

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 1253
TO BE ANSWERED ON 9TH FEBRUARY, 2018**

NATIONAL FAMILY HEALTH SURVEY-4

**1253. SHRI SUDHEER GUPTA:
DR. SUNIL BALIRAM GAIKWAD:
KUNWAR HARIBANSH SINGH:
SHRI GAJANAN KIRTIKAR:
SHRI NARANBHAI KACHHADIYA:
SHRI ASHOK SHANKARRAO CHAVAN:
SHRI T. RADHAKRISHNAN:
SHRI S.R. VIJAYAKUMAR:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the number of National Family Health Survey (NFHS) conducted in the country so far along with the major finding thereto, State/UT-wise, survey-wise;
- (b) whether certain States have not been covered under aforesaid survey and if so, the details thereof along with the reasons therefor;
- (c) whether the Government has released the findings of the National Family Health Survey-4 (NFHS-4) 2015-16 recently and if so, the details thereof along with main findings of NFHS-4;
- (d) whether there have been delays in the publication of the results of recent NFHS and if so, the details thereof along with the reasons therefor;
- (e) whether as per the NFHS-4, most Indians eat unbalanced diet and if so, the details thereof along with the reasons therefor; and
- (f) the corrective measures taken/ being taken by the Government?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

- (a): Four rounds of National Family Health Survey (NFHS) were conducted in the country during 1992-93(NFHS 1), 1998-99 (NFHS 2), 2005-06 (NFHS-3)

and 2015-16 (NFHS-4). All four rounds of the survey were conducted under the stewardship of the Ministry of Health and Family Welfare, Government of India, with the International Institute for Population Sciences, Mumbai, as the nodal agency.

The publications containing detailed findings of the surveys are available at link

<http://rchiips.org/NFHS/index.shtml>.

(b): In NFHS-1 Sikkim and the Kashmir region of Jammu and Kashmir have not been covered primarily due to the local law and order situation. Further, Union Territories except Delhi were also not covered in NFHS 1 to NFHS 3, as the total population of these areas taken together are less than one percent of India's population.

(c): The district, State and national factsheets were released in 2016 and 2017. Five state reports (Bihar, Madhya Pradesh, Uttar Pradesh, Haryana and Odisha) were released in November, 2017. The remaining state reports and national report were released in January, 2018.

The key findings of NFHS-4 include:

IMR (for the five-year period preceding the survey) has declined from 57.0 per 1,000 live births in NFHS-3 to 40.7 per 1,000 live births in NFHS-4.

Institutional deliveries have increased markedly from 38.7 percent in NFHS-3 to 78.9 percent in NFHS-4.

Percentage of mothers who had at least 4 antenatal care visits have increased from 37 in NFHS-3 to 51.2 in NFHS-4.

TFR has declined to 2.18 children per woman in NFHS-4 from 2.68 in NFHS-3 moving closer to replacement level of 2.1.

Percentage of Children age 12-23 months fully immunized (BCG, measles and 3 doses each of polio and DPT) increased from 43.5 per cent in NFHS-3 to 62 per cent in NFHS-4.

Among children under age 5 years the prevalence of stunting and underweight has decreased since 2005-06, from 48.0 percent in NFHS-3 to 38.4 percent in NFHS-4 and from 69.5 percent to 58.4 percent.

NFHS-4 factsheets, reports are also available at link:

<http://rchiips.org/NFHS/index.shtml>.

(d): Yes. The NFHS-4 activities were delayed due to some unforeseen reasons like court case resulting in stoppage of work, refusal of some of the selected agencies to take up the work etc. Further there was some delay in testing of Dried Blood Spot samples for HIV.

(e): As per NFHS-4, deficiencies in the diet of both women and men are observed among those with little or no schooling, those in rural areas, those in poorer households, and those belonging to scheduled tribes and scheduled castes. The most prominent deficiency in their diet is non-availability of fruits and milk or curd. However regular consumption of pulses and beans, as well as dark green, leafy vegetables, is common in every state. At least three-quarters of women eat dark green, leafy vegetables at least once a week in every State except Rajasthan (61%), Kerala (63%), and Uttar Pradesh (73%) and in the Union Territories of Lakshadweep (52%) and Daman & Diu (67%).

Infants and young children require a minimum acceptable diet (MAD) to ensure appropriate growth and development. As per NFHS-4, twenty percent of breastfed children had an adequately diverse diet since they had been given foods from the appropriate number of food groups, while 31 percent had been fed the minimum number of times appropriate for their age. The feeding practices of only 9 percent of breastfed children age 6-23 months meet the minimum standards for all Infant and Young Child Feeding (IYCF) practices. Ten percent of all children age 6- 23 months were fed the minimum acceptable diet.

(f): The corrective measures taken by Government of India to improve nutritional status of the population is given at Annexure.

Annexure.

Following are different programme and schemes undertaken to improve nutritional status of population:

“MAA- Mothers’ Absolute Affection” programme for Promotion of appropriate IYCF practices to promote breastfeeding, Nutrition Rehabilitation Centres (NRCs) in States and UTs for treatment of sick children with Severe Acute Malnutrition (SAM),

Provision of Vitamin A supplementation (VAS) for under-five children, Village Health and Nutrition Days and Mother and Child Protection Card for addressing the nutrition concerns in children, pregnant women and lactating mothers,

National Iron Plus Initiative for supplementation and treatment of anaemia in children, adolescents, pregnant and lactating women,

National Deworming Day to administer Albendazole tablets to all the children in the age group of 1-19 years & pregnant women,

Intensified Diarrhea Control Fortnight (IDCF) annually to control childhood diarrhea,

Incentive to Accredited Social Health Activist(ASHA) works for nutrition related activities under National Health Mission(NHM).

Promotion for intake of iodized salt and monitoring salt quality,

Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishore Swasthya Karyakram (RKSK), to detect nutrition deficiency among children and adolescents and redressal of the same,

Provision of Iron and Folic acid supplementation to pregnant/anaemic women,

Calcium Supplementation to pregnant women,

Insecticidal nets for prevention of malaria in Malaria endemic regions,

Booklets to school children in all States/UTs containing, inter alia, useful information on the importance & intake of balanced nutrition

The National Food Security ACT, 2013 aims to provide for food and nutritional security in human life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity.

Food Safety and Standards Authority of India has formulated Standards for Fortification of five items (Wheat Flour, Rice, Milk, Oil and Salt) of food with Micronutrients: -

Other schemes under different Ministries of Government of India, targeting improvement of nutritional status are as under: -

- i. Integrated Child Development Services Schemes (ICDS) for preschool children, Pregnant & lactating women.
- ii. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls [RGSEAG] - (SABLA).
- iii. Maternity Benefit Scheme.
- iv. National Programme of Nutritional Support to Primary Education (Mid-Day Meal Programme) provides hot cooked meals to school children upto Standard VIII.
- v. Improving the purchasing power of the people through various income generating schemes including Mahatma Gandhi National Rural Employment Guarantee Scheme.
- vi. National Rural Drinking Water Programme etc.