

# **National Family Health Survey (NFHS-5), 2019-21**

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## **Key Insights on Fertility, Reproductive Health Services and Gender**

## Message 1

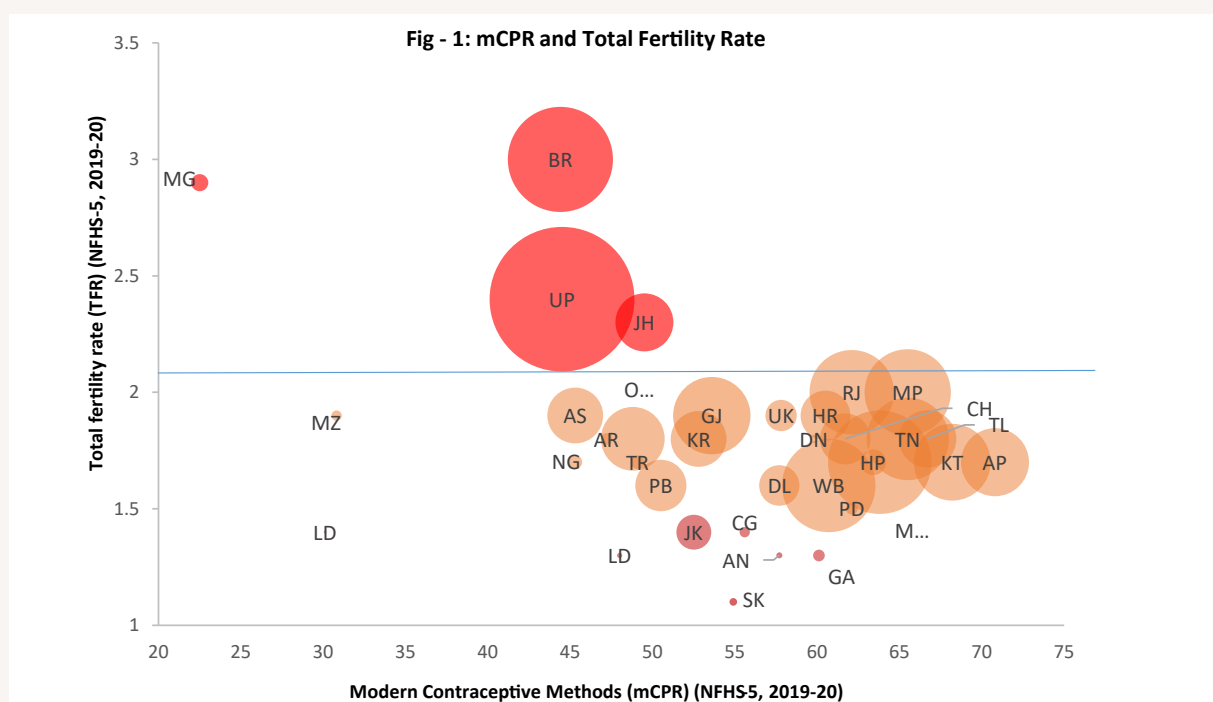
**Fertility and Population. India's total fertility rate (TFR= 2.0) is now below the replacement level of fertility (2.1). India's population will not start to shrink but will continue to grow.**

A total of 31 States and Union Territories (constituting 69.7% of the country's population) are below the replacement rate. By 2036<sup>1</sup> India will add an estimated 300 million persons to 1.21 billion people (2011 Census). States such as Bihar, Uttar Pradesh, Madhya Pradesh and West Bengal will contribute to more than 50% of this increase.

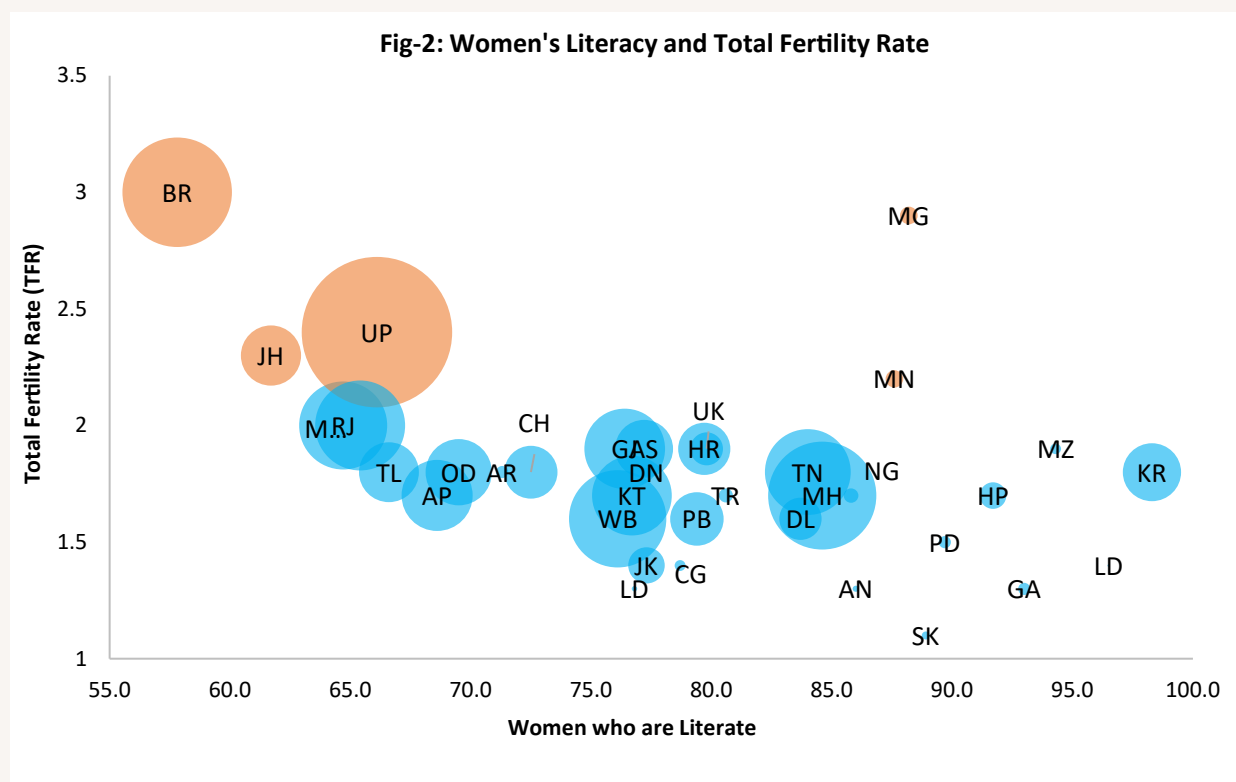
The wide ranging regional variations of fertility - from Bihar (3.0) to Sikkim (1.1)- means that, India will have to continue to deal with the issue of high fertility in many states (Bihar, Meghalaya, Manipur, Uttar Pradesh, Jharkhand and Madhya Pradesh) as well as start engaging with emerging population issues (migration and ageing) as a result of low fertility - in primarily Western and Southern states as well as in the urban areas where TFR is 1.6.

**The main drivers for decline in fertility from NFHS-5 are:**

- Increase in adoption of modern family planning methods by 9% points from 47.8% to 56.5%. State wise, the relationship between TFR and use of modern methods (mCPR) is depicted in (Fig-1).
- Reduction in unmet need for family planning by 4% points – indicating significant improvements in access to family planning related information and services.
- Increased reach of the health system to more non-user couples with information about family planning from 18% to 24%. Further, almost two-third (62%) of current users have received information about side effects of contraceptives – a crucial indicator of the improved quality of family planning services.
- Improvements in female literacy and especially women with 10 or more years of schooling – increased to 41% from 35%. Girls who study longer have fewer children (Fig-2). Fertility decline in Asian countries have taken place alongside significant improvements in access to quality education, especially girls' education. Girls who are educated are more likely to delay marriage and find employment.



<sup>1</sup>Latest for which population projections are available



## Message 2

**Sex Ratio.** The NFHS-5 report indicates an increase in the overall sex ratio from 991 in 2015-16 to 1020 in 2019-21. The direction is slightly positive. Census 2022 will throw more light on this aspect.

A slight increase in overall sex ratio can be explained by a number of factors including: Sex Ratio at Birth (SRB) and differential mortality rates between the sexes across age groups. While currently, SRB has more males (due to strong son preference), differential gender mortality favours females in conditions where there is no artificial manipulation that interferes with the natural survival rates. In circumstances where women and girls have the same nutrition and health care as men and boys, women and girls have lower mortality across all age groups.

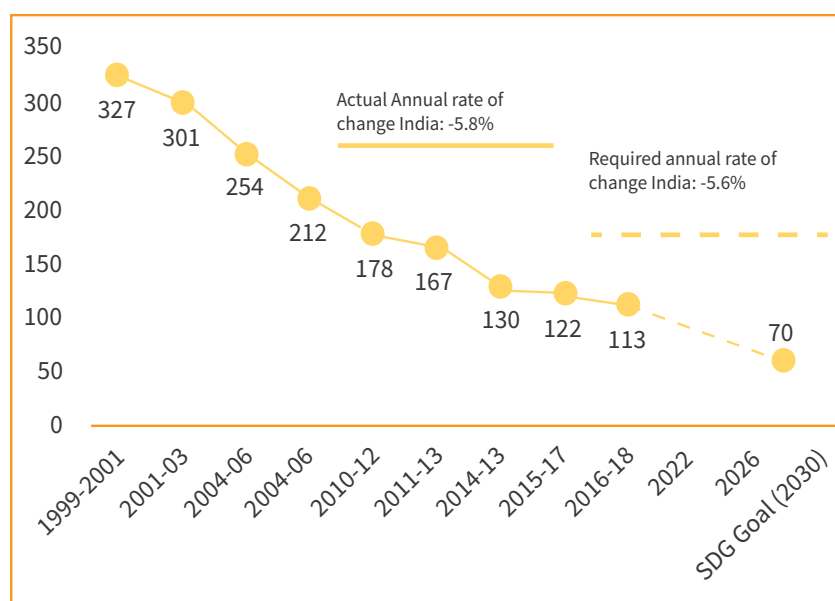
The NFHS-5 has also shown an improvement in the SRB from 919 to 927 girls born per thousand boys. There is also a narrowing of the gap between male and female under-five mortality rates over the last few years. For example, the under-five mortality was 45 for females as compared to 40 for males in 2015, which has narrowed down to 37 and 36 respectively for females and males in 2018 (SRS).

If we look at other data sources to understand possible changes in the contributory factors, we see improvements in the life expectancy at birth in India, which is now more favorable to women as compared to their male counterparts. The female life expectancy at birth is higher at 70.7 years as compared to males which is 68.2 years as per the Sample Registration System (SRS) for the period 2014-18.

The actual sex ratio will only be available from the next round of Census and it is important to note that the NFHS-5 is a representative survey of households, which excludes institutional population (e.g. living in hostels etc.) and those living in military and paramilitary camps.

# Maternal Health

**Fig-3: Trends in Maternal Mortality Ratio (MMR), India (1999-2018)**



## Message 3

**The outreach of health systems is improving. More must be done to reach those left behind including an area specific approach.**

Maternal health services are steadily improving. The ANC in the first trimester has increased by 11.4% to reach 70%; 4 ANC checkups are up by 7 % points to reach 58.1% and post-natal care visits by 15.6% points to reach 78%. Institutional births have increased by 9.8% points to 88.6%. A large proportion of the increase in institutional delivery has come from public facilities (61.9% from 52.1%). This demonstrates that public systems are delivering improved services, which has resulted in a decrease in maternal mortality (Fig-3).

The population left behind is about 11% of the mothers. They are either unreached by a skilled birth attendant or not accessing institutional facilities. Further analysis reveals 49 districts of India have institutional delivery less than 70% and more than two-thirds (69%) of these districts are from five specific states—Nagaland, Bihar, Meghalaya, Jharkhand and Uttar Pradesh. Thus, an area-specific approach to improve maternal health services is needed.

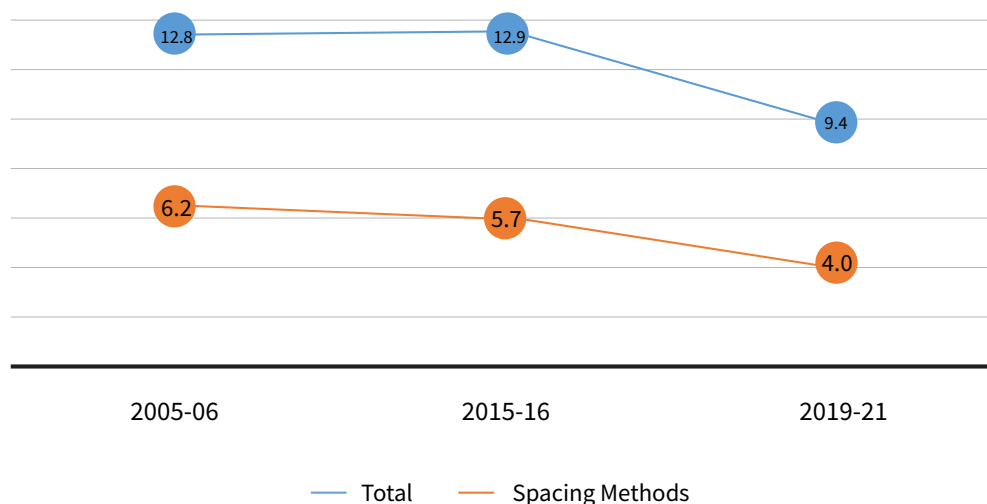
Teenage pregnancy has marginally declined by 1% , and women in the age group of 15-19 years who were already mothers or pregnant at the time of the survey is 7.9%. New parameters, such as screening tests for cervical cancer (1.9%) and breast examination (0.9%) are understandably low. These services should be included while expanding reproductive health services.

The nutritional and health status of women is a cause for concern. More than half the pregnant women are anaemic (52.2% <11.0 g/dl) and the situation has worsened in comparison to NFHS -4 (50.4%). The prevalence of anaemia among all women (15-49) has increased to 57% from 53.1%. The younger women (15-19) seem to be worse off (59.1%).

Obesity in women (15–49 years) seems to be on the rise. For the first time, the proportion of women who are overweight and obese (BMI >25; 24%) are more than those who are underweight (<BMI 18; 18.7%). Approximately, one in six women has high sugar and one in five has hypertension. These parameters were not available in NFHS-4 and a baseline has now been set.

## Family Planning

**Fig-4: Unmet Need for Family Planning**



### Message 4

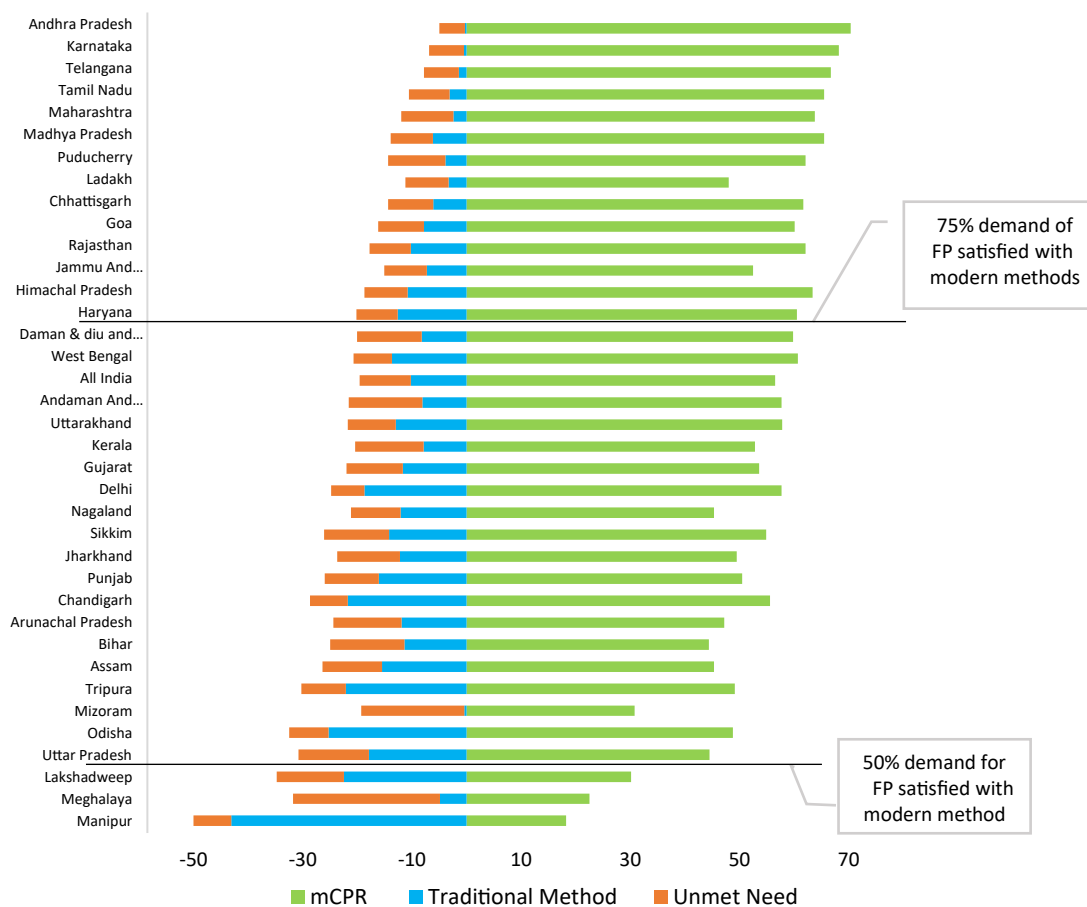
**Unmet need for family planning has declined (Fig - 4). However, users of traditional methods - which has increased in many states – should be convinced to adopt modern methods. The group using traditional methods, are already inclined to plan their families but may not have access to modern methods.**

Use of any modern method has increased by 9% points to reach 56.5%. Female sterilization (37.9%) is still too high (67% of any modern method). Use of the spacing method has increased only by 6% points, while it accounts for only 30% of the modern method use. The demand for family planning by states is provided in Fig-5. There is a rise in the use of traditional methods in many states, which indicates that many couples want to plan their family and better access to modern methods will pay off.

Two-thirds of the current users of FP (62.4%) are counselled on side effects of family planning methods as compared to less than half as per NFHS-4 (46.6%). However, only about a quarter (24%) of non-users of family planning were ever reached by a health worker. This is an area for further expansion.

The district- wise analysis shows that 32 districts have more than 20% of the unmet need. These districts are mainly from those states, which have higher fertility than the national average. About 40% (13) of these high unmet need districts are covered under 'Mission Parivar Vikas' (MPV). There is thus a need to reinvigorate efforts in MPV districts.

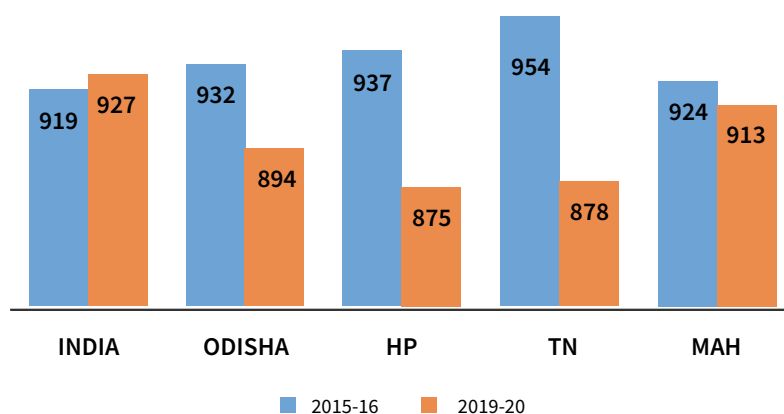
**Fig-5: Demand for Family Planning**  
NFHS-5, 2019-20



## Message 5

**Assessing Gender-Biased Sex Selection (GBSS) by Strengthening PCPNDT Act implementation and enhancing the value of the girl child.**

**Fig-6: Sex Ratio at Birth**



The Sex Ratio at Birth (SRB) has marginally improved from 919 to 927 girls born per 1000 boys (Fig – 6). While a marginal increase in SRB is promising, the regional variations are significant enough to redouble efforts for strengthening implementation of the PCPNDT Act and address negative social norms that enhance the value of girls. A comprehensive strategy needs to be devised to address social norms that promote son preference in society.

A few states have shown an alarming decline in SRB. In Tamil Nadu, it declined by 76 points and in Himachal Pradesh by 62 points, followed by Odisha showing a reduction of 38 points. Maharashtra also showed a marginal decline of about 11 points. Among these states, the SRB is lowest in Himachal Pradesh at 875, while Tamil Nadu and Odisha recorded SRB of 878 and 894 respectively in 2019–21. Rajasthan and Haryana also recorded low SRB at around 891–893, though there were slight increases in these two states over the last five years.

The NFHS-5 showed less than a 1%-point decline per year in child marriage during the last five years from 26.8% to 23.3% in 2019–21. The prevalence of child marriage in high-burden states such as Bihar and West Bengal did not show any decline. In both these states around 41% of women, aged 20–24 years are still married before 18 years of age, and one-third of women in Jharkhand and Assam. It is only in Rajasthan that it declined by 10% points (from 35% to 25%). There are community oriented and policy lessons that can be learned from the interventions in Rajasthan.

There has not been a significant change in the prevalence of gender-based violence and one third of women aged 18–49 continue to face spousal violence. This did not decline even among those states where prevalence has been high. In Bihar, this is as high as 40%, followed by Uttar Pradesh (35%), with little decline from the period of NFHS-4. This calls for gearing up the health sector response to survivors of violence by providing appropriate healthcare as well as linking them with social protection mechanisms.

## Message 6

### **New policy engagement and direction: Unleashing women's empowerment using technology and addressing negative social norms by engaging men and family members.**

It seems, wherever women have to individually make changes and adopt new ways, there is significant progress. It is heartening to see that the proportion of women (15–24 years) who use hygiene products during menstruation has jumped by almost 20% points to 77.3%. The proportion of women who have their own bank accounts has gone up by 25.6% points to reach 78.6%. About 54% of women have their own mobile phones and about one in three women have used the internet. If we add to this, the proportion of women with more than ten years of schooling has gone up by 5.3% points (to 41%); the building blocks of women's empowerment has been laid. Women with ten years of schooling or more bring significant intergenerational development impacts – ranging from fertility to gender norms. In the next few years, the combination of mobile technology, banking and education will be significant drivers for positive social norms.

Where women have to negotiate change with men and family members, progress is slower. For example, child marriage has gone down only to 23.3% from 26.8%. The burden on women for sterilization is still unacceptably high (37.9%), which is 67% of all modern methods. Little progress on the proportion of women who face violence from spouses (29.3% from 31.2%) is seen. Women's participation in the economy remains low. The proportion of women who worked and were paid in cash increased only by 0.8% points (to 25.6%). Women are still doing a significant amount of unpaid domestic work and possibly need permission to go out and work in many cases. All of this points to the need for new and positive ways of engaging men and family members to take more responsibility and to challenge existing social norms – including youth-centric interventions to increase uptake among the young population.