Bihar’s Exclusive Breastfeeding Gains in NFHS-6: Exceeding EAG States for Policy Action

Executive Summary

Bihar has achieved a remarkable turnaround in exclusive breastfeeding (EBF), rising from 58.9% (NFHS-5) to 62.5% (NFHS-6), while India and all other EAG states declined. This success reflects effective implementation of POSHAN Abhiyan, stronger ASHA/ANM counselling, Mothers Absolute Affection (MAA) support, and improved institutional deliveries. Bihar is the only Empowered Action Group (EAG) state showing positive EBF growth (+3.6%) amid national decline (-7.9%). Early breastfeeding (within one hour of birth) initiation also improved remarkably by 20.8 percentage points. This demonstrates how focused service delivery translates into better nutrition outcomes. Bihar's experience offers a scalable model for other EAG states to replicate and reverse national declining trends in infant nutrition.

Introduction

Exclusive breastfeeding (EBF) for six months critically improves infant survival, growth, and long-term human capital, central to POSHAN Abhiyan and National Nutrition Strategy. While NFHS-6 (2023-24) shows alarming national EBF decline, Bihar achieved a notable turnaround, outperforming many Empowered Action Group (EAG) states. This success reflects focused policies: stronger ASHA/ANM counseling, Mothers Absolute Affection (MAA) support, improved institutional deliveries, and timely follow-up. Bihar demonstrates how service delivery translates to better nutrition. For senior decision-makers, lessons include scaling quality counseling, ensuring lactation support in facilities, and targeting high-priority districts to sustain EBF coverage and guide national recovery efforts.

Problem Statement

Bihar has shown encouraging improvement in exclusive breastfeeding (EBF) amid varied trends across EAG states. While India’s overall EBF dipped in NFHS 6, Bihar’s rise signals effective maternal child interventions and growing community awareness. Continued investments in quality counselling, facility lactation support, and targeted outreach for vulnerable groups can make EBF universal across the state. Strengthening frontline workers and addressing local cultural barriers will protect recent gains and help Bihar lead EAG states in improving newborn health, nutrition, and long term human capital. Focused policy action will sustain progress and contribute to national goals.

Objectives

1. Quantify Bihar’s EBF turnaround by comparing NFHS 5 and NFHS 6 exclusive breastfeeding rates and trend differentials.
2. Benchmark Bihar against EAG peers to assess relative performance and identify outliers.
3. Identify key drivers of EBF improvement in Bihar (e.g., counselling, institutional delivery, MAA programme, maternal education).
4. Translate evidence into policy actions for scaling, sustaining, and institutionalizing EBF gains at state level.
5. Provide actionable recommendations tailored for program managers for immediate implementation.

Methodology

This policy brief analyzes NFHS-5 (2019-21) and NFHS-6 (2023-24) data on exclusive breastfeeding (EBF) for infants under six months in Bihar. Bihar is benchmarked against eight Empowered Action Group (EAG) states—Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, and Uttarakhand- representing 45% of India's population with higher fertility and weaker health indicators. Established by the Ministry of Health in 2001, EAG states receive special focus on population stabilization and child development. The brief computes trend changes and provides practical, cost-effective recommendations for program managers to improve child nutrition programs.

Results

Exclusive Breastfeeding (%) in Bihar and Selected EAG States: NFHS 5 vs. NFHS 6

Table 1 shows exclusive breastfeeding (EBF) rates in Bihar and seven EAG states comparing NFHS-5 (2019-21) to NFHS-6 (2023-24). Bihar demonstrates consistent improvement, rising 3.6% from 58.9% to 62.5%. In contrast, all other EAG states show declines: Chhattisgarh (-4.5%), Jharkhand (-12.3%), Madhya Pradesh (-17.6%), Odisha (-6.2%), Rajasthan (-16.1%), Uttar Pradesh (-25.1%), and Uttarakhand (-11.7%). India's overall EBF rate also fell 7.9% from 63.7% to 55.8%. Bihar stands out as the only EAG state improving EBF coverage while national and regional trends decline.

Table 1: Exclusive Breastfeeding (%) in Bihar and Selected EAG States: NFHS 5 vs. NFHS 6

State	NFHS-5	NFHS-6	Change (NFHS-6 -NFHS-5)	Overall Trend
Bihar	58.9%	62.5%	3.60	Consistent Improvement
Chhattisgarh	80.3%	75.8%	-4.5	Decline
Jharkhand	76.1%	63.8%	-12.30	Decline
Madhya Pradesh	74.0%	56.4%	-17.6	Decline
Odisha	72.9%	66.7%	-6.20	Decline
Rajasthan	70.4%	54.3%	-16.10	Decline

Uttar Pradesh	59.7%	34.6%	-25.10	Decline
Uttarakhand	52.5	40.8	-11.7	Decline
India (overall)	63.7%	55.8%	-7.9	Decline

Source: Source: International Institute for Population Sciences (IIPS) 2026. *National Family Health Survey (NFHS-6), 2023-24: India and State/UT Fact Sheets.* Mumbai: IIPS.

Early Initiation of Breastfeeding (%) - Bihar vs. EAG States

Table 2 presents early initiation of breastfeeding (within one hour of birth) rates in Bihar versus EAG states across NFHS-5 (2019-21) and NFHS-6 (2023-24). Bihar shows remarkable progress, rising 20.8 percentage points from 31.1% to 51.9%. Most EAG states improved significantly: Jharkhand (+25.3%), Chhattisgarh (+19.5%), and Uttar Pradesh (+19.2%). Madhya Pradesh (+8.6%), Rajasthan (+5.1%) showed modest gains. However, Odisha (-7.6%) and Uttarakhand (-4.2%) declined. India's overall rate increased 8.3% from 41.8% to 50.1%. Bihar's 20.8 - point improvement ranks among the highest gains, demonstrating strong program effectiveness in early breastfeeding promotion.

This pattern reinforces Bihar’s emerging leadership in infant feeding among EAG states and highlights a feasible entry point for policy replication.

Table 2: Early Initiation of Breastfeeding (%) - Bihar vs. EAG States

State	NFHS 5	NFHS 6	Change
Bihar	31.1	51.9	20.8
Chhattisgarh	32.2	51.7	19.5
Jharkhand	21.5	46.8	25.3
Madhya Pradesh	41.3	49.9	8.6
Odisha	68.5	60.9	-7.6
Rajasthan	40.7	45.8	5.1
Uttar Pradesh	23.9	43.1	19.2
Uttarakhand	41.3	37.1	-4.2
India (overall)	41.8	50.1	8.3

Source: International Institute for Population Sciences (IIPS) 2026. *National Family Health Survey (NFHS-6), 2023-24: India and State/UT Fact Sheets.* Mumbai: IIPS.

Summary and Conclusion

Bihar stands alone among EAG states in improving exclusive breastfeeding coverage while national trends decline. Key drivers include quality counselling, MAA program support, and institutional delivery gains. However, disparities by education, wealth, and geography persist. For senior decision-makers, Bihar proves that coordinated, targeted actions can reverse declines. Recommendations include scaling quality counselling, ensuring lactation support in facilities, investing in equity-focused interventions, and

targeting high-priority districts. Bihar's model offers practical lessons for sustaining progress and guiding national nutrition recovery efforts across India.

Key Findings and Recommendations

The table below summarizes core findings and recommended policy actions for rapid impact.

Key Finding	Recommendation (policy action)
Bihar is the only EAG state with positive EBF growth (+3.6%, from 58.9% to 62.5%) while India (-7.9%) and all other EAG states declined.	Position Bihar as a model state for EAG replication: organize state-level learning workshops, share best practices on ASHA/ANM counseling and MAA program implementation with neighboring EAG states.
Early breastfeeding (within one hour of birth) initiation improved dramatically by 20.8 percentage points (31.1% to 51.9%), among the highest gains in EAG states.	Scale early initiation protocols across all facilities: mandate one-hour breastfeeding support at delivery, train nursing staff on lactation management, and integrate into RCH and RKSK programs.
Success driven by stronger ASHA/ANM counseling, MAA programme support, improved institutional deliveries, and timely postnatal follow-up.	Expand MAA program coverage: increase counselling sessions per mother, provide lactation kits at PHCs, fund ASHA incentives for postnatal EBF visits, and link to POSHAN Abhiyan budgets.
Persistent disparities by maternal education, wealth, and urban-rural status indicate vulnerable groups remain underserved.	Implement equity-focused interventions: target rural SC/ST and uneducated mothers with combined incentives (counseling + nutrition support + community awareness), prioritize high-disparity blocks.
All other EAG states showing declines (UP -25.1%, MP -17.6%, Rajasthan -16.1%, Jharkhand -12.3%, Uttarakhand -11.7%, Odisha -6.2%, Chhattisgarh -4.5%).	Launch EAG regional recovery initiative: coordinate with Ministry of Health to share Bihar's model, allocate targeted funds for declining states, establish quarterly dashboards for monitoring.
Focusing on high-priority districts can sustain gains and expand EBF coverage statewide, contributing to national nutrition recovery.	Designate priority districts for intensive EBF intervention: allocate district-specific budgets, deploy lactation experts, create Panchayat-level monitoring committees, and use scorecards for performance tracking.