

Family Planning and Access to Contraception in India

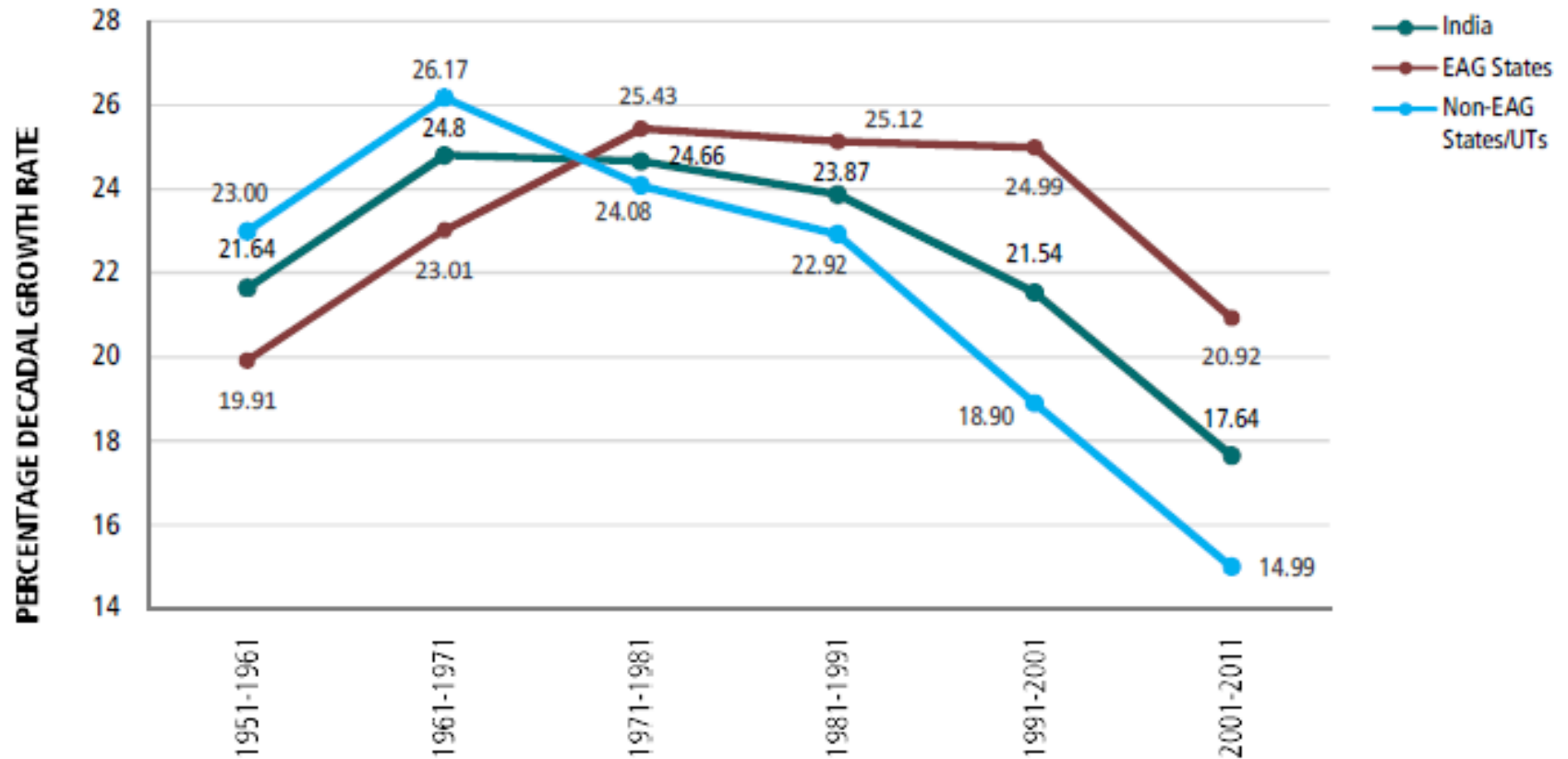
Key Concerns, Emerging Priorities

Centre for Health and Social Justice (CHSJ),
New Delhi

FP in India : A Review

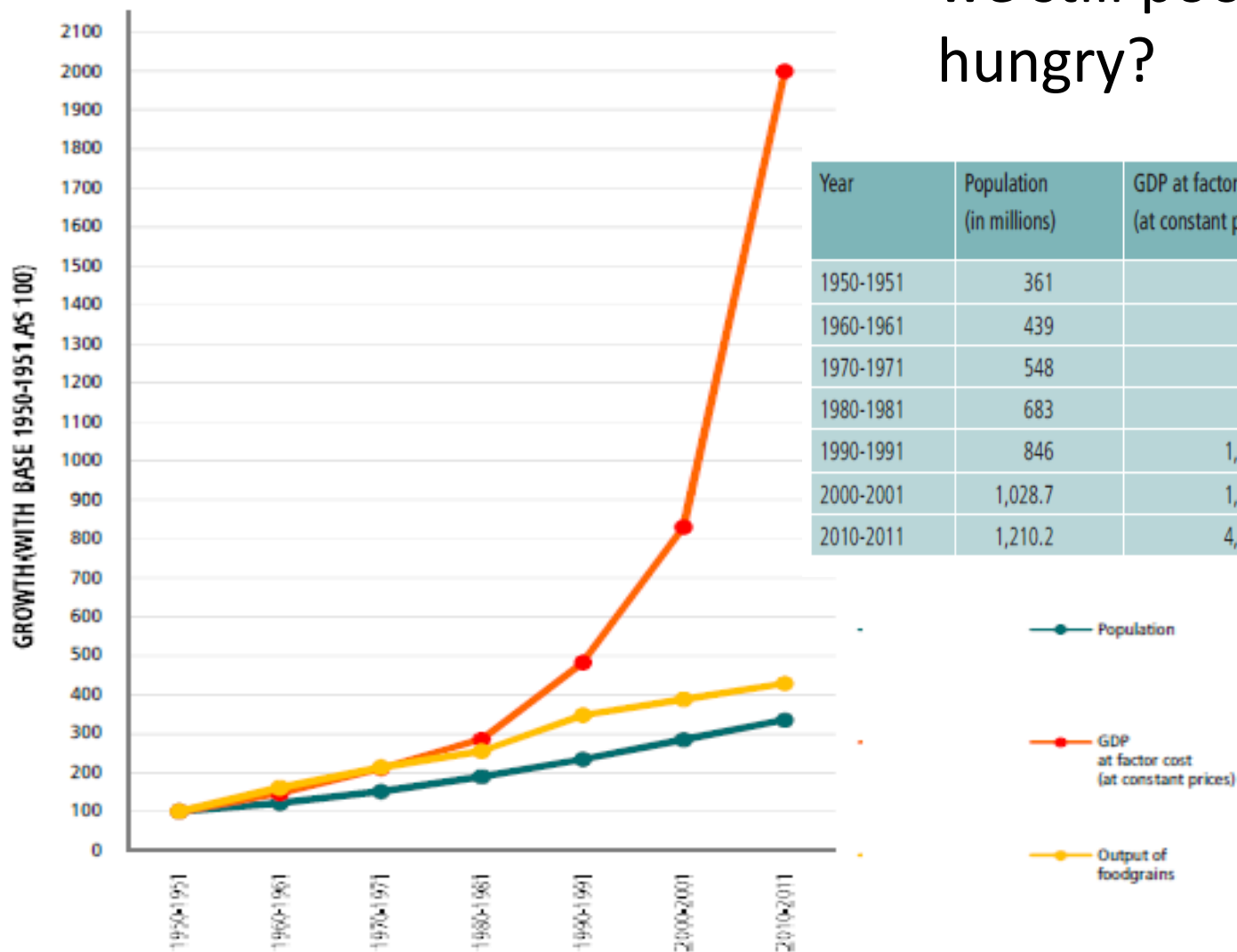
- FP Program started in 1951
- Strong emphasis on Population Control since 1960s
- History of Coercion/Targets/Incentives – 70s and 80s
- National Government rejects targets, announces Target Free Approach – mid 90s; RCH approach introduced
- National Population Policy, 2000 introduced
- BUT Continued emphasis on Population control

Population growth rate



Growth of population, GDP and foodgrain production, India: 1950-1951 to 2010-2011

As a country why are we still poor and hungry?

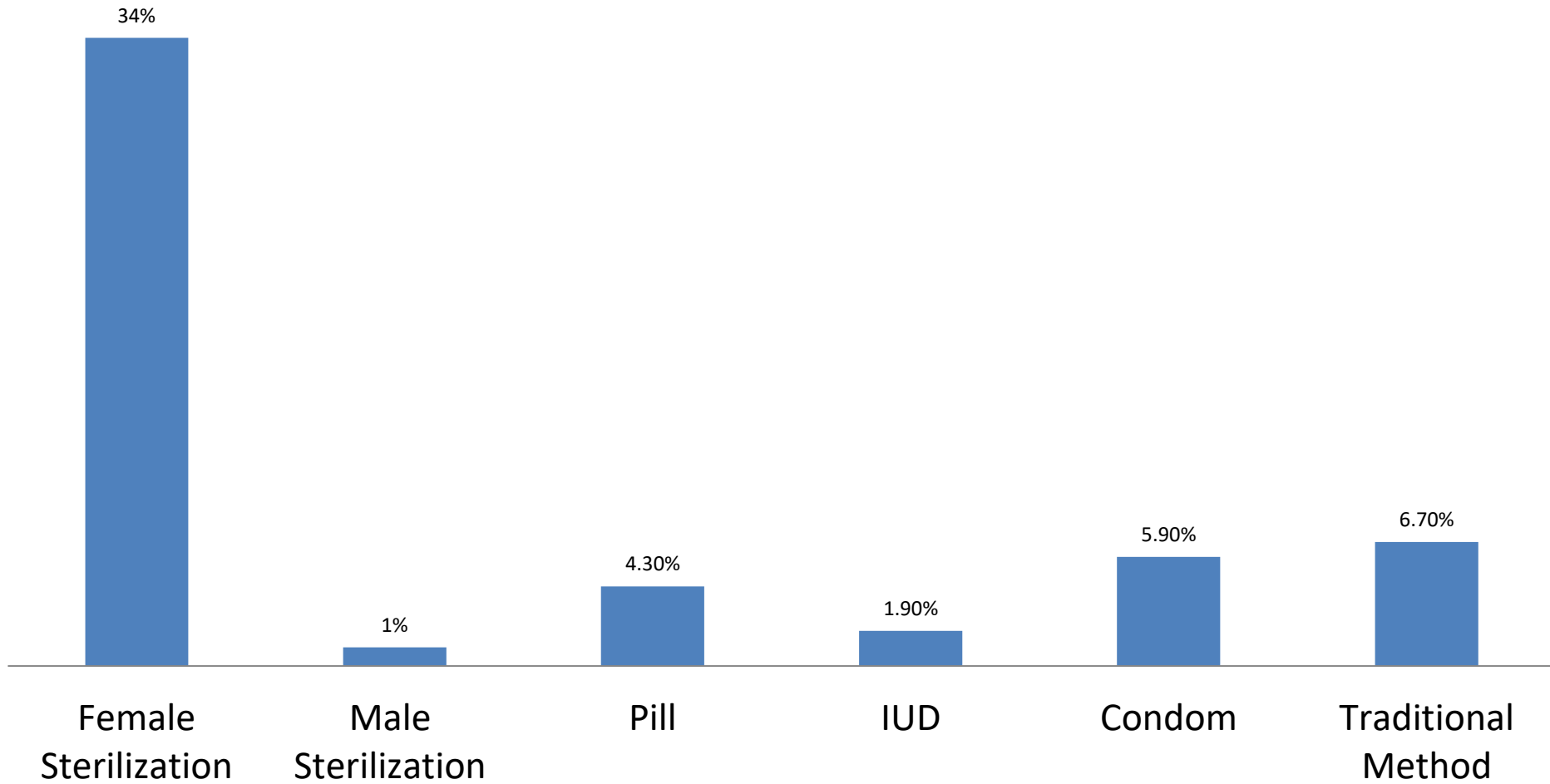


Year	Population (in millions)	GDP at factor cost (at constant prices in ₹ Crore)	Output of foodgrains (million tons)
1950-1951	361	224,786	50.8
1960-1961	439	329,825	82.0
1970-1971	548	474,131	108.4
1980-1981	683	641,921	129.6
1990-1991	846	1,083,572	176.4
2000-2001	1,028.7	1,864,300	196.8
2010-2011	1,210.2	4,493,743	218.2

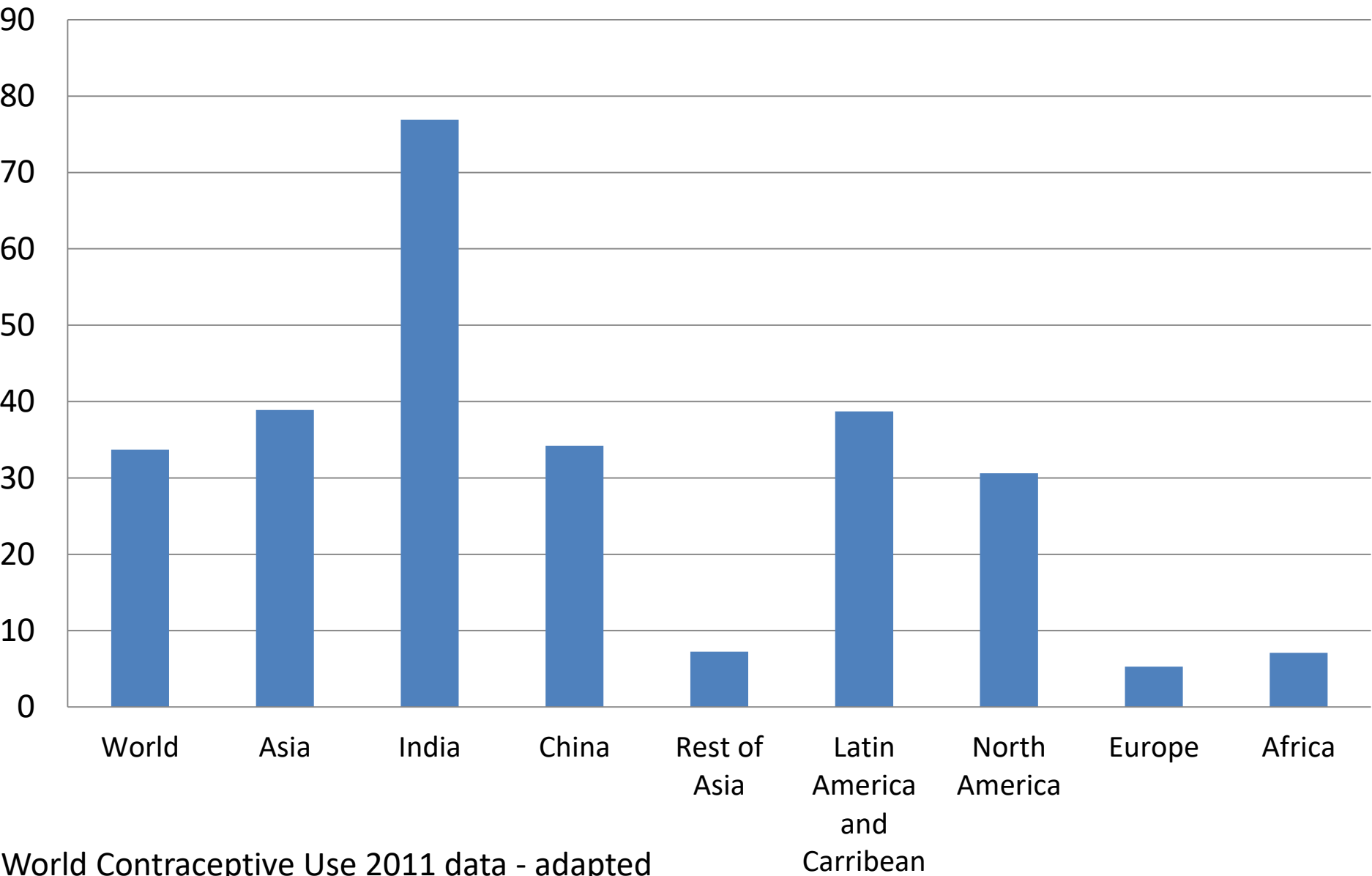
Two-Child Norm

- Family size control prescription – compels couples to not have more than two children
- Disincentives for having more than two children
- Exclusion from schemes, jobs, opportunity to contest elections
- Impact is ultimately on women – not able to take advantage of schemes, abandonment and neglect of girl children, denial of paternity of third child and so on.

Use of Family Planning Methods - DLHS 3

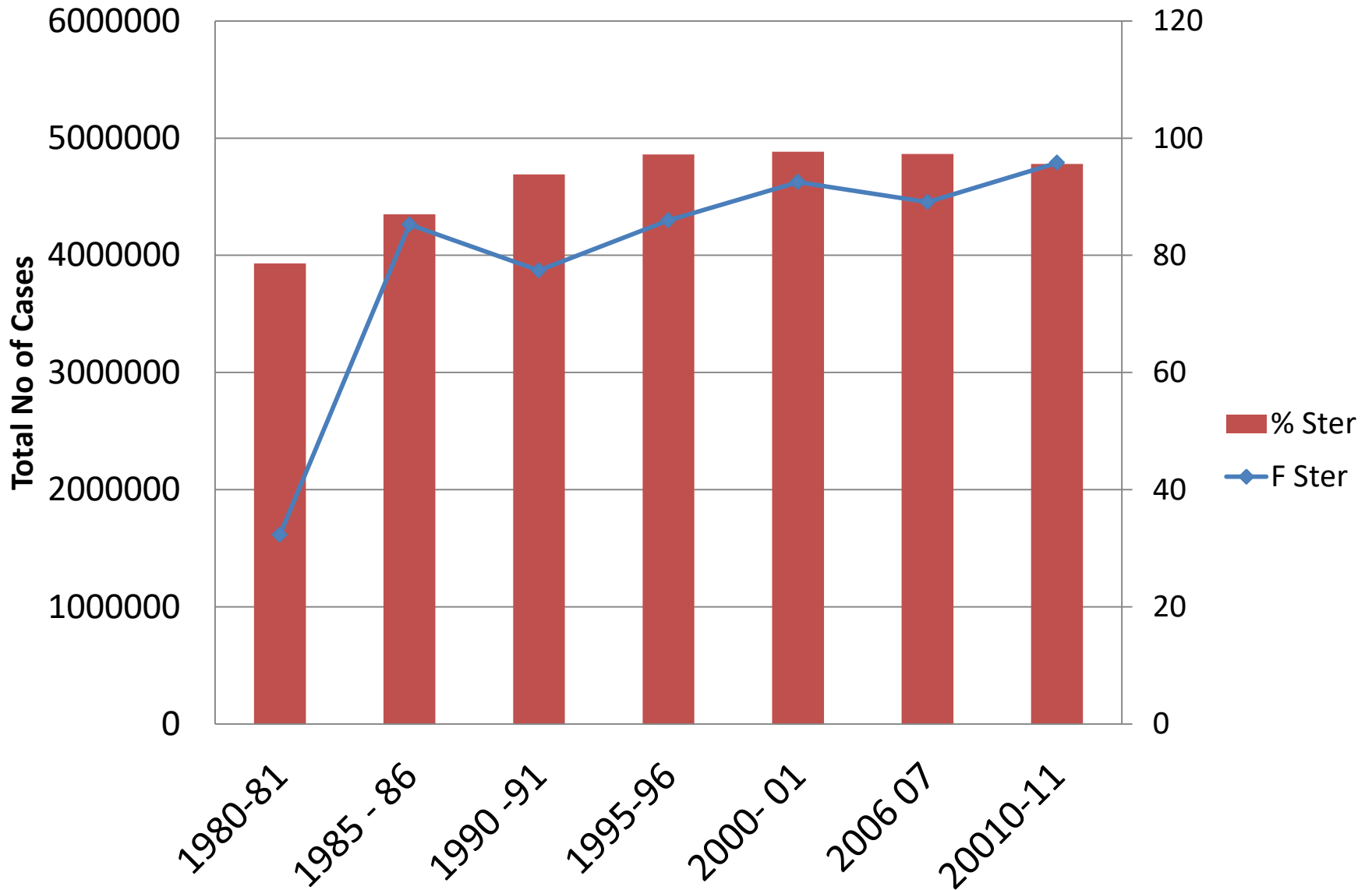


Proportion of F Sterilisation in overall contraceptive use (women 15 - 49 years)

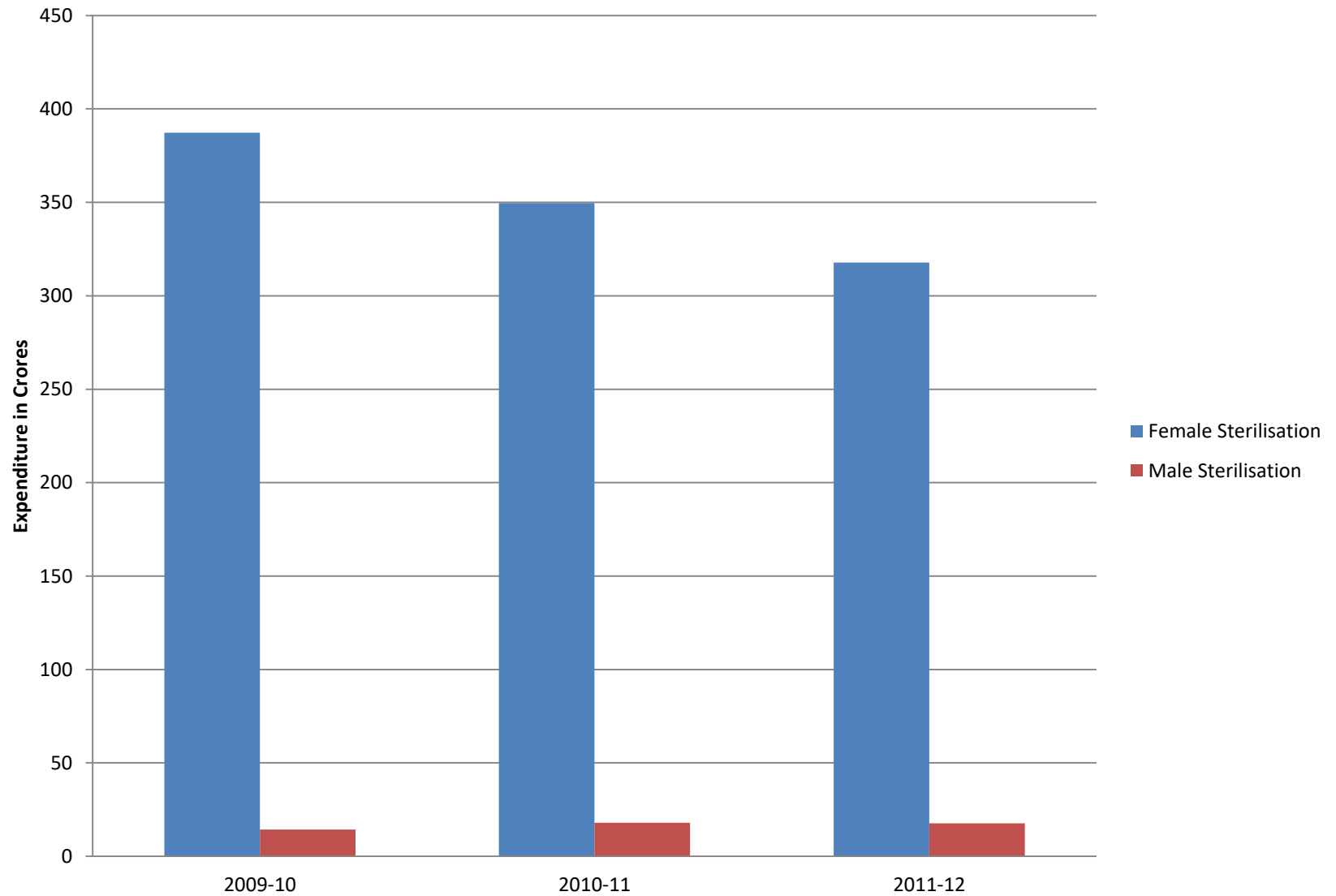


World Contraceptive Use 2011 data - adapted

Female Sterilisation in India



Expenditure on Male and Female Sterilization



Is Female Sterilization an appropriate method for our demographic?

- Why should women bear the burden of contraception alone?
- Is it appropriate for young couples looking to delay birth of first child?
- Is it appropriate for unmarried couples?

Concerns about Coercion and Quality

- Early 1990's – Targets leading to poor quality programming
- 1996 – Target Free Approach announced after ICPD i94
- Late 1990's studies highlight poor QoC
- 1998 – Quality standards for M and F Sterilisation set
- 2003 – HW UP goes to Supreme Court
- 2005 – SC orders on QoC in Ramakant Rai case
- 2005 onwards – Quality standards revised; FPIS introduced
- 2007 onwards – CHSJ studies show poor QoC

Continuing concerns

- No counselling, no options
- Evidence of coercion
- Facilities poorly equipped
 - Malda, Kaparfora, Bilaspur, Azamgarh, Odisha
- No follow up, long term effects?
- Failures (early age), complications, death
- Poorly functioning Quality Assurance Committees
- Concerns with PPIUCD

Nearly 25% of Indians are adolescents

So We are a Young Country

BUT

- Nearly 50% of Indian girls are anaemic and underweight
- Nearly 40 % of adolescents are out of school
- Nearly 50% of girls in India are married before the legal age of 18 years (more in North India)
- Nearly 15% adolescents are teenage mothers

Involving Men...Some critical thoughts

- Clients for Non Scalpel Vasectomy – Seen alone is an inadequate approach!
- Address Men's interests – As father/parent and spouse/partner – in early marriage, in spacing, in contraceptive use (gender equality)
- Address Men's anxieties about contraceptive use and failure (including women's anxieties); and their reproductive and sexual health needs
- Identify Male leaders and ambassadors – in the community and within the health system
- Engage a male volunteer to work along side the ASHA to work with men (including young persons)

Last but not the Least: Keep women at the Centre

- Need to be alert with new 'targets' being set at the International level (FP2020)
- Focus on women's contraceptive needs rather than population goals, with the objective of giving more control over fertility
- Entitlement awareness at the community level
- Informed choice : adequate information about risks and advantages at all ages, especially be vigilant about PPIUCD
- Include women's choices and satisfaction part of annual village planning and community monitoring processes.