



**LexQuest Foundation**

## **RESEARCH BRIEF**

# **NATIONAL FAMILY HEALTH SURVEY (2019-20): ASSESSING INDIA'S STANCE ON SEXUAL HEALTH & FAMILY PLANNING**

**LEXQUEST FOUNDATION**

**MARCH, 2021**

**NEW DELHI, INDIA**



**LexQuest Foundation**

## **Acknowledgments**

### **Conceptualized and Created By:**

- ❑ Tanya Chandra, Executive Director, LQF

### **Authors:**

- ❑ Pamela Das, Research Associate, Policy, LQF
- ❑ Tanistha Bhagawati, Research Associate, Policy, LQF

### **About the Organisation:**

LexQuest Foundation (LQF) is an independent, non-profit, research and action organization, established in 2014, in New Delhi. We are striving to create, advocate, and implement effective solutions for a diverse range of development issues.

To endorse participative governance, we engage with a broad spectrum of stakeholders, from various sections of the society, to ensure that policy-making remains a democratic process. We utilize pragmatic and futuristic research to disseminate actionable knowledge to decision-makers, experts, and the general public.

Our key activities include capacity and skill-building workshops, policy advisory programs, public outreach, and stakeholder consultations. We collaborate with the government, other organizations, and individuals for impactful policy formulation and execution.

By employing sustainable and equitable solutions through our multidisciplinary, intersectional initiatives, and programs, we are constantly working towards creating empowered communities.



**LexQuest Foundation**

## **Introduction to the National Family Health Survey**

The **National Family Health Survey** (NFHS) is a large, multi-round survey conducted in a representative sample of households throughout India. The survey provides **state-wise information for India on fertility, maternal and child mortality and nutrition** to name a few domains, to collect essential data on the health status of the population. Till date, 5 such surveys have been rolled out, the first being in 1992-93.

**NFHS-5** (2019-20) was released on **12th December 2020** by the Union Minister of Health and Family Welfare Dr. Harsh Vardhan- **the indicators of evaluation in the survey being areas such as population, family health, reproductive and child welfare and domestic violence** to name a few. The Survey spans over 22 States and UTs namely Andhra Pradesh, Assam, Bihar, Goa, Gujarat, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Telangana, Tripura, West Bengal, Andaman and Nicobar Islands, Dadra and Nagar Haveli and Daman and Diu, Jammu & Kashmir, Ladakh, and Lakshadweep. The Survey provides a **numerical overview of the State-wise indicators to identify the current condition in both urban and rural areas while comparing the data in the present survey with data from NFHS-4**. The objective of the NFHS has been to provide reliable data and comparable datasets on health, family, and welfare issues. The aim of our Research Brief is to enumerate the major findings and conclusions across States in the following domains: Awareness and treatment of Sexually Transmitted Diseases (STDs), Status of Women's Agency Concerning Childbirth and Pregnancy, Current Use of Family Planning Methods, and Quality of Family Planning Services.



LexQuest Foundation

## Awareness and Treatment of Sexually Transmitted Diseases (STDs)

It is not astonishing to note the conservative attitude towards sexual health and well-being in India as sex continues to be a taboo subject in most public spaces. As a result, there is **little awareness with regards to sexual health, particularly STDs, knowledge of their transmission, prevention, and cure and that awareness is restricted to the few who have been educated** in the matter. The survey notes that in most States and UTs, **less than 50% of women and men in both urban and rural spaces had a comprehensive knowledge (usage of condoms during sexual intercourse, having one faithful uninfected partner, and being aware of common misconceptions such as those that a healthy person cannot be infected) of HIV/AIDS or possible means of its transmission.** In contrast, a **sizable population of both men and women are aware that consistent usage of condoms could prevent HIV/AIDS.** Case in point, in Assam, only 19.2% of women and 25.3% of men have a comprehensive knowledge of HIV/AIDS, however 71.5% of women and 85.2% of men are aware that using a condom frequently, could reduce the chance of getting infected, a significant improvement from the previous survey (44.6%, 70.6% in 2015-16). Most States have appeared to follow a similar trend where the **general population seemed to be aware that the use of condoms can prevent HIV/AIDS but were unaware of common misconceptions surrounding it.** The lack of comprehensive knowledge stems from little or no sex education that is far from addressing common misnormers about STDs. While well-intentioned advertisement campaigns have sought to address the aforementioned issues, they still fall far behind.



## LexQuest Foundation

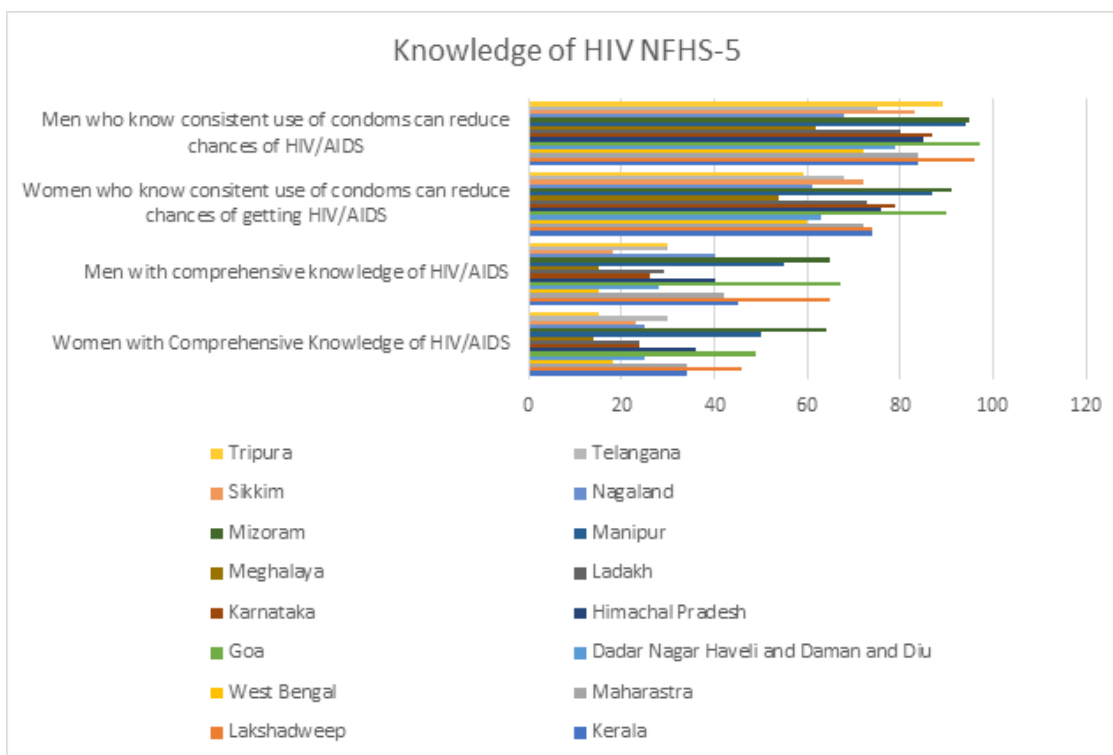
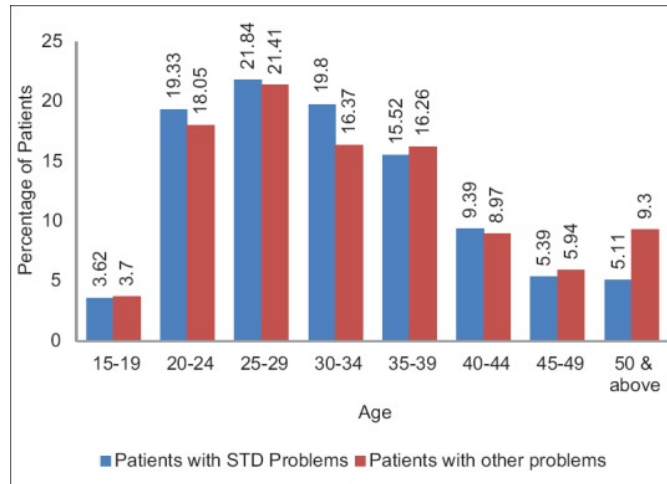


Image 1

The survey, unfortunately, **does not mention any other STDs that indicates that there still exists a void in the knowledge about other common STDs**. STDs like gonorrhoea, syphilis, and chlamydia can be treated easily with the consumption of the correct medicine, however the generally asymptomatic nature of the disease and lack of awareness, leaves millions without a **proper diagnosis or treatment even though STDs are more frequently occurring than estimated**. In August 2007, the Ministry of Health and Family Welfare **initiated** the 'National Guidelines on Prevention, Management, and Control of Reproductive Tract Infections (RTI) including Sexually Transmitted Infections (STI)' in collaboration with the National AIDS Control Organisation (NACO). The aforementioned guidelines continue to **slowly but surely mitigate ignorance towards STDs and encourage treatment** for the same. Succeeding Surveys will show how far it has really been successful in its attempt.



**LexQuest Foundation**



**Image 2: Journal of Family Medicine & Primary Care**



LexQuest Foundation

## Status of Women's Agency with Respect to Childbirth and Pregnancy

India as a part of its commitment to SDGs, specifically, **Goal 3**, is striving to assure good health and well-being specifically for expectant mothers and newborns to reduce maternal and infant mortality rates with close monitoring, analysis of existing data and formulating schemes that would potentially aid expectant mothers.



**Image 3: Maternal Health-UNICEF**

Subsection 'Mothers with antenatal checkup in the first trimester' under 'maternal and child care' indicator, noted that **most States and UTs have shown marked improvement as newly expectant mothers are being made aware of and encouraged to go for primary checkups to assure their and the foetus' good health.** With induction of the Mother-Child Protection (MCP) cards, expectant mothers are less likely to miss out on important check ups in the initial stages. In contrast, subsection 'Mothers with at least 4 antenatal care visits' still yields underwhelming results. The **urban-rural gap, combined with the patient's economic status intensifies the gap in treatment as women living in metropolitan cities who belong to financially stable backgrounds are likely to avail frequent and good healthcare facilities as compared to their**





**LexQuest Foundation**

**counterparts residing in rural areas or languished in poverty.** The **Surakshit Matritva Ashwasan** initiative, which was launched by the Ministry of Health and Family Welfare to provide quality healthcare at zero cost and no tolerance towards refusal of service in public healthcare spaces could potentially mitigate the existing gap in health checkups for expectant mothers. The **Mother-Child Protection (MCP) cards launched by the Ministry to track and monitor ante-natal, intra-natal, and post-natal care for pregnant women has been an important** aspect while evaluating maternity care. Since the MCPs contain a detailed record of check-ups, ante-natal and neonatal care for the expectant mother, it allows healthcare agencies to monitor the mother's health and fill in any void in her treatment, an aspect which makes MCPs indispensable for holistic maternity care. The NFHS-5 shows that **most States are heading in the right direction with rapid issuance of cards for registered pregnancies, keeping track and encouraging frequent checkups.** The Andaman and Nicobar Islands stand out as the survey indicates 100% registered pregnancies receiving MCP cards in the Urban Areas (98.9% in total) followed by Assam (98.7%) and West Bengal (98.4%).

Consumption of IFA (Iron Folic Acid) tablets (180 days) to treat pregnancy afflicted anemia is underwhelming as it is below 50% in more than half of the States and UTs surveyed. Anemia in pregnant women, if prolonged and untreated, can have detrimental effects on the health of the mother and her unborn child, making it a significant point to take into account while evaluating maternity healthcare. To **curb anemia, the Ministry of Health and Family Welfare launched the National Iron Plus Initiative for Anaemia** on October 24, 2018, which has separate dosage and administration intervals for each afflicted group, especially women of reproductive age and pregnant and lactating women. Despite a well-intentioned campaign in place meant to address growing anemia in India, the NFHS-5 factsheet revealed that **Anaemia continues to plague expectant mothers showing a spike in more than half of the States as compared to during NFHS-4.** West Bengal showed a total of 62.3% anemic pregnant women in the NFHS-5 survey as opposed to 53.6% during NFHS-4. Following suit, Bihar also displayed a similarly disturbing trend where the percentage of anemic pregnant women was at 63.1% (NFHS-5) as opposed to





### LexQuest Foundation

58.3% in NFHS-4. It was noted during NFHS-4 itself that **only 77.7% of women across India received or bought IFA tablets, out of whom only 33.3% consumed the tablets** for at least 100 days or more. The poor coverage throughout the years is **attributed** to inadequate and irregular supplies with lack of orientation and training among health workers, no monitoring and supervision of how the program was carried out to improve it, and lack of funds to administer adequate supply.

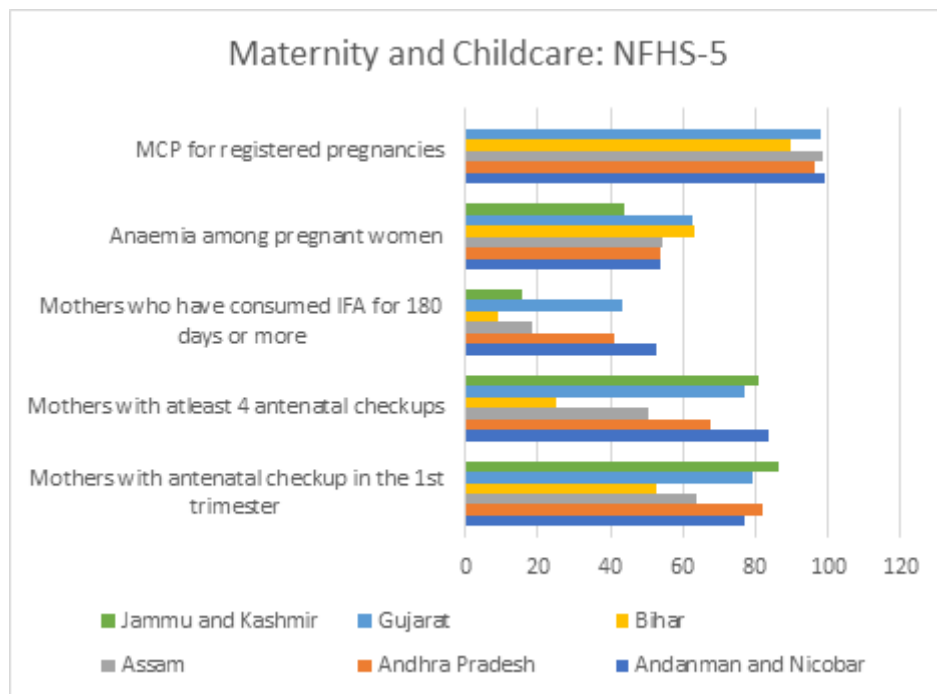


Image 4

The survey indicated that **institutional births among expectant mothers is preferred as more than 50% women across most of the surveyed territories have chosen to give birth at hospitals under the expertise of a doctor or a trained midwife** to adeptly deal with complications during births and provide adequate neonatal care without which the newborn is not likely to survive. Institutional births are facilitated as a result of creation of identified **Delivery Points** with a minimum benchmark of infrastructure and healthcare professionals and dedicated schemes like the Janani Suraksha Yojana. The said scheme, under the **National Health Mission** is meant to provide cash incentives for hospital births especially to those from low-income families to reduce



### **LexQuest Foundation**

maternal and neonatal mortality rates. As of date, **240,713** women have been supported under the scheme out of which **209,314** have received complete monetary and healthcare benefits, a reason responsible for potentially boosting the popularity of institutional births.



LexQuest Foundation

## Current Use of Family Planning Methods

Family planning is a crucial component to improving women's health by providing access to sexual and reproductive health services and achieving the Sustainable Development Goals, in particular the goals of gender equality (Goal 5), reduction in malnutrition (Goal 2), and long-term good health for mother and child (Goal 3). India was a part of the first cohort of countries who committed to the **Family Planning 2020 initiative** in 2012 reaffirming commitments to increase modern contraceptive prevalence rate from 53.1% to 54.3% and to ensure that **74% of the demand for modern contraceptives would be satisfied in 2017**. The **aim has been to expand access, availability, and choice, improving the quality of care provided and expanding the reach of family planning services** to the most remote corners through frontline health care workers. The subsection of 'Current Use of Family Planning Methods' for married women (15-49) reflected an overall increase in the use of contraceptive methods by the different States and UTs from NFHS-4. While Goa made impressive progress by registering a 41.6% increase in modern contraception use from the previous NFHS-4 survey, Maharashtra by contrast, recorded a spike of mere 1.4% for the same category. Additionally, the **urban-rural gap in terms of modern contraception use was marginal, with rural areas in several States outperforming their urban counterparts**. For instance, in Himachal Pradesh, which has one of the highest number of contraception users (74.2%), rural areas accounted for 64% of users of modern contraceptive methods compared to 59.3% in the urban areas. Similar trends were visible in several other States and UTs, including Andhra Pradesh, Assam, Bihar and Andaman and Nicobar Islands.

In India, **female sterilization accounts for more than 75%** of the overall modern contraceptive use. This dominance was reflected in the survey dataset with Female Sterilization being the preferred choice among modern contraception methods overall, with States in Western and Southern India in particular, registering the highest number of users. Notably, the western State of Goa witnessed a 13.6% increase in female sterilization, the highest among all the States in the factsheet, from the previous survey. Even though Maharashtra is the only Western State to register a decline in female sterilization use at 1.6%, it



### LexQuest Foundation

still continues to be the dominant contraception choice for the State, accounting for almost half (49.1%) of the sample population. Similarly, the majority of the population in the Southern States of Andhra Pradesh, (69.6%) and Karnataka (57.4%) continue to choose female sterilization as their preferred method.

**In spite of vasectomy being a medically safer and easier procedure than female sterilization, supported by the government through monetary incentives and initiatives like the 'National Family Planning Indemnity Scheme' which acts as an insurance mechanism in the event of failure, death, or complications associated with sterilization procedures, male sterilization figures by comparison, remained negligible.** This places **a disproportionate burden on the women to take responsibility for family planning.** According to the NFHS-5 data, it is the least preferred contraceptive choice across all States. While Himachal Pradesh had the highest rate of male sterilization at a meagre 3.3%, States like Goa and Karnataka had no men opt for sterilization.

**In North Eastern States, both male and female sterilisation rates were lower** than the rest of the States in the survey. The reversible methods of pills, condoms and Intrauterine Devices and Postpartum Intrauterine Contraceptive Devices (IUD/PPIUD) overtook sterilization as the preferred choice in these States. Female sterilisation accounted for a smaller percentage of total modern contraceptive use compared to other methods and States like Assam, Tripura, Sikkim and Meghalaya witnessed a further decline in female sterilization rates from NFHS-4. In Mizoram, Sikkim and Tripura, pills are the most common contraception methods, forming 12.9%, 18.2% and 32.8% of the total use respectively, while IUD/PPIUD is the predominant choice in Nagaland, forming 19.8% of the total use.

In fact, other States, including the ones with high rates of female sterilization have also witnessed an increase in the use of other contraceptive methods, most notably condoms, followed by pills. Goa, for instance, registered the highest increase in the number of condom users at 16.1% with 24.6% of urban users and 24.1% of rural users opting for it. A marked increase in the use of



### LexQuest Foundation

condoms in particular, signals the positive trend of more men participating in and taking responsibility for family planning. Even though the figures may be underwhelming compared to female sterilization numbers, **it is indicative of a step in the right direction, namely towards a more gender balanced approach to family planning.** Further, an increase in the usage of pills and IUD/PPIUDs reflects a growing agency of women to expand their contraceptive choices and explore reversible contraceptive options.

### Female Sterilisation: Most Popular Modern Family Planning Method

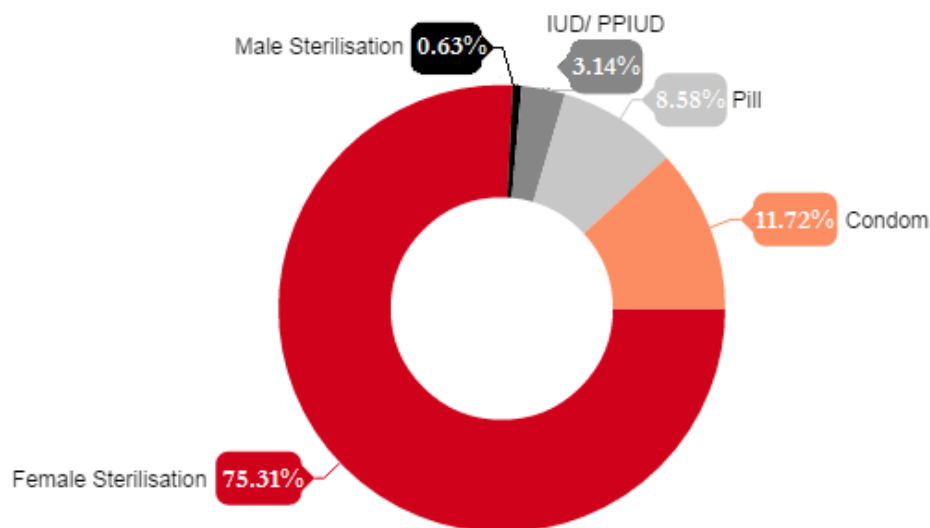


Image 5: IndiaSpend (reflecting data from NFHS 4, 2015-2016)

The latter has also been reflected in recent policy decisions, whereby **there has been an attempt by the government towards expanding the basket of contraceptive choices available to women including the introduction of three new spacing methods**, namely the injectable contraceptive DMPA (Antara); Centchroman pill (Chhaya)-a non-hormonal once a week pill; and Progesterone-only Pills (POP) in 2017.



**LexQuest Foundation**

## **Quality of Family Planning Services**

Increased Quality of Care (QoC) in family planning consisting of varied contraceptive choices, access to information, counseling, and regular follow-ups, are crucial components to tackle the unmet need for family planning and ensuring its long-term sustainability. The landmark judgment in the case of **Devika Biswas versus Union of India** in 2016, took cognizance of sterilization deaths in Bilaspur, Chhattisgarh in 2014, and made specific recommendations to the government to initiate a marked improvement in the quality of services under family planning. Improved quality of care would therefore involve being enabled to make safe, informed and sustainable contraceptive choices.

Overall, the dataset noted an **improvement in the quality of family planning services concerning the two categories of non-users being informed about family planning methods and current users being informed about side effects**. Further there was a lack of a significant gap in terms of the urban-rural divide with certain States like Mizoram for instance, recording a greater quality of services in rural areas 18.5% and 67.5% compared to urban areas with 11.8% and 48.4% on the two indicators. However, **there appears to be a greater emphasis on informing current users about the side-effects of present contraceptive choices as opposed to informing non-users about family planning services**. For instance, in Bihar, a high fertility State, while non-users being informed increased to only 20.2% from 12% under NFHS-4, current users being informed about side effects increased up to 49.9%. Further, certain States recorded a decline in the percentage of non-users being informed about family planning services. Goa registered the highest decline of 21.5%, followed by the UT of Lakshadweep at 9%. At present the **Method Information Index (MII)** an indicator based on three questions (1) Were you told about other methods?, 2) Were you told about potential side effects of the method you selected?, and 3) Were you told what to do if you experience side effects? is used to measure informed choice about methods as a part of FP 2020.



## LexQuest Foundation

Contraceptive options like pills and IUDs are known to have side effects that have the potential to affect certain women disproportionately. For instance the contraceptive DMPA referred to in the previous section, has been deemed rather controversial due to certain side effects including slower rates of fertility return compared to other options. Being aware of potential side effects of contraceptive methods can therefore enable one to make safe choices and can also encourage one to safely switch between different contraceptive methods. For instance, in the State of Ladakh, the number of contraceptive users informed about side effects increased notably from 28.1% to 59.4%. During the same period the number of IUD users registered a sharp drop from 30.1% to 7.9%, while condom users increased from 7.4% to 9% and users of injectables increased from 1.8% to 6.2%. Similarly the increasing mixed use of contraceptive methods by different States in the dataset could be attributed to a higher awareness about the side effects of different contraception methods.

Finally, while the survey presents useful data about recruitment of new users and dissemination of information regarding side effects of contraceptive choices, it nevertheless uses limited indicators for assessing quality of care, leaving out indicators like counselling sessions, access to family planning products and the frequency of follow-ups by health workers.





**LexQuest Foundation**

## **Conclusion**

Improved quality of care cannot be viewed as a privilege, but rather a right that should be extended to all socio-economic classes. Through the years, the government has taken certain policy initiatives that have increasingly shifted the focus from **a mere target-based approach to a more nuanced, rights-based approach involving a heavy community and grassroots participation**. The NFHS-5 (2019-2020) survey reflected the result of this with marked improvements for women in the area of family planning services like increased use of contraception to prevent unwanted births and STDs. However, it has also reflected an urgent need to address the issue of anemia in maternal healthcare. With the potential ramifications of COVID-19 on the healthcare sector and its disproportionate impact being felt by women and children, the need to provide more financial, institutional, and social support to healthcare workers and services cannot be understated. In this context, it is crucial to use the NFHS data effectively and proceed to address policy gaps that the data is indicative of, specially concerning the reproductive health of women and the changing dynamics of the household with respect to family planning and the responsibility of men and women.



**LexQuest Foundation**

## **References:**

1. [National Family Health Survey 2019-20: Phase I](#), Fact Sheets, Key Indicators: 22 States/UTs from Phase-I, International Institute of Population Sciences, Ministry of Health and Family Welfare, Government of India
2. [National Family Health Survey-5](#), Press Information Bureau, Ministry of Health and Family Welfare, Government of India
3. [Need for revisiting the role of sexually transmitted disease clinics in government hospitals in India](#), Madhulekha Bhattacharya and Hema Gogia, Journal of Family Medicine and Primary Care
4. [National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections](#), Ministry of Health and Family Welfare, Government of India
5. [The 17 Goals](#), United Nations' Department of Economic and Social Affairs, Sustainable Development
6. [Maternal Care in India Reveals Gaps between Urban and Rural, Rich and Poor](#), Population Reference Bureau
7. [Surakshit Matritva Ashwasan](#), National Health Portal, Ministry of Health and Family Welfare, Government of India
8. [National Iron Plus Initiative for Anemia Control](#), National Health Portal India
9. [National Iron Plus Initiative: Current status & future strategy](#), Umesh Kapil, Radhika Kapil, Aakriti Gupta, Indian Journal of Medical Research
10. [Maternal Health: National Health Mission](#), Ministry of Health and Family Welfare, Government of India
11. [Janani Suraksha Yojana \(JSY\)](#), National Health Portal India
12. [JSY Maternal Health Scheme](#), Poorest Areas Civil Society (PACS) Programme
13. [Contraceptive Use by Method 2019](#), Data Booklet, United Nations' Department of Economic and Social Affairs
14. [India's 'Vision FP 2020'](#), Family Planning Division, Ministry of Health and Family Welfare, Government of India



**LexQuest Foundation**

15. [Family planning in India: The way forward](#), Poonam Muttreja and Sanghamitra Singh, Indian Journal of Medical Research
16. [Meeting the Unmet Need: A Choice-Based Approach to Family Planning](#), Population Foundation of India
17. [Mission Parivar Vikas](#), National Health Mission, Ministry of Health and Family Welfare, Government of India
18. [Chapter 6: Family Planning](#), Annual Report 2015-16, Ministry of Health and Family Welfare, Government of India
19. [Contraceptive use dynamics in India: A prospective cohort study of modern reversible contraceptive users](#), Arupendra Mozumdar, Elizabeth Tobey, Kumudha Aruldas, Rajib Acharya, Aparna Jain, Research Report, USAID
20. [Birth Control around the World: Mapping Methods of Contraception](#), OnlineDoctor
21. ['It Is Necessary To Involve Men In The Family Planning Programme In A Big Way'](#), Swagata Yadavar, India Spend
22. [Risking Health Of Its Women, India Uses Controversial Contraceptive In Family Planning Programme](#), India Spend