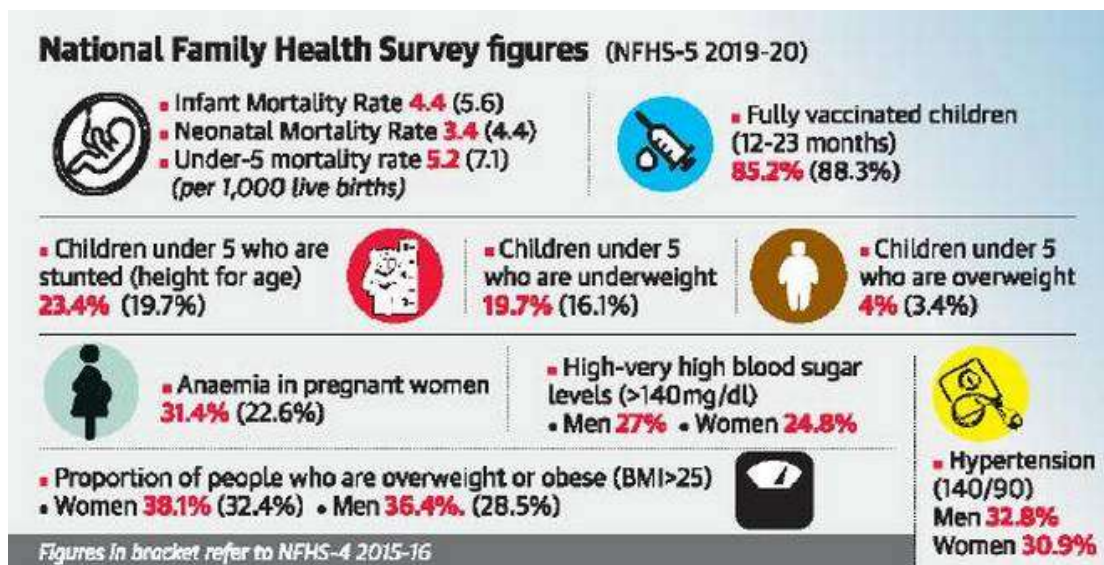




A close reading of the NFHS-5, the health of India

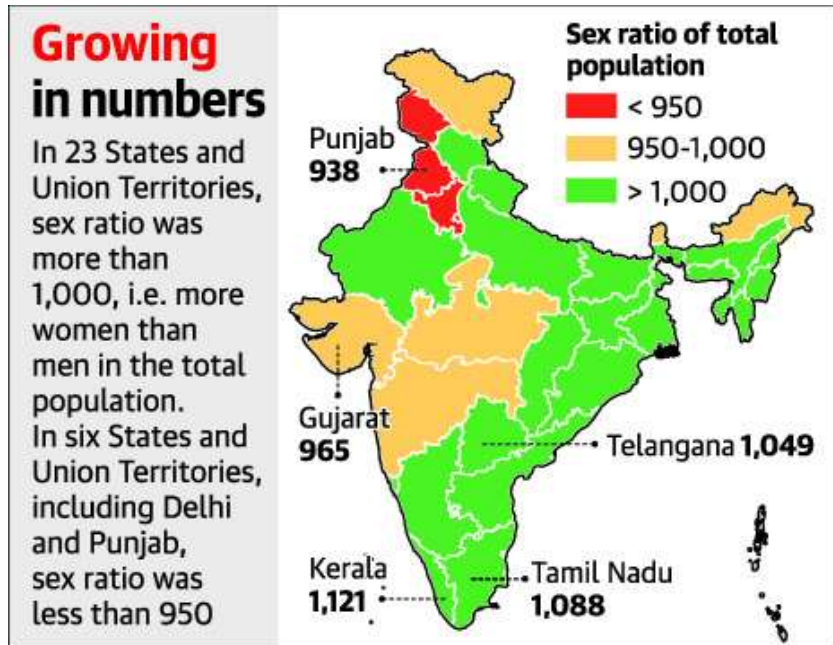
- There are many pluses in the report card. A comparison of NFHS-5 with NFHS-4 (2015-16) reveals improvement in several dimensions such as educational attainment, institutional deliveries, vaccinations, infant mortality and much more.
- Given how little India spends on health and education as a share of GDP, these improvements are particularly remarkable.



Success and concerns:

1. The biggest positive headline news from NHFS-5 is that the total fertility rate (TFR), which is the average number of children born to a woman during her lifetime, has been falling over time and is now just below the replacement rate of 2.1. This is true across all states of India. This means that the total population has stabilised.
2. Another headline reveals that nationally, there are 1,020 adult women per 1,000 men for the first time. To gauge the future, the key metric to examine would be the sex ratio at birth (SRB).
3. The natural SRB translates to 952 girls per 1,000 boys. Nationally, the SRB has improved from 919 in 2015-16 to 929 in 2019-21, but it is still short of the natural SRB.
4. The Major States with low SRBs are spread all over the country: Uttar Pradesh, Haryana, Punjab, Rajasthan, Bihar, Delhi, Jharkhand, Andhra Pradesh, Tamil Nadu, Odisha, Maharashtra.

5. While many states have seen an improvement in their SRBs, some have also witnessed a worsening, e.g. Maharashtra, Tamil Nadu and Odisha. Therefore, we need to recognise that the move to a small family size combined with persistent son preference is likely to impede the improvements in SRB.



Anaemia and malnutrition

1. A key health indicator that has worsened is the incidence of anaemia in under-5 children (from 58.6 to 67%), women (53.1 to 57%) and men (22.7 to 25%) in all states of India.
2. Anaemia has debilitating effects on overall health, which is why the World Health Organization characterises it as a serious public health concern; 20%-40% incidence is considered moderate.
3. The Indian States show variation: from 39.4% in Kerala to 79.7% in Gujarat: but barring Kerala, all States are in the "severe" category. It is tempting to think of the worsening as the COVID-19 effect.
4. The three indicators of malnutrition: stunting (low height-for-age), wasting (low weight-for-height) and underweight (low weight-for-age): show an overall improvement.
5. These conditions often occur together. Together, these reflect chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life. These prevent children from reaching their physical and cognitive potential.


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6. In addition to anthropometric measures, lack of adequate nutrition is also measured by micronutrient deficiencies, i.e. lack of vitamins and minerals that are essential for body functions such as producing enzymes, hormones and other substances needed for growth and development.
7. While the NHFS does not have data on this, the issue of micronutrients is related to diets. It would be good to note here that Indian diets display a rich diversity.



ANEMIA


If you're often tired even though you've slept well or you lack the energy for normal activities, you may have anemia. It can be an underlying cause of memory or mood problems.

SYMPTOMS RANGE FROM NONE TO MILD TO LIFE-THREATENING AND MAY INCLUDE:




- Weakness
- Dizziness
- Pale skin
- Headache
- Numbness or coldness in hands and feet
- Low body temperature


CAUSE:




LOW IRON INTAKE
A diet that's low in iron can cause anemia.




VITAMIN DEFICIENCY
A diet too low in vitamin B12 & folate sometimes can cause anemia.



ILLNESS
Chronic illness can cause the body to make fewer red blood cells.



APLASTIC ANEMIA
It is a rare disorder in which the bone marrow doesn't make enough blood cells to supply the body.



BLOOD LOSS
Heavy menstruation, ulcers, injury, or surgery can cause enough blood loss to lead to iron-deficiency anemia.

Medical Observer | Source: WebMD

Many traditional diets reflect both local climatic conditions as well as a multiplicity of sources of essential nutrients, such as proteins. Policing of diets, by imposing an unnatural uniformity, and preventing access to animal protein for large sections of Indians that are not traditionally vegetarian is likely to reduce micronutrient diversity and contribute to poor health outcomes.



Notes of caution

1. COVID-19 might have added fuel to the fire of poor public health, but it did not cause the fire.
2. The survey focuses on women's empowerment, autonomy and mobility indicators. It shines a spotlight on women's reproductive health, and reveals, for instance, that caesarian births have increased dramatically. In private health facilities, 47.5% of births are by C-section (14.3% in public health facilities).
3. These figures are highly unnatural and call into question unethical practices of private health providers who prioritise monetary gain over women's health and control over their bodies.

The overall evidence is compelling and clear: health ought to be a matter of concern for all political parties and all governments: national and State. The survey highlights deep inequalities in health outcomes. An action plan to improve India's health needs to be inclusive, firm in its commitment and backed by solid resources.

