C-sections in private hospitals: what NFHS-6 shows

Health • Social issues | GS-II | News reference: 20 November 2026 (C-section debate)
Prelims: NFHS, WHO guidance, maternal-health programmes | Published: 21 November 2026



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Why in news

Amid the debate over rising Caesarean (C-section) deliveries in India, the official fact sheets of the **National Family Health Survey (NFHS-6), 2023-24** are back in focus - **54.1%** of deliveries in private health facilities were by C-section, while the overall rate across all births has reached **27.2%**. In NFHS-5 (2019-21) these stood at 47.4% and 21.5% respectively - a clear rise on both counts.

The fact-sheet estimates are provisional. Delivery indicators cover births in the five years before the survey; they are not annual rates for all births in 2026.

The WHO guidance and India's position

WHO's 2015 statement describes 10-15% as a population benchmark considered ideal by the international health community since 1985. The statement prioritises providing C-sections to women who need them rather than meeting a target rate. As population rates rise towards 10%, maternal and newborn deaths fall; above that level, evidence did not show further mortality improvement. This is not a ceiling for an individual patient or hospital. Different case mixes and referral patterns mean that facility rates alone cannot prove unnecessary surgery.

Key NFHS-6 figures

- **Overall rate**: 27.2% of all births by C-section (21.5% in NFHS-5) - 40.5% in urban areas and 22.8% in rural areas.

- **Facility type**: private facilities 54.1% (47.4% in NFHS-5); public facilities 16.9% (14.3% in NFHS-5).
- **Institutional births**: Among births in the five years before the survey, 90.6% were institutional and 58.6% of all births were in public facilities; 91.3% of births are attended by skilled health personnel.
- **Monitoring method**: the WHO proposes adopting the **Robson classification** for comparing C-section rates, as the lack of a standardised international classification has hindered understanding of the trend.

What are the medical grounds

A medically necessary C-section can save the mother and baby. Decisions require clinical assessment of the woman, baby and any labour complications. A risk factor does not automatically require surgery. The Robson classification groups women by obstetric characteristics to help compare rates; it is a monitoring tool, not a standalone instruction to operate.

Policy significance

- **Maternal-health programmes**: strengthens the demand to review delivery packages and incentive structures under schemes like Janani Suraksha Yojana and PMJAY.
- **Regulation**: transparency and monitoring of C-section rates within the Clinical Establishments framework.
- **NFHS's role**: NFHS (Ministry of Health and Family Welfare; nodal agency for fieldwork: IIPS, Mumbai) is the official source of India's key public-health indicators.

Way forward

Work is possible at two levels - curbing unnecessary C-sections by ensuring adherence to clinical decision standards (such as Robson-classification-based monitoring), and re-aligning the private sector's incentive structure. Public-sector rates are relatively low, but maintaining quality and staffing there is just as vital.

Mains practice question

Question: "Rising private-sector C-section rates in India call for joint scrutiny of clinical need, access, transparency and financial incentives." Examine in the light of NFHS-6 data. (250 words, 15 marks)

Answer outline

Introduction:
WHO's caution and India's data.

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Main body:
NFHS-6 evidence (overall 27.2%, private 54.1%, public 16.9%); the urban-rural divide; validity of medical grounds versus excess; regulatory and policy options.

Conclusion:
transparency, re-aligned incentives and maternal-health quality.

FAQ

In short: Per NFHS-6 (2023-24), 54.1% of deliveries in private health facilities were by C-section and the overall rate is 27.2%, while the historical 10-15% population benchmark must not be treated as an individual treatment target.

Q: Is 10-15% a target for every hospital?

No. It is a historical population benchmark. Case mix and referrals vary between hospitals. The priority is safe care for women who need surgery, not meeting a numerical target.

Q: How wide is the urban-rural gap in NFHS-6?

40.5% of deliveries in urban areas were by C-section, against 22.8% in rural areas.

Q: What is the NFHS?

The Ministry of Health and Family Welfare's flagship family health survey - the official source of public-health indicators.

Sources

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