

MOMENTUM

Safe Surgery in Family Planning and Obstetrics



RAPID ASSESSMENT FINDINGS

India conducted a total of 13 million surgeries in 2019–20 related to obstetrics and family planning (FP) which included 4.1 million caesarean deliveries (CDs), 3.4 million sterilizations and 5.5 million Long-Acting Reversible Contraception (LARC) insertions. To understand the full landscape, during the startup phase of the MOMENTUM Safe Surgery in Family Planning and Obstetrics in India, a "Rapid Assessment was conducted with the objective of assessing the current prevalence and identifying the barriers for safe surgery in FP and obstetrics". It included a literature search, secondary data analysis and key informant interviews (KIIs) focusing on the three broad themes of the project – CDs, surgery for FP, and use of LARCs among adolescents and youth. The findings from this assessment have been used to define key strategies and targeted interventions aligned with government priorities.

Key Observations: Caesarean Deliveries

Prevalent Trends in Caesarean Delivery Rates

Caesarean sections have increased significantly in the past three decades. CD rates have wide differentials across the geographies and sectors. Private sector contributes to 54% of CD despite contributing only 32% of institutional deliveries.

Trends in C-sections¹ (%) 1991–92 to 2019–21

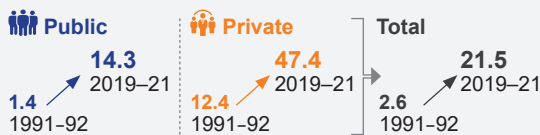
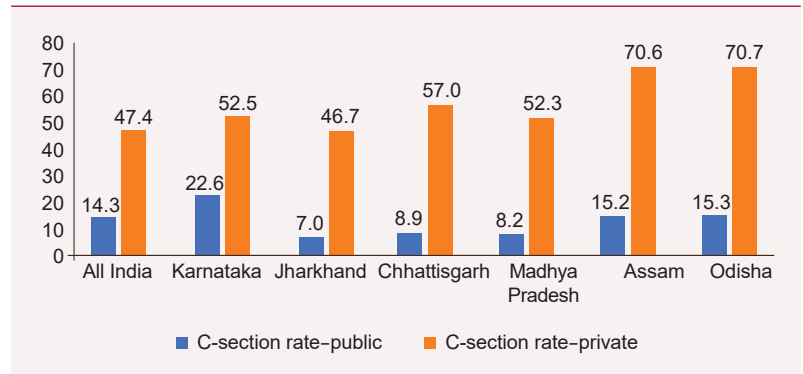


Figure 1: C-section rates in public and private facilities, India and priority states (%), NFHS 5 (2019–21)



Advancement in medical technologies resulted in view that CDs are 'safe', CD providers feel bold and confident



Shift in client perception and expectations



Lack of counseling of women during antenatal period on progress of labor (birth preparedness), limited engagement of CHWs for counselling women on CD



Lack of resources and staff nurse capacity for continuous and meticulous monitoring of normal labor, particularly in single doctor run nursing homes



Lack of referrals and patient transport for obstetric emergencies



Lack of robust, dynamic and validated data on CD

Key Observations: Surgical Family Planning Methods

Female sterilization accounts for 68% of the method mix among users at national level, with state level differentials ranging from 20% in Assam to 86% in Karnataka¹

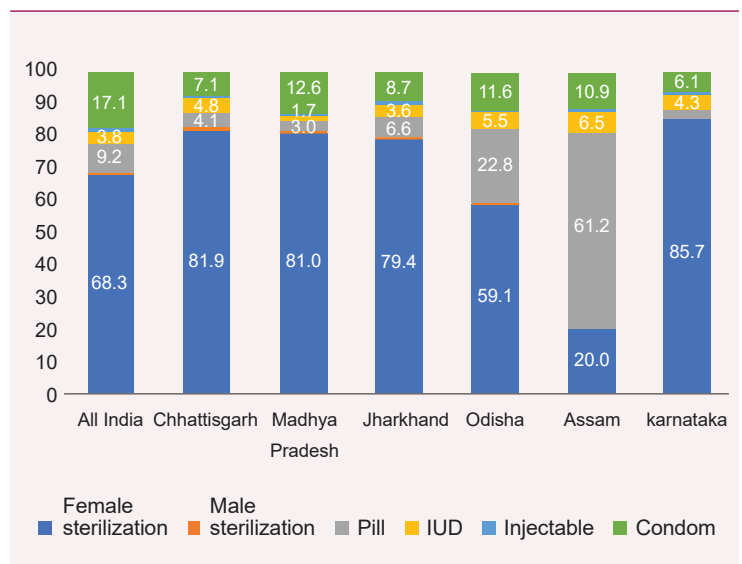
At national level, the private sector contributes to 24.1% of sterilizations and 6% of IUD insertions¹

45% of all IUD insertions and 22% of female sterilizations are done during the post-partum period²

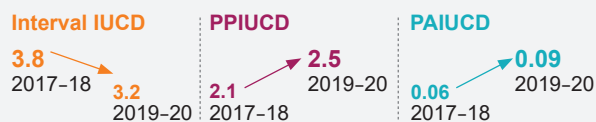
Contraceptives were not used by majority of women post abortion. Marginalized women were less likely to use any (particularly modern, reversible) method after abortion

Male sterilization (NSV) accounts for only 0.3% of total FP sterilization across the country¹

Figure 2: FP Method Mix, India and priority states (%), NFHS 5 (2019–21)




Trends in IUD by timing of insertion (millions²)



Contraceptive Use among Adolescents and Young Persons, with a Focus on LARCs

Contraceptive use is low and there is a high unmet need: Modern contraceptive prevalence rate (mCPR) is only 9.8% among married women (15–19 years). It increases to 23.3% among women aged 20–24 (still lower than the overall mCPR of 48%)³.

 One in five married women (15–19 years) have unmet need for spacing which reduces marginally to 15.7% among women aged 20–24³


 Pills and condoms account for 85% of the method mix in adolescents (only 5% usage of LARCs)³

Figure 3: Unmet need for mCPR (%), NFHS 4 (2015–16)

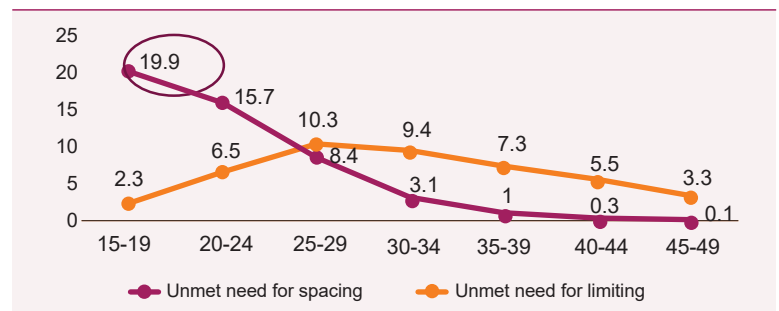
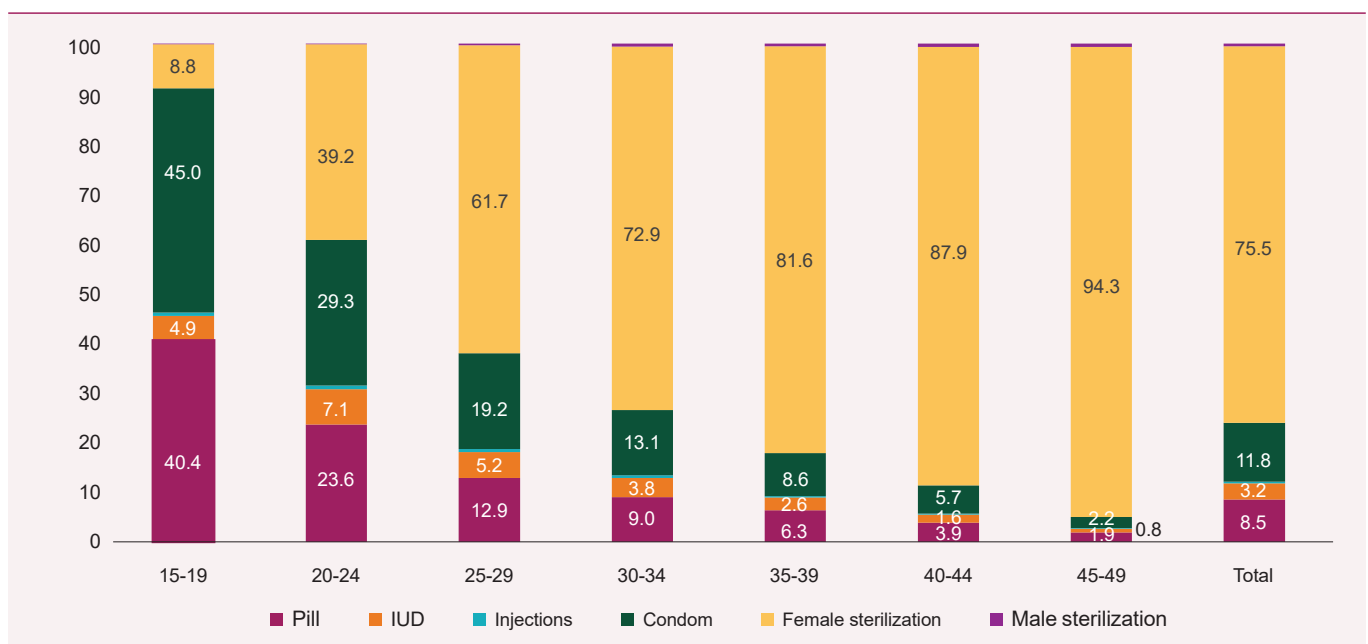




Figure 4: Age specific method mix in India (%), NFHS 4 (2015–16)







There is lack of knowledge about safe contraceptives among the adolescents and youth



The adolescents and youth (particularly those who are unmarried) prefer going to private providers rather than accessing the public health system due to lack of privacy and confidentiality



Only emergency contraceptive pills (ECPs) or oral contraceptive pills (OCPs) are offered to this population



Providers both in public and private sectors have biases against provisioning LARCs to adolescents and youth and that LARCs are not meant for nulliparous women

References

- 1 International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-20: India. Mumbai: IIP
- 2 Health Management Information System (HMIS 2019-20)
- 3 International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS



Disclaimer:

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