



Comparative Reflections on Breastfeeding Indicators: Insights from NFHS-5 and NFHS-6

Prarthana Kharod Patel

Department of Paediatrics, GCS Medical College, India

Correspondence: Dr Prarthana Kharod Patel, Email: prarthana.kharod@gcsmc.org

The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India, which has been conducted since 1992-93. The survey provides state and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilization, and quality of health and family planning services. It is one of the largest and most comprehensive health surveys in the world. NFHS offers not merely statistics but a mirror to the nation's public health priorities and performance.^[1]

The release of the sixth round of the National Family Health Survey (NFHS-6, 2023-24) marks an important milestone in India's journey toward improving maternal and child health.^[2] A comparative analysis between NFHS-5 (2019-21) and NFHS-6 reveals a mixed narrative—one of encouraging gains in maternal and child healthcare utilization, yet concerning reversals in optimal infant feeding practices, particularly breastfeeding.

The continued strengthening of healthcare access and service utilization is encouraging. Institutional deliveries have increased further, crossing 90% nationally, reflecting improved healthcare outreach, expanded insurance coverage, and sustained maternal welfare initiatives. Antenatal care coverage, immunization indicators, and healthcare-seeking behaviour for mothers and children have shown progressive improvement across several states, indicating a positive impact of flagship public health programmes and strengthened primary care systems.^[2]

Similarly, several child health and nutrition indicators appear to show gradual progress. There are reductions in undernutrition in certain regions, and improvements in immunization coverage as well, which suggest that long-standing investments in child survival programmes are beginning to show their impact. Such gains reaffirm that policy continuity, community health worker engagement, and institutional strengthening can translate into measurable public health outcomes.

However, amid these encouraging trends emerges a deeply concerning signal: the decline in breastfeeding indicators, especially exclusive breastfeeding (EBF). NFHS-5 had recorded an encouraging rise in exclusive breastfeeding among infants below six months to approximately 63.7%,

reinforcing years of advocacy around early initiation and infant feeding counselling. However, NFHS-6 suggests a notable decline in EBF rates to nearly 55.8%, interrupting the positive trajectory observed over the previous decade.^[2] This reversal deserves urgent attention from clinicians, policymakers, and public health practitioners alike.

Breastfeeding is not merely a feeding practice—it is one of the most cost-effective and evidence-backed interventions for reducing infant morbidity, improving neurodevelopment, and strengthening immunity. For mothers, it contributes to birth spacing, metabolic health, and a reduction in certain cancers. The decline in exclusive breastfeeding therefore raises important questions: Are mothers lacking adequate support for breastfeeding at home or in the workplace? Has post-pandemic social change altered infant caregiving practices? Are formula marketing and bottle-feeding influencing parental choices more aggressively? Or has counselling around breastfeeding weakened despite institutional deliveries becoming nearly universal?

The NFHS-5 to NFHS-6 comparison also presents an important paradox: on one side, institutional births have increased, but they have not necessarily translated into better breastfeeding outcomes. This finding challenges the assumption that facility-based childbirth alone ensures optimal newborn care. It emphasizes the need to revisit labour room practices, strengthen lactation counselling, reinforce early skin-to-skin contact, and revive the principles of the Baby Friendly Hospital Initiative (BFHI).^[3] Postnatal follow-up by healthcare providers, especially during the first six months of life, must prioritize breastfeeding support as vigorously as immunization schedules.

Another important lesson from NFHS comparisons is that aggregate national gains can conceal state-level disparities. Some states continue to outperform national averages, while others lag behind in maternal nutrition, child growth, and breastfeeding indicators. Therefore, the next phase of interventions must be data-driven and region-specific rather than uniformly designed.

The message from NFHS-6 is clear: India has moved forward in expanding maternal and child healthcare access, but access alone is insufficient. The future challenge lies in improving the quality of care, behavioural support, and

nutrition-sensitive interventions. The decline in breastfeeding indicators should serve as an early warning rather than a missed opportunity.

As India progresses toward achieving the Sustainable Development Goals, the real measure of success will not simply be institutional deliveries or service coverage, but whether every mother is empowered and every child receives the best possible start to life. NFHS-6 reminds us that public health victories are meaningful only when progress is sustained-and that complacency may reverse hard-earned gains.

Declaration

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References

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