

## India e-FP Issue Brief #5

**Topic:** Introduction of new contraceptives in India

**Date:** 16 August – 31 August, 2012



### ***Moving from rhetoric to action: Making the case for the introduction of new contraceptives in India***

**Background:** India has made great strides in reducing the momentum of population growth. The percentage decadal growth during 2001-2011 has shown the greatest decline since independence, to 17.64% (2001-2011) from 21.54% (1991-2001).<sup>1</sup> The national family planning program was launched in 1951, and was the world's first governmental population stabilization program. By 1996, the program had been estimated to have averted 168 million births. Awareness of contraception is near-universal among married women in India.

**Challenges in the current FP program in India:** Despite these impressive gains, there are major challenges in India's family planning program. Only around 53% of the 188 million eligible couples are currently using contraceptives. Vast numbers of people cannot avail the services even when they are available due to problems of knowledge and access. Even today, 20% of couples in the country continue to have children they do not want because contraceptive services do not reach them.

The contraceptive method mix is limited in India. There is a skew in the current usage patterns of contraceptives with a predominance of female sterilization (75%) as the method of choice, and use of spacing methods such as condoms, oral contraceptives and intrauterine devices (IUDs) is low. The limited choice of methods can make it difficult for women to find a method that suits their preferences.

**Need for new contraceptive introduction:** The need of the hour is to introduce more choices of contraceptive methods, which are safe, effective, and easy to use in addition to revitalizing existing under-utilized methods in India. A number of contraceptives including implants and injectables have been in use by women of reproductive age in many neighboring countries including Bangladesh and Nepal with minimal side effects.

Studies are currently being conducted to introduce long-acting contraceptives administered through sub-dermal, vaginal, intrauterine and transdermal routes to increase compliance. While tremendous success can be achieved by expanding access to existing methods of contraception, some additional methods including non-hormonal or new types of estrogen/progestin oral contraceptives; new long-acting hormonal injectables in novel delivery systems; non-surgical methods or male and female sterilization; biodegradable implants and novel dual protection methods will have the immediate benefit of increasing the basket of choices for eligible couples.

**The WHO Strategic Approach for new contraceptive introduction:** Experience from around the world has shown that increasing the availability of new contraceptives does not always broaden choice or expand use unless constraints in the service delivery system are simultaneously addressed. The WHO

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<sup>1</sup> Census of India 2011

Strategic Approach to Contraceptive Introduction<sup>2</sup> emphasizes the need to examine the entire method mix, clients' and other community members' needs and perspectives, and the capacity of the service delivery system to provide quality services prior to making decisions about contraceptive introduction. The Strategic Approach also suggests that new technologies must be introduced within a quality of care and reproductive health framework, and strategies for introduction should incorporate the perspectives of a broad range of stakeholders, including those of users and other community members, providers, program managers, policy-makers and women's and youth advocates.

The three stages of the Strategic Approach—the strategic assessment, action research and expansion—are geared toward decision-making within the context of the service capabilities and user needs in a specific country or setting.

**Stage 1 (Strategic Assessment)** relies on existing information and field-based data collection to generate timely answers to strategic questions about how to broaden contraceptive choice and improve quality of care. The three strategic questions that require to be answered include: establish the need to improve the provision of currently available contraceptive methods, assess need to remove any methods from a given setting, and assess the need to introduce new contraceptive methods.

**Stage 2 (Action Research)** focuses on the feasibility, acceptability and potential impact of introducing a specific contraceptive with a quality-of-care and reproductive choice focus. It also entails investigating the means to improve the service delivery system in order to enhance access, availability and quality of care in the provision of all contraceptive methods, and implementing pilot or demonstration projects to evaluate service innovations, such as involving the community in the design and monitoring of reproductive health care.

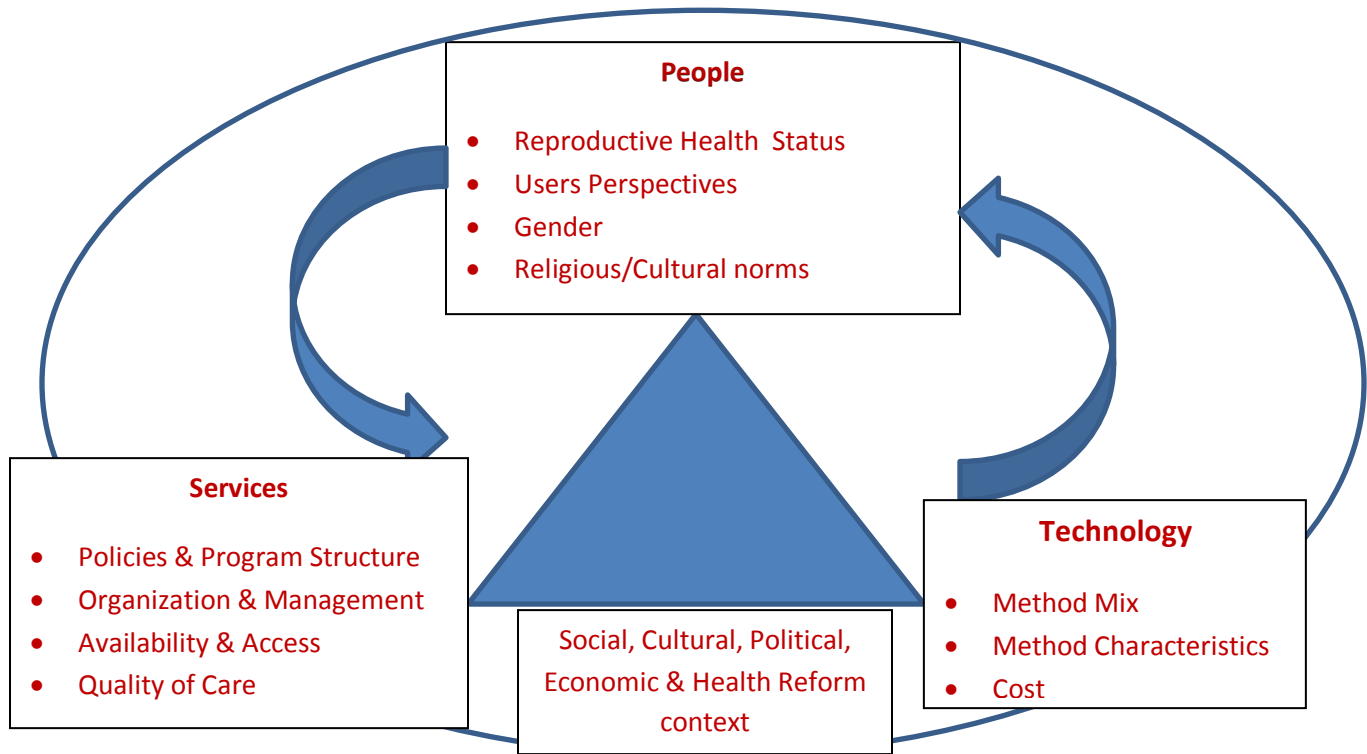
**Stage 3 (Expansion)** focuses on policy dialogue, planning and action for program expansion and includes decisions made about “scaling-up”—how and when to move from small-scale projects to regional or national implementation. Expansion activities have included the replication of a community-oriented management approach to reproductive health care in a decentralized health system and the larger-scale introduction of a contraceptive in the context of service delivery guidelines and standards developed during the action research stage. Expansion may require refinements and adaptations of interventions.

Plans for training service providers, conducting outreach and community mobilization, modifying infrastructure, and upgrading supply and logistics systems may be developed. Workshops, seminars, and publications to share and discuss findings are critical to ensure that findings are fully understood and that consensus is reached on proposed actions.

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<sup>2</sup> Making Decisions About Contraceptive Introduction: A Guide for Conducting Assessments to Broaden Contraceptive Choices and Improve Quality of Care – World Health Organization (WHO), 2002

The three stages of the Strategic Approach are guided by a client-centered systems framework and a participatory process as shown in Figure 1 below.



**People** at the top of the triangle reflect the importance of considering the needs and perspectives of both users as well as other community members. The systems framework takes into account religious and cultural norms as well as the gender relations that influence opinions about, and use of, contraceptive methods and health services.

**Technology** point of the triangle refers to the characteristics of both the current method mix and any method(s) under consideration for introduction into the particular program (characteristics of contraceptives that need to be considered include efficacy, requirements of administration, side-effects, duration and reversibility).

**Service** point of the triangle highlights the factors that affect the capacity of a given service delivery system to ensure access to quality health care.

The **Circle** around the triangle represents the broader social, cultural, economic, political and health reform environment that influences all the points and the relationships between them. It calls attention to issues such as the economic conditions, political ideologies and the impact of health reforms that determine the broad context within which reproductive health needs must be addressed.

**Feasibility of introducing new contraceptive methods in India:** The national FP program in India has already taken the initiative to introduce new products (*IUCD -375*) and new service delivery models ("*Contraceptives at Doorstep*"). In addition, the national FP program is also strengthening and improving access to underutilized methods (*postpartum IUD*). Few new contraceptives are currently in the clinical trial (*Implanon study*) or feasibility study (*sub cutaneous Depo provera*) stage. This creates a good environment to introduce a new safe and effective contraceptive by using the WHO's Strategic Framework. Doing so will help to meet the Government of India commitment<sup>3</sup> to ensure that family planning information, commodities and services are provided to 200 million couples in reproductive age group in partnership with private sector and civil society partners.

**Discussion on India e-FP Forum:** I would like to appeal to all Indians who are passionate about the issue of family planning to contribute their voices from the field and advocate for the introduction of new contraceptives in the country. The discussion at the India e-FP Forum will feed into a stakeholder consultation on "*Expanding Contraceptive Choices in India: Focus on new and underutilized methods*" to be held in Delhi on September 6 and 7, 2012. Kindly discuss the following four questions.

*Q1: Is India open to the introduction of a new contraceptive? Please explain*

*Q2: Based on global evidence and the local context, what kinds of contraceptives should India adopt? What time frame?*

*Q3: How will new contraceptives impact TFR and CPR?*

*Q4: What role can stakeholders like yourselves play in bringing new contraceptives to the public health sector in India ( e.g. Advocacy, Technical Assistance, Capacity building, Implementation Support, Programme Research, Human Resources)? Please explain*

If you are a member of India e-FP, please post your responses to [Indiae-FP@yahoogroups.co.in](mailto:Indiae-FP@yahoogroups.co.in)

If you are not yet a member, but would like to participate, please email your responses to the questions on [Indiaefp@fhiindia.org](mailto:Indiaefp@fhiindia.org) and your comments will be posted by the moderator.

To subscribe to India e-FP, please email [Indiae-FP-subscribe@yahoogroups.co.in](mailto:Indiae-FP-subscribe@yahoogroups.co.in)

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<sup>3</sup> Health Minister's Speech at the Family Planning Summit, London, July 11, 2012