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NFHS-6 and India's Double Burden of Disease

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NFHS-6 and India's Double Burden of Disease

Business Standard 31 May 2026 **GS2**

Source: ujjyari.com — Free UPSC & State PCS Current Affairs



INTERVIEW ANGLE

"India is still fighting undernutrition even as obesity and diabetes surge. Can a health system designed for infectious disease and child malnutrition pivot to manage chronic, lifestyle-driven illness?"

NFHS-6 shows real gains in child nutrition, maternal health and healthcare access, but surging obesity and high blood sugar reveal a fast-growing non-communicable disease burden. India now faces a "double burden" requiring a comprehensive public-health strategy beyond undernutrition.

THE ARGUMENT IN ONE LINE

India is winning the **old battle against undernutrition** even as it loses ground in a **new war against obesity, diabetes and hypertension** — and its health system must fight both at once.

WHAT NFHS-6 SHOWS

TREND	DIRECTION
Child nutrition (stunting, wasting)	Improving
Maternal health, institutional deliveries	Improving
Healthcare access	Improving
Obesity, diabetes, hypertension	Rising sharply
Caesarean-section rates	High, especially in private sector (over-medicalisation)
Women: digital access, schooling	Improving
Women: asset ownership, financial autonomy	Lagging (access ≠ agency)

THE “DOUBLE BURDEN” EXPLAINED

An **epidemiological transition**: as a country develops, the disease profile shifts from **communicable diseases and undernutrition** towards **non-communicable diseases (NCDs)** – heart disease, diabetes, cancers. India is experiencing **both simultaneously** – hence “double burden.”

- NCDs require **lifelong, expensive care**, driving **out-of-pocket health spending** that pushes households into poverty.
- A system designed for **infectious disease and child malnutrition** must now also deliver **prevention, screening and chronic-care management**.

ABOUT NFHS

PARAMETER	DETAIL
Conducted by	International Institute for Population Sciences (IIPS), Mumbai
Under	Ministry of Health & Family Welfare
NFHS-6	The sixth round ; provides district-level health, nutrition and demographic data
Use	Policy design, SDG tracking, scheme evaluation

WHY IT MATTERS

- **Fiscal**: NCDs are a long-term cost driver for public health and households.
- **Equity**: the poor face the **worst of both** undernutrition and unmanaged NCDs.
- **Women’s empowerment**: improving access without building **economic agency** leaves gains incomplete.

THE WAY FORWARD

- 1 **Strengthen NP-NCD** (National Programme for Prevention and Control of Non-Communicable Diseases).
- 2 **Regulate unnecessary C-sections** and over-medicalisation.
- 3 **Invest in prevention** – diet, physical activity, and population-level screening.
- 4 **Move women from access to agency** – asset ownership, financial inclusion with control.

UPSC RELEVANCE

PAPER	RELEVANCE
GS2	Health sector, NFHS, NCD policy, women's empowerment
Prelims	NFHS by IIPS Mumbai under MoHFW; NFHS-6 = 6th round; double burden / epidemiological transition; NP-NCD

Sources: *Business Standard, Ministry of Health and Family Welfare*

Source: NFHS-6 and India's Double Burden of Disease — Ujjyari.com | Free UPSC & State PCS Editorial Analysis

• KEY ARGUMENTS AT A GLANCE

NFHS-6 shows real gains in child nutrition, maternal health and healthcare access, but surging obesity (among women, rising sharply) and high blood sugar reveal a fast-growing non-communicable disease burden — so India now faces a “double burden” requiring a comprehensive public-health strategy that goes beyond undernutrition.

✓ SUPPORTING

- Indicators of child stunting, wasting and institutional deliveries have improved, reflecting the cumulative effect of nutrition and maternal-health schemes.
- At the same time, obesity, diabetes and hypertension are rising across age groups, and high rates of caesarean deliveries (especially in the private sector) point to over-medicalisation.
- Women's digital access and schooling have improved, but asset ownership and financial autonomy lag — access does not equal agency.

⚠ COUNTER

Some argue the data primarily reflect rising prosperity and longevity, and that NCDs are a manageable trade-off for a population living longer and healthier overall.

→ **WAY FORWARD**

Strengthen the National Programme for NCDs, regulate unnecessary C-sections, invest in preventive health (diet, physical activity, screening), and pair women's improved access with measures that build genuine economic agency.

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MAINS ANSWER FRAMEWORK

QUESTION

"India faces a double burden of disease — persistent undernutrition alongside a rising tide of non-communicable diseases." Examine the implications for public-health policy. (250 words)

INTRODUCTION

A nation's health profile evolves as it develops, and India's sits at a complex crossroads. NFHS-6 captures an epidemiological transition: undernutrition is receding but non-communicable diseases are rising — a "double burden" that strains a health system built largely for the former.

BODY

On the positive side, NFHS-6 shows continued gains in child nutrition, maternal health and access to institutional care — the dividend of sustained investment in schemes addressing undernutrition and reproductive health. But the same survey flags a surge in obesity, diabetes and hypertension across age groups, and persistently high caesarean rates, especially in private facilities, signalling over-medicalisation.

The survey also nuances the women's-empowerment story: digital access and schooling have improved, yet ownership of assets and independent control over finances lag, meaning access has outrun agency.

This double burden has direct fiscal and human costs: NCDs require lifelong, expensive care and disproportionately hit poorer households through out-of-pocket spending.

A health system oriented towards infectious disease and child malnutrition must now also deliver prevention, screening and chronic-care management.

CONCLUSION

India's public-health strategy must become two-track — sustaining the fight against undernutrition while ramping up prevention and management of NCDs through the NP-NCD programme, regulation of unnecessary interventions, and investment in diet, activity and screening. Empowerment, too, must move from access to agency.

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