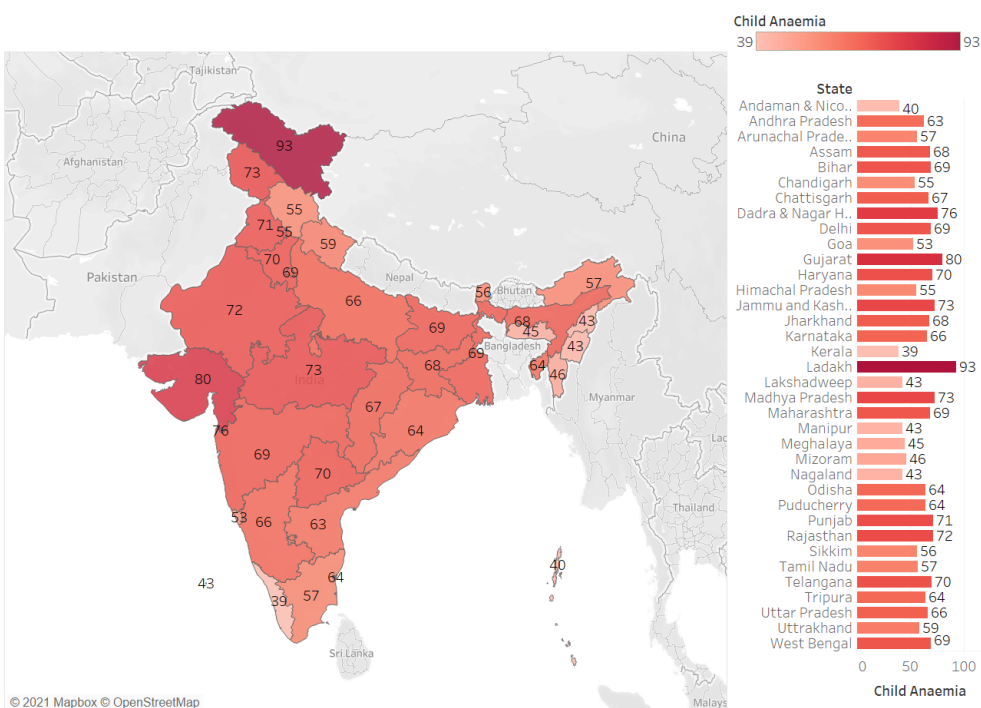
## Maternal & Child Anemia

- Maternal Anemia continues to be the major worrying trend with more than half of women (53%) including pregnant women (52%) anemic at an all-India level.
- This is despite the jump in the proportion of women who consumed iron folic acid for 100 days or more when they were pregnant, from 30% to 44%.
- So is the case with Child Anemia where children age 6-59 months who are anemic has worryingly increased from 59% to 67%.

Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)(%)



Children age 6-59 months who are anaemic (<11.0 g/dl) (%)

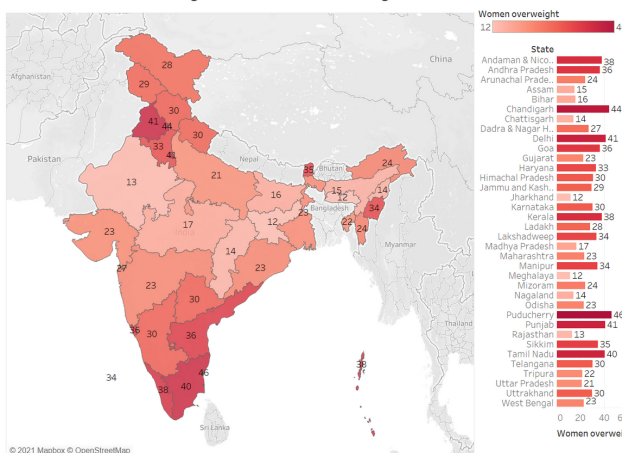




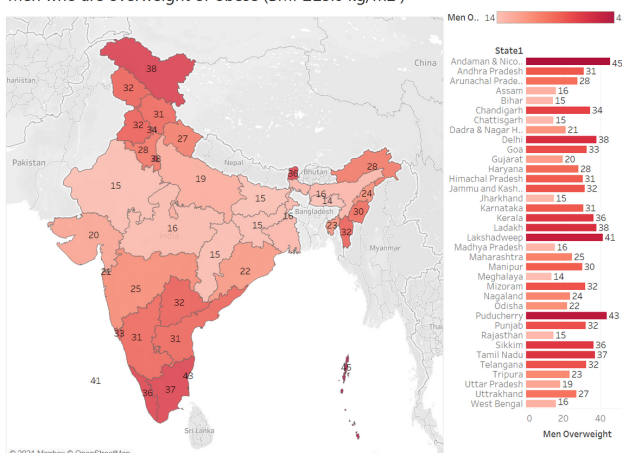
## Non communicable Diseases (Diabetes, Hypertension, Overweight)

- Nearly 24% of women and 23% of men are overweight or obese in 2021-21, up from 21% and 19% in 2015-16. (Almost a quarter of Indians have BMI  $\geq 25$  Kg/m<sup>2</sup>).
- Similarly, child obesity is on the rise with children under 5 years who are overweight or obese, increasing from 2% to 3.4%.
- This upward trend is supplemented by new indicators collected in this round on waist to hip ratio. At an all India level, a worrying 57% women and 48% men have a high risk waist to hip ratio.
- While data from the NFHS-4 on hypertension and diabetes use a different definition and hence not amenable for comparison, India is experiencing increasing rates of hypertension (F: 21% | M: 24%) and Diabetes (F: 14% | M: 16%), thus signaling increased risk for non-communicable diseases.

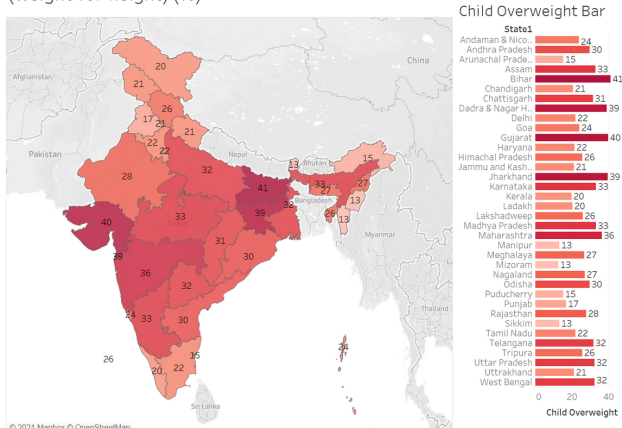
Women who are overweight or obese (BMI  $\geq 25.0$  kg/m<sup>2</sup>)



Men who are overweight or obese (BMI  $\geq 25.0$  kg/m<sup>2</sup>)



Children under 5 years who are overweight (weight-for-height) (%)



## Other related indicators

- Total Fertility Rate has almost reached a replacement rate of 2 children born per woman with a hike in the adoption of modern contraceptive methods from 48% to 57%.
- Great strides have been made in the past 5 years in the uptake of institutional deliveries from 79% to 89% and mothers who have had at least 4 Antenatal check-ups from 51% to 58%
- Similarly, significant reductions have been seen in infant & under 5 mortality with a dip from 41% to 35% & 50% to 42% respectively.



## POLICY IMPLICATIONS (SUGGESTIVE)

- **Child Under-nutrition:** Indicators like stunting have multi-factorial and inter-generational determinants, which require convergence across major sectors as envisaged under **Poshan 2.0**. Multiple underlying determinants for stunting include maternal education and health, food and nutrition security, water-sanitation-hygiene (WASH) and most importantly evidence informed feeding practices. In this regard, targeting **complimentary feeding** especially for children between the age of 6 months to 2 years will be critical in prevention of stunting at an early age. Importantly for SAM and MAM children, use of **Poshan Tracker** to facilitate real time growth monitoring of children can go a long way in targeting services for children facing acute malnutrition.
- **Complimentary Feeding:** While promotion of Breastfeeding has seen great strides, the next big focus of the ICDS program should be on promotion of adequate complimentary feeding, especially given that majority of child undernutrition is contributed by stunting of growth experienced until the age of 2 years (period most critical for the growth of child). Current emphasis on promotion of **traditional and healthy recipes sourced from local agro-bio diversity** can certainly go a long way in complementing these efforts. Additionally, research has shown that cultural markers like “**Annaprashan**” can serve as a critical platform for mobilization of communities to improve nutrition seeking behaviours.
- **Maternal and Child Anemia:** Given more than half of women and children at an all-India level are anemic despite substantive increase in IFA consumption, suggests that taking pills alone is not going to fix this critical problem. Instead, interventions will need to deploy food-based approaches for diversifying Indian diets and holistically managing anemia. This can be achieved by potentially increasing the bioavailability of **iron in fortified food** or improving the consumption of **fresh food produce rich in iron**. Moreover, revamping of **THR** (Take Home Rations) with a particular focus on **micronutrient adequacy** can be a game changer to combat the burden of anemia.
- **Non-communicable diseases and Diets:** In line with the projections for epidemiological transition in India, “**double burden of nutrition**” seems to be a stark reality with diabetes, hypertension and obesity on the rise. In this context, the recent policy focus on promotion of healthy diets and consumption of vegetables, fruits and animal-based proteins as opposed to starchy and processed food, with **Poshan Vatikas** as an exemplary innovation, is a much needed step in the right direction. To drive messaging about balanced diets, inclusion of major food groups and healthy consumption behaviours- promotion of a “**Healthy Thaali/ Healthy Eating Plate**” can also be transformative, especially to target school going children and adolescents. Additionally, these data makes a substantive case for convergence between agriculture and nutrition to bridge the journey between crop to dietary diversification and attracting investments for development of sustainable food systems.



## MAJOR INDICATORS

The NFHS-5 survey work has been conducted in around 6.1 lakh sample households from 707 districts (as on March, 2017) of the country; covering 724,115 women and 101,839 men to provide disaggregated estimates up to district level.

Key Indicators	NFHS-5	NFHS-4
Children under age 3 years breastfed within one hour of birth (%)	42	42
Children under age 6 months exclusively breastfed (%)	64	55
Children age 6-8 months receiving solid or semi-solid food and breastmilk (%)	46	43
Breastfeeding children age 6-23 months receiving an adequate diet (%)	11	8.7
Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	13	14
Total children age 6-23 months receiving an adequate diet (%)	11	10
Children under 5 years who are stunted (height-for-age) (%)	36	38
Children under 5 years who are wasted (weight-for-height) (%)	19	21
Children under 5 years who are severely wasted (weight-for-height) (%)	8	8
Children under 5 years who are underweight (weight-for-age) (%)	32	36
Children under 5 years who are overweight (weight-for-height) (%)	3	2
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	67	59



Key Indicators	NFHS-5	NFHS-4
Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)	57	53
Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	52	50
All women age 15-49 years who are anaemic (%)	57	53
All women age 15-19 years who are anaemic (%)	59	54
Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%) (women)	14	Not Available*
Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%) (men)	16	Not Available*
Elevated blood pressure (Systolic $\geq$ 140 mm of Hg and/or Diastolic $\geq$ 90 mm of Hg) or taking medicine to control blood pressure (%) (women)	21	Not Available*
Elevated blood pressure (Systolic $\geq$ 140 mm of Hg and/or Diastolic $\geq$ 90 mm of Hg) or taking medicine to control blood pressure (%) (men)	24	Not Available*
Women who are overweight or obese (BMI $\geq$ 25.0 kg/m <sup>2</sup> )	24	21
Men who are overweight or obese (BMI $\geq$ 25.0 kg/m <sup>2</sup> )	23	19

\*Will be calculated using the latest diagnostic criteria applied to both NFHS4 and NFHS5 for comparison once microdata are received.





## ABOUT ANUVAAD

Anuvaad is an accelerator for knowledge translation of the latest evidence-base on nutrition promotion to inform policy action, and an incubator to test and promote solutions that are scalable, sustainable and contextual to India's geography, population profile and socio-cultural diversity.

## TEAM

Dr. Ananya Awasthi, Director & Program Lead

Dr. Lindsay Jaacks, Faculty Expert

Ms. Niharika Pandya, Data Analyst

Ms. Apoorva Kalra, Programs Coordinator

Ms. Divya Veluguri, Consultant

Ms. Deksha Kapoor, Consultant

Dr. Preeti Khanna, Consultant

Ms. Manvi Poddar, Consultant

## CONNECT WITH US

+91 98102 14871

[ananya.awasthi89@gmail.com](mailto:ananya.awasthi89@gmail.com)