



THE STATUS OF FAMILY PLANNING IN INDIA: AN INTRODUCTION

Key Points

- Although India has a long history of promoting family planning, the number of women with unmet need for contraceptive methods is higher in India than anywhere else in the world.
- India's method mix is skewed towards female sterilization and the range of methods women can use to space their births is narrow.

India has a long history of proactively promoting family welfare. As early as 1935, the National Planning Committee set up by the Indian National Congress described population issues as being 'in the interest of social economy, family happiness, and national planning.'¹ One of the first countries to launch a national programme to reduce birth rates, India instituted the National Family Welfare Programme (NFWP) in 1952 as part of its first Five Year Plan (1951-56).

The NFWP has since grown significantly in terms of financial investment, geographic reach, quality of services, and the range of contraceptive methods offered. Over the years, the programme adopted a succession of approaches: clinic, extension, camp (temporary clinic), and now the integrated approach. The NFWP has shifted its focus away from vertical family planning services and towards the provision of comprehensive care that incorporates provision of contraceptives. Thanks to these measures, fertility levels in India are gradually falling. Yet despite these advances, contraceptive choice is limited and unmet need for family planning remains high.

INDIA'S CURRENT METHOD MIX

A key objective of India's National Population Policy (NPP), adopted in 2000, was to achieve a total fertility rate (TFR) of 2.1 by 2010. As of 2005/2006, the TFR was 2.7 children per woman.² To help lower the TFR, the Government of India (GOI) has supported a diversified contraceptive method mix.³ The Ministry of Health and Family Welfare currently offers five modern contraceptive options: three spacing methods to allow women to control the period between births and two limiting methods to permanently prevent pregnancy. The three spacing methods

are oral contraceptive pills, condoms, and intrauterine contraceptive devices. The two limiting methods are female sterilization and male sterilization. In 2008, the GOI introduced emergency contraceptive pills as part of the national Reproductive and Child Health (RCH) programme.

The family planning services in India are skewed towards sterilization, particularly sterilization of women. Use of a modern method among married women in India is 49 percent and female sterilization accounts for 77 percent of this group.⁴ Provider bias towards female sterilization and a narrow range of choices of modern spacing methods can be especially problematic for women with one or two children who are not yet ready for a limiting method. Insufficient spacing between pregnancies leads to complications resulting in poor maternal and child health.

EXPANDING FAMILY PLANNING CHOICES

The country with the largest number of women with unmet need for contraception is India.⁵ Approximately 13 percent of currently married women between the ages of 15 and 49 in India have an unmet need for contraception.⁶ (More than 20 percent of women in the four Indian states of Nagaland, Jharkhand, Bihar, and Uttar Pradesh have an unmet need for contraception.) Of the 13 percent of women with unmet need nationwide, about 6 percent have an unmet need for spacing methods and 7 percent for limiting methods. The unmet need for spacing is generally highest among women with one living child.

Additional spacing methods, such as injectables, need to be considered to expand the basket of family planning choices in the NFWP and reduce unmet need.



BRIEF 1
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Subsequent briefs in this kit devoted to injectable contraceptives:

- explain the rationale of introducing injectables into the public sector in India, based on national and international experience;
- describe the type, availability, and use of injectables;
- outline the method's characteristics;
- address health issues often used to advocate against the inclusion of injectables into the public-sector method mix;
- present the latest local research on injectables; and
- summarize users' perspectives on injectables.

The kit also offers a list of family planning resources useful to programme managers and providers.

References

1. Samuel TJ. The development of India's policy of population control. *Milbank Mem Fund Q.* 1966; 44:49-67.
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5. Sedgh G, Hussain R, Bankole A, et al. Women with an unmet need for contraception in developing countries and their reasons for not using a method. Occasional Report No. 37. New York: Guttmacher Institute; 2007.
6. IIPS.



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