Choice-based Approach to Family Planning: A Key Component for Addressing Unmet Need

- Meeting unmet need of women for contraception appears to be a win-win: a method to help stabilise population via the lens of choices made by women and by empowering them.
- The *choice-based approach* recognises that women have different choices and individual preferences for their fertility, family planning and contraceptive use, and aims to build policies and programmes that ensure that women have options to choose from, accurate and complete information to facilitate their choice, and the freedom to exercise their choice

Context and Background

Unmet need refers to the "condition of wanting to avoid or postpone childbearing but not using any method of contraception" to do so[1].

Unmet need can be further disaggregated into unmet need for limiting births and unmet need for spacing births[2]. Unmet need also varies across parameters, like geography, age, education, religion, caste, and economic status, among others[3]. We must understand and appreciate that women's unmet need is dynamic and can change over a period of time as their fertility desires alter, when women want to change their contraceptive method, or when deciding to return to contraception following childbirth[4].

It was the International Conference on Population and Development (ICPD) in 1994 that proved to be a game-changer. It pushed for a rights-based approach to address population concerns, emphasising the possibilities of achieving a desired family size through striving for wider gender development, and making quality reproductive healthcare accessible to all[5].

Subsequently, meeting the unmet need of women has emerged as a critical measure of reproductive health and family planning that could align the two distinct aspects of family planning programmes–achieving population stabilisation and enhancing reproductive health–while upholding individual choice and striving for social change, particularly through gender development.

India and Family Planning

India's National Population Policy (2000) reflects the government's commitment to voluntarism, informed choice and consent in availing reproductive healthcare services. It also calls for a comprehensive approach to population stabilisation and for addressing the social determinants of health, promoting women's empowerment and education, adopting a target-free approach, encouraging community participation and ensuring convergence of service delivery at the community level[6]. India was also part of the first cohort of countries who committed to the FP2020 initiative in 2012. The FP2020 (now FP2030) is the global partnership for family planning. These commitments were revitalized in 2017 to increase modern contraceptive prevalence rate (mCPR) from 53.1% to 54.3% and to ensure that 74% of the demand for modern contraceptives is satisfied[7].

India has promoted the use of modern contraceptives and steadily expanded its basket of contraceptive choices, with the most recent addition in 2017, of three new spacing methods: Injectable contraceptive MPA (Antara - a 3-monthly injection); Centchroman pill (Chhaya - a non-hormonal once a week pill); and Progesterone-only Pills* (POP) (**yet to be rolled out*).

Yet, the desired fertility rate (DFR, also known as wanted fertility rate), which is defined as the number of children a woman *wants* to have in her reproductive lifespan, has continued to lag behind Total Fertility Rate (TFR) and attests to the fact that women want smaller families than they are able to have. DFR in India is currently 1.6 as against a TFR of 2.0, which is below the replacement-level TFR of

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2.1 as per NFHS–5, 2019-21. Yet as many as 9.4% of married women in the reproductive age group (15-49 years) i.e. about 22 million women across India, have an unmet need for family planning [8].

Factors Impacting 'Unmet need'

- Social norms: opposition to family planning by the woman herself or someone close to her, including her husband, in-laws, etc
- Awareness and service access issues: including awareness of methods and their availability and cost, and access to a source or health facility
- Quality of care issues: lack of counselling pertaining to method use, including benefits, side effects and options to switch, if needed

For more details see Policy Brief on Meeting the Unmet Need – https://populationfoundation.in/wp-content/uploads/2020/09/Choice-Based-FP-White-Paper.pdf

Recommendations/ Four Must-Dos

1. **Strengthen Quality of Care and Family Planning Counselling:** To fulfil their unmet need, women need access to affordable and quality reproductive healthcare and family planning services, including a basket of contraceptive choices, last-mile connectivity with healthcare services, and interactions with healthcare providers and Frontline Workers (FLW). These FLWs are expected to facilitate informed decision-making around choice of contraceptives and their use in an empathetic and prejudice-free manner. Capacity building of frontline workers is the most important step towards this.

Instances of improved outcomes for family planning services attributable to effective counselling

- *In the mid-1970s under the MATLAB project in Bangladesh educated local women offered doorstep family planning counselling and services in religiously conservative villages with poor socio-economic conditions. In less than a year, the prevalence of contraceptive use increased from 5% to nearly 20%[9].*
- *A family planning service program in Jordan called "Consult and Choose" (CC) along with community-based activities to encourage women with unmet need to visit health centres resulted in an increase in the number of new family planning users and in couple-years of protection since the programme started[10].*
- *In the Indian state of Bihar, the Prachar project emphasised generating demand for family planning services and aimed to increase contraceptive use for delaying and spacing births through communication. Project data showed demand for contraception increased from 25% at baseline to 40% at follow-up in intervention areas, but remained virtually unchanged in comparison areas[11].*

For more details see White paper on FP Counselling – https://populationfoundation.in/wp-content/uploads/2021/05/FINAL-Consolidated-Counselling-Whitepaper.pdf

2. **Expand basket of contraception choices:** Data from around the world, over the course of last 30 years (almost), show that for every additional contraceptive method made available to most of the population, there has been an increase in overall modern contraceptive use. The addition of one method available to at least half the population correlates with an increase of 4–8 percentage points in total use of the 6 modern methods[12].
3. **Government must continue to work closely with civil society organisations to develop and promote Social Behaviour Change Communication (SBCC)** that challenge social determinants of unmet need, emphasise women's right to make decisions on their fertility and family planning,

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dispel myths and misconceptions around contraceptive use, and foster partner engagement and community involvement towards reducing unmet need.

4. **Increase Investment in Family Planning**: The average FP budget allocation has stayed between 3 and 4 percent of the total NHM budget for the years beginning 2014-15 up to 2019-20. Furthermore, the expenditure on family planning has steadily declined from 79% of the allocated budget in 2014-15 to 63% in 2016-17 and to 59% in 2017-18 (*NHM Financial Management Reports*). Considering 30% of India's population comprises of young people (10-24 years) who are in their reproductive age group, or will soon be, there is a need to increase the budget allocation for family planning to meet growing demands while ensuring adequate service reach, availability and quality of care. The overall composition of NHM FP budget reveals a positive change in allocations since 2017-18. A major increase is witnessed in the budgets for spacing methods and IEC/BCC activities. In the past, close to 70% of the budget was allocated for terminal methods/sterilisation. This realignment of priorities must be sustained and further accelerated.

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