

### LETTERS

# The data quality debate on Indian surveys should be more responsible

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Recently, the data quality of the National Sample Surveys (NSS) and the National Family Health Surveys (NFHS) has become the centre of discussion [1,2]. Two issues that have been raised include the overestimation of the rural population in these surveys and greater response rates in poorer wealth groups compared to the richer groups. Technically, there are concerns about the generalisability of these surveys. Politically, the argument is that together these issues bias the surveys toward depicting the country as worse off. In other words, the surveys do not capture the growth in urbanisation and accompanying wealth generation that has happened over the recent past.

Debates around data quality are important as these data form the basis for the country's policymaking. However, the ethics of such debates needs to be grounded in evidence and should utilise the appropriate mechanisms of scrutiny for ascertaining the validity of arguments. The current debate is neither evidence-based nor is it framed as rigorous academic debate should be — with far-reaching consequences for public policy and public perceptions. The descent of the discourse into newspaper articles making opposing and somewhat unsubstantiated claims as well as social media spats, is arguably not in good faith.

On the technical front, the issue of rural population overestimation might be more challenging than its current portrayal. First, commenting on overestimation needs a sound standard of comparison, ie, ground truth. Typically, the census would act as the ground truth. However, the last census for India was completed 12 years ago, which makes any comparison difficult. In the absence of data, one can rely on projections. However, the reliability of the projections can be questioned in the same fashion as the survey-based population estimates are being questioned. Hence, anyone concerned with data quality and interested in assessing it should be concerned about the absence of ground truth data, in this case, the census. Second, there is no consensus or method of measurement to determine how much overestimation is tolerable. For instance, in our article, we noted that the difference between the census-based population projections and NSS-based estimates for rural population proportion ranges from 2.57% points to 4.40% points across years. [3]. It is difficult to say whether this difference is alarming or not. There is no threshold as such. Third, the source of the overestimation remains unknown. The debate until now has generated speculation and promoted the opinion divide. However, we are still far from asking and answering what design elements of the surveys are creating this bias.

Another important issue is the difference in response rates across wealth groups. Again, the debate has focused emphatically on the implications of such differential response rates without establishing their existence. We analysed multiple response categories (cooperative and capable to respond, cooperative and not capable, busy, reluctant, and other) across wealth quartiles for eight NSS surveys covering a period from 2011 to 2019 [3]. Specifically, we looked at the differences in the response rate estimates between the richest and poorest quartiles for each response category. We found a positive difference in the proportion of respondents who were cooperative and capable between the richest and poorest quartiles highlighting that the cooperative and capable respondents were more likely to belong to the richest quartile. Our analysis also showed that the percentage point difference in reluctant and busy respondents between the richest and poorest quartiles varied only marginally. Hence, the bias, if any, was negligible and could not skew the findings decisively in any way. It is also important to note that a greater proportion of respondents who were cooperative but not capable of responding belonged to the poorest rather than the richest quartile. This further diminishes the threat of existing surveys being biased towards overestimating the percentage of poor residents.

On the political front, this debate has opened the door to multiple problems with ethical implications. First, it has transferred a supposedly academic discussion to a public platform where the arguments with more popular support are being valued over those with valid content. Second, the debate has actively contributed to diminishing public faith in institutions that are responsible for data generation at a time when denial of data, misinformation, disinformation, and politically charged narratives run high. Finally, a precise diagnosis of the problem and any directions for managing them remain elusive. This makes the debate on data quality issues unproductive and raises concerns about its purpose, to begin with. Bringing a technical debate to a public platform has only resulted in confusing people without providing answers.

Academics and policymakers are specialists whom society trusts. Debates are highly valued in a free and healthy intellectual culture. Hence, the onus of how to responsibly initiate and conduct such debate lies on the specialists. Acting irresponsibly is a violation of ethics.



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# Men and menstruation in India: time for frank discussions

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**Keywords:** Menstruation, men, society, women's health, India.

In the twenty-first century, there is still a taboo on frank discussion of menstruation in Indian society, particularly with men. This inadvertently widens the gender/equity gap in families and in society. Even men in the healthcare sector are uncomfortable talking about this because the societal norms often overpower professional knowledge. Indian society needs to move forward and normalise menstruation in the perceptions of boys and men in all settings. We highlight below some salient points on the orientation of men regarding menstruation.

Menstruation is either mentioned in hushed whispers or through euphemisms among the upper and middle class, whilst it remains a taboo topic among the lower sections of Indian society. Mothers, irrespective of education level, tend to be very conservative while talking about menstruation with their boys [1]. They ensure that even their daughters do not discuss this with male family members. The stigma starts here and continues lifelong, unless a medical emergency arises.

A natural physiological phenomenon which a female has to undergo every month from the tender age of 10 or 11 years with accompanying cramps, discomfort and, often, irregular cycles, has been stigmatised. The consequent lack of awareness or training on menstrual hygiene gives rise to several health issues, misconceptions on timings of natural

contraception and mental harassment of women by debarring them from social activities, entering religious places, etc [2].

Indian men, including educated professionals are not only uncomfortable talking about menstruation, but also find it unmanly to do so [3]. This is compounded by the fact that they do not have to experience menstruation themselves. Few researchers have examined male perspectives on menstruation, whereas a clear understanding of the subject in society at large may save future generations from the general indifference of men and the unnecessary shame experienced by women [4]. Physiological premenstrual and perimenopausal syndromes cause a lot of distress. The few women who received support from male family members experienced better emotional and physical wellbeing [5,6]. However, most women are expected to continue with household chores or report to work without any compromise.

Only when menstruation becomes pathological do family members take notice, but the regular cycles of dysmenorrhea and the 24x7 discomfort at a stretch create no ripples. Even female doctors have to deal with related health problems alone, just because they have the means and the understanding, despite their additional roles of wife and mother. Unfortunately, most medical professionals also view menstruation solely from a medical angle and not as a normal biological process, complicated by socio-cultural practices that need to be addressed [7]. As women age, perimenopausal symptoms appear, often catching them off guard. There is even less awareness about perimenopause and menopause among both women and men, complicating the issue further.

Families and educational institutions are crucial settings for sensitising and familiarising boys with menstruation early on. If a 10- or 12-year-old girl can endure menstrual pain, surely a boy of the same age could understand the issue and be of some help. Boys are not taught about menstruation till they hear about it from friends or male relatives and social media, often in a distorted manner, or read about it from textbooks, with unanswered questions lingering in their minds [8]. Educational institutions, starting from schools, need to provide sufficient and open information on the subject. School absenteeism, dropping-out and teenage pregnancy are all related to lack of awareness and support regarding this biological process. Textbook knowledge about menstruation needs to translate into empathetic attitudes. Life skills classes and workshops that include menstruation-related awareness building need to be conducted.

At the workplace, despite projections of gender inclusivity, menstruation remains a taboo topic. For example, rarely can a woman employee cite menstruation-related problems as the reason for seeking leave to their male colleagues or superiors. Instead, they inadvertently learn to be docile — a