

**NATIONAL FAMILY HEALTH SURVEY
(NFHS-3)**

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In fond memory of the late
Prof. P.N. Mari Bhat

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FOREWORD

The Government has launched the National Rural Health Mission in April 2005 with the objectives of meeting the outcomes envisioned in the National Population Policy 2000, the Eleventh Plan, MDGs and the Vision 2020 India by improving the reproductive and child health delivery system along with the overall preventive and curative and preventable heath care system in the country.

In order to have an effectual set of policies and also to translate that into new programmes and initiatives, there is always a hunt for newer set of evidences of the ground realities. This is where the National Family Health Surveys (NFHS) have always played a crucial role. Like its predecessors, NFHS-1 (1992-93) and NFHS-2 (1998-99), present round, NFHS-3 (2005-06) was conducted when there was the need to have base line information on the crucial reproductive and Child Health, nutrition, life style and HIV/AIDs related indicators, due to the launching of the Phase II of the Reproductive and Child Health programme and the NACP-III programme for control of HIV/AIDS.

National Family Health Survey (2005-06) popularly known as NFHS-3 is not only large in its coverage of newer areas of data collection, it has covered for the first time unmarried women age 15-49 and married and unmarried men age 15-54 in addition to all ever-married women age 15-49. Thus, the number of individuals interviewed has also increased almost twice of that during previous rounds.

I hope that the information set in this round of NFHS would further strengthen India's demographic and health database. The efforts of all in the Ministry of Health & Family Welfare, NACO, International Institute of Population Sciences (IIPS), National AIDS Research Institute, the Chairmen & members of the Technical and Administrative Committees, partners from USAID, UNICEF, UNFPA, DFID, Bill and Melinda Gates Foundation and ORC Macro, USA who have assiduously worked and supported this project are acknowledged with appreciation.

(Naresh Dayal)

सम्पर्क से पहले सोचो, एच आईवी/एडस से बचो **HIV/AIDS : Prevention is better than cure**

PREFACE

The National Family Health Surveys (NFHS) programme, initiated in the early 1990s, has emerged as a nationally important source of data on population, health, and nutrition for India and its states. The 2005-06 National Family Health Survey (NFHS-3), the third in the series of these national surveys, was preceded by NFHS-1 in 1992-93 and NFHS-2 in 1998-99. Like NFHS-1 and NFHS-2, NFHS-3 was designed to provide estimates of important indicators on family welfare, maternal and child health, and nutrition. In addition, NFHS-3 provides information on several new and emerging issues, including family life education, safe injections, perinatal mortality, adolescent reproductive health, high-risk sexual behaviour, tuberculosis, and malaria. Further, unlike the earlier surveys in which only ever-married women age 15-49 were eligible for individual interviews, NFHS-3 interviewed all women age 15-49 and all men age 15-54. Information on nutritional status, including the prevalence of anaemia, is provided in NFHS-3 for women age 15-49, men age 15-54, and young children.

A special feature of NFHS-3 is the inclusion of testing of the adult population for HIV. NFHS-3 is the first nationwide community-based survey in India to provide an estimate of HIV prevalence in the general population. Specifically, NFHS-3 provides estimates of HIV prevalence among women age 15-49 and men age 15-54 for all of India, and separately for Uttar Pradesh and for Andhra Pradesh, Karnataka, Maharashtra, Manipur, and Tamil Nadu, five out of the six states classified by the National AIDS Control Organization (NACO) as high HIV prevalence states. No estimate of HIV prevalence is being provided for Nagaland, the sixth high HIV prevalence state, due to strong local opposition to the collection of blood samples.

NFHS-3 covered all 29 states in India, which comprise more than 99 percent of India's population. NFHS-3 is designed to provide estimates of key indicators for India as a whole and, with the exception of HIV prevalence, for all 29 states by urban-rural residence. Additionally, NFHS-3 provides estimates for the slum and non-slum populations of eight cities, namely Chennai, Delhi, Hyderabad, Indore, Kolkata, Meerut, Mumbai, and Nagpur. NFHS-3 was conducted under the stewardship of the Ministry of Health and Family Welfare (MOHFW), Government of India, and is the result of the collaborative efforts of a large number of organizations. The International Institute for Population Sciences (IIPS), Mumbai, was designated by MOHFW as the nodal agency for the project. Funding for NFHS-3 was provided by the United States Agency for International Development (USAID), DFID, the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and MOHFW. Macro International, USA, provided technical assistance at all stages of the NFHS-3 project. NACO and the National AIDS Research Institute (NARI) provided technical assistance for the HIV component of NFHS-3. Eighteen Research Organizations, including six Population Research Centres, shouldered the responsibility of conducting the survey in the different states of India and producing electronic data files.

The survey used a uniform sample design, questionnaires (translated into 18 Indian languages), field procedures, and procedures for biomarker measurements throughout the

country to facilitate comparability across the states and to ensure the highest possible data quality. The contents of the questionnaires were decided through an extensive collaborative process in early 2005. Based on provisional data, two national-level fact sheets and 29 state fact sheets that provide estimates of more than 50 key indicators of population, health, family welfare, and nutrition have already been released. The basic objective of releasing fact sheets within a very short period after the completion of data collection was to provide immediate feedback to planners and programme managers on key process indicators.

Given the vast amount of information collected in NFHS-3, the national report is being published in two volumes. The first volume contains comprehensive findings from NFHS-3, based on a standard tabulation plan developed at a workshop held at IIPS on 25 May 2006. According to the recommendations of the NFHS-3 Technical Advisory Committee, the tabulation plan was finalized by IIPS and tables and figures were produced for the final report. The second volume of the report includes the three NFHS-3 questionnaires, more detailed information on the sample design, sampling errors for key indicators, and data quality tables. The two volumes of this report were written jointly by authors from IIPS and Macro International.

We take great pride in presenting the NFHS-3 national report. We hope that the report will provide helpful insights into the changes that are taking place in the country and will provide policymakers and programme managers with up-to-date estimates of indicators that can be used for effective management of health and family welfare programmes, with an emphasis on both the reproductive and nutritional health of the population. The report should also contribute to the knowledge of researchers and analysts in the fields of population, health, and nutrition.

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The 2005-06 National Family Health Survey (NFHS-3) was successfully completed due to the efforts and involvement of numerous organizations and individuals at different stages of the survey. As far as possible, we would like to thank everyone who was involved in the survey and made it a success.

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