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Joy and Pain — Reading the NFHS-6 Data Carefully

 THE HINDU

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Joy and Pain — Reading the NFHS-6 Data Carefully

 **The Hindu** 2 June 2026 **GS2**

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



INTERVIEW ANGLE

"India's flagship nutrition programmes address undernutrition but not overnutrition. Should ICDS, NHM, and midday meal schemes be redesigned for the double burden?"

NFHS-6 shows child-health gains alongside an NCD surge — a paradox that demands a systemic pivot. Celebrating partial progress while ignoring the obesity and diabetes epidemic would be a costly policy error.

THE ARGUMENT IN ONE LINE

NFHS-6 presents a paradox — the same survey that validates India's nutrition investments also signals a fast-growing NCD crisis that existing programmes are not designed to address.

THE TWO STORIES IN NFHS-6

POSITIVE	CONCERNING
Child stunting and wasting declining	Rising adult obesity, especially women
Immunisation coverage up	High blood glucose / uncontrolled hypertension
Institutional deliveries rising	C-section rates rising (private hospitals)
Anaemia in children improving	Services PPI (quarterly) — diet quality declining (ultra-processed)

UPSC RELEVANCE

PAPER	RELEVANCE
GS2	Health governance; NFHS; POSHAN Abhiyaan; NP-NCD; NHM
Prelims	NFHS by IIPS Mumbai under MoHFW; POSHAN Abhiyaan; NP-NCD; double burden

Sources: *The Hindu*, Ministry of Health and Family Welfare

Source: Joy and Pain — Reading the NFHS-6 Data Carefully — Ujyari.com | Free UPSC & State PCS Editorial Analysis

• KEY ARGUMENTS AT A GLANCE

NFHS-6 presents a paradox — significant gains in child health and immunisation sit alongside a surge in obesity and non-communicable diseases — demanding a systemic policy pivot rather than celebration, as India’s public health architecture was designed for undernutrition and infectious disease, not the rapidly emerging NCD burden.

✓ SUPPORTING

- Improvements in child stunting, wasting, anaemia in children, and immunisation coverage represent real gains from POSHAN Abhiyaan, the National Health Mission, and Integrated Child Development Services.
- Yet these gains coexist with a surge in adult obesity (especially among women), high blood glucose, hypertension, and rising C-section rates in private facilities — indicators of a lifestyle-disease epidemic that India’s primary-health architecture is not designed to manage.
- The paradox is structural: India’s health investments have historically tracked the nutrition-deficit and infectious-disease burden; the NCD surge — driven by urbanisation, processed food consumption, and sedentary work — has outpaced the policy response.

⚠ COUNTER

One interpretation holds that rising obesity and diabetes are signs of improving living standards and longevity, and that the priority should remain on the residual burden of undernutrition (still large) and infectious disease (TB, malaria) before pivoting fully to NCDs.

→ **WAY FORWARD**

Redesign flagship programmes to address diet quality, not only caloric sufficiency; regulate ultra-processed food marketing; strengthen primary-care NCD management (hypertension and diabetes treatment at PHC level); and move maternal care upstream to pre-conception screening to prevent gestational NCDs.

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MAINS ANSWER FRAMEWORK

QUESTION

"India's public health system must simultaneously fight undernutrition and a rising tide of non-communicable diseases." Examine India's preparedness for the dual challenge. (150 words)

INTRODUCTION

NFHS-6 is India's most comprehensive health mirror — and it reflects both a success story and a warning. Child malnutrition is falling; adult obesity is rising. Both are true, and both require policy attention.

BODY

The good news is genuine: reduced stunting and wasting, higher immunisation coverage, more institutional deliveries and skilled birth attendance — decades of investment in NHM, POSHAN Abhiyaan, and ICDS are showing results. The concern is the simultaneous emergence of an NCD epidemic: rising obesity among women, high prevalence of undiagnosed and uncontrolled hypertension and diabetes, and C-section rates (especially in private facilities) that suggest over-medicalisation rather than evidence-based care.

India's health system was architected for the 1970s disease burden. PHCs are equipped to dispense ORS, treat acute infections, and monitor pregnancies — not to manage chronic hypertension or diabetes care at scale.

The National Programme for Non-Communicable Diseases (NP-NCD) is under-resourced relative to the burden. POSHAN Abhiyaan targets caloric and micronutrient deficits but does not address the quality of dietary transition toward ultra-processed foods and refined carbohydrates that is driving the obesity surge.

CONCLUSION

NFHS-6 demands a two-track response: sustain the investments in undernutrition, maternal health, and immunisation that are working; while simultaneously scaling NCD prevention and management at the primary-care level. Celebrating half the story while ignoring the other half would be a costly policy error.

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