

India's Evolving Public Health Landscape: A Comparative Analysis of NFHS-5 and NFHS-6

Ajit Kumar Lenka

Assistant Professor, Department of Public Health, Noida International University, Greater Noida, 203201, Uttar Pradesh, India.

Corresponding author

Ajit Kuamr Lenka, Assistant Professor, Department of Public Health, Noida International University, Greater Noida, 203201, Uttar Pradesh, India.

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ABSTRACT

Over the course of more than three decades, the National Family Health Survey (NFHS) has been India's most comprehensive source of data that is nationally representative on population health, nutrition, reproductive health, and healthcare utilization. The recently released fact sheet for NFHS-6 (2023–24) reviews progress since the NFHS-5 (2019–21) and presents the first post-COVID-19 assessment of India's health indicators. When the two rounds of the survey are compared, it is clear that there have been encouraging advances in areas such as demographic transition, utilization of maternal healthcare, institutional deliveries, children's immunization, women's education, digital inclusion, and health insurance coverage. At the national level, the total fertility rate has reached a level that is equivalent to replacement, while the rates of child marriage and adolescent pregnancy have continued to decrease. Concurrently, the survey sheds light on new concerns, such as the growing prevalence of diabetes, the stubbornly high rates of caesarean sections, the coexistence of undernutrition and non-communicable diseases, and the increasing prevalence of overweight and obesity. The data presented here are indicative of the ongoing epidemiological and demographic transformation that is taking place in India. This transition necessitates a re-evaluation of health priorities outside of the traditional mother and child health programs and toward integrated life-course approaches. In this article, important changes that occurred between the National Family Health Survey (NFHS) 5 and the NFHS 6 are analysed critically, their implications for the achievement of the Sustainable Development Goals (SDGs) are discussed, and policy objectives for improving equitable health systems are highlighted.

Keywords: National Family Health Survey, NFHS-6, NFHS-5, Demographic transition, Public health, India, Sustainable Development Goals

Introduction

India's National Family Health Survey (NFHS) is the country's most comprehensive and nationally representative household survey on topics including health, nutrition, fertility, family planning, and population dynamics. Several rounds of the NFHS have been conducted since its commencement in 1992–1993, and each one has generated evidence that has been used to track demographic change, evaluate national health programs, and inform public policy. The sixth rounds of the NFHS will continue this tradition while also expanding to include topics like digital literacy, financial inclusion, direct benefit transfers, participation in self-help groups, and lab-based HIV testing. This expansion is a reflection of India's growing public health objectives.

Being one of the largest health surveys in the world, the NFHS-6 surveyed a total of 679,238 households, 716,397

women, and 100,977 men. For the purpose of ensuring high-quality and comparable estimates across India and the States and Union Territories, standardized questionnaires, biomarker measurements, and computer-assisted personal interviewing were utilized, just as they were in prior rounds [1,2].

There is a lot of significance attached to the scheduling of NFHS-6. The survey, which was carried out after the COVID-19 pandemic, offers valuable insights into the robustness of India's healthcare system and the degree to which national flagship programs, such as Ayushman Bharat, Poshan Abhiyaan, Mission Indradhanush, Anaemia Mukt Bharat, Janani Suraksha Yojana, and the National Health Mission, have resulted in enhancements that can be quantified at the population level. The poll also offers an opportunity to analyse India's progress toward the Sustainable Development Goals (SDGs), particularly SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 10 (Reduced Inequalities) [3,4].

It is clear from the comparison of the National Family Health

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Survey (NFHS)-5 and the NFHS-6 that India is going through a complicated epidemiological change. Traditional problems, such as undernutrition in children and disparities in maternal health, continue to coexist with fast rising rates of obesity, diabetes, and hypertension, as well as with populations that are getting older. Rather than merely representing a simple improvement or worsening, the findings suggest a dynamic health profile that calls for policy responses that are multifaceted.

Demographic Transition: India Moves Towards Population Stabilization

The ongoing evidence that India has entered an advanced stage of demographic change is perhaps the most startling finding that can be derived from the (NFHS-6). Indicating that fertility levels have remained at replacement levels and demonstrating that rapid population expansion is no longer the primary demographic worry of the country, the national Total Fertility Rate (TFR) has remained at 2.0 children per woman. This consistency supports the idea that family planning programs will continue to be successful and that women will have more control over their reproductive lives [1].

Alterations in the age structure are another manifestation of the demographic shift that is taking place. From the NFHS-5 to the NFHS-6, the percentage of children younger than five years reduced from 8.2% to 8.0%. Similarly, the percentage of the population that was under 15 years old decreased from 26.5% to 25.5%. On the other hand, the percentage of adults aged 60 and more climbed from 11.8% to 12.9%, which indicates that the population is gradually getting older [1,2].

Alterations of this nature have significant repercussions for the healthcare system in India. Throughout history, health initiatives have primarily focused on reducing fertility rates and improving the health outcomes of mothers and children. On the other hand, an aging population will necessitate an increase in the number of services available for the management of chronic diseases, medical care for the elderly, rehabilitation, mental health, and long-term care. Countries that are going through a demographic transition frequently suffer simultaneous increases in non-communicable diseases (NCDs), multimorbidity, and healthcare expenses. This calls for a transition away from episodic care and toward integrated, continuous primary healthcare [5,6].

Another trend that is positive is the ongoing decrease in the number of marriages between minors. While the percentage of women aged 20–24 years who were married before the age of 18 dropped from 23.3% in the NFHS-5 to 20.1% in the NFHS-6, the percentage of men aged 25–29 years who were married before the age of 21 fell from 17.7% to 15.9%. In a similar vein, the percentage of minors who became mothers dropped from 6.8% to 6.7% [1,2]. Although these advancements point to an increase in educational attainment and a delay in marriage, nearly one in five young women continue to marry before the age of legal consent, underscoring the ongoing social and regional differences that exist [7].

The percentage of women who have completed their education has significantly increased. In addition, the percentage of women who attended school climbed from 71.8% to 73.7%, while the

percentage of women who completed 10 years of study or more increased from 41.0% to 46.4%. A notable advancement in digital inclusion is indicated by the fact that the percentage of women who use the internet nearly doubled, going from 33.3% to 64.3%. On the other hand, men showed comparable signs of progress. The enhancement of access to telemedicine, health information, financial services, and government assistance programs is made possible by digital connectivity, which gives these achievements significant consequences that extend beyond the realm of education alone.⁸ Additionally, there is a clear correlation between increasing educational attainment and delayed marriage, decreased fertility, improved utilization of maternal healthcare, increased infant survival, and increased autonomy for women in decision-making [8-10].

The percentage of households that reported having at least one member who was covered by health insurance rose from 41.0% in the NFHS-5 to 60.2% in the NFHS-6. Coverage of health insurance also grew significantly. It is quite probable that this improvement is a result of the development of publicly supported health insurance initiatives, including the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and various state-specific insurance schemes. On the other hand, expanded insurance coverage does not, on its own, provide financial protection, excellent healthcare, or equal access. This points out the importance of strengthening basic healthcare services in conjunction with financial risk protection [1].

Collectively, these demographic shifts provide a picture of India that is shifting away from worries over rapid population increase and toward difficulties related to population aging, chronic disease, urbanization, and the sustainability of the health system. The demographic dividend of the country is still large, but it will become increasingly dependent on investments in education, workforce engagement, healthy aging, and equitable access to healthcare. As a result, future public health initiatives ought to give priority to life-course approaches that incorporate reproductive health, noncommunicable disease prevention, mental health, geriatric care, and digital health technologies within comprehensive primary healthcare systems.

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