

## Glossary of Key Terms related to Family Planning and Reproductive Health

1. **Family Planning:** The conscious effort of couples or individuals to plan the number of children they have and to regulate the spacing and timing of their births through contraception and the treatment of involuntary infertility.  
  
The World Health Organization (WHO) defines it as: *“Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman’s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.”*
2. **Reproductive health:** The state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions and its processes.
3. **Informed choice for family planning** is the process and outcome of an individual’s well-considered, voluntary decision (no coercion and no barriers) based on complete, accurate information supported by quality counselling and unrestricted access to services, including wide range of contraceptive methods.
4. **Unmet need for family planning:** The gap between women’s stated desire to avoid having children and their actual use of contraception. This is generally expressed in demographic and health surveys as a percentage of currently married women of reproductive age (15-49 years) who want to delay or avoid pregnancy but are not using any method of contraception.
5. **Unwanted/unintended pregnancy:** A pregnancy that is either unwanted, such as the pregnancy occurred when no child was desired, or a pregnancy that is mistimed, such as the pregnancy occurred earlier than desired.
6. **Unsafe abortion:** The termination of an unintended pregnancy, either by a person lacking the necessary skills, in an environment lacking minimal sanitary and medical standards, or both.
7. **Contraceptive:** A device or drug which can be used to delay/space pregnancy by preventing conception.
8. **Contraception:** Deliberate prevention of pregnancy by using a contraceptive method. This is different from practising safe sex, which includes protecting yourself and others from sexually transmitted infections (STIs).
9. **Contraceptive Prevalence Rate (CPR):** Percentage of women of reproductive age (15-49 years) who are practicing, or whose sexual partners are practicing, any form of contraception (modern and traditional).
10. **Modern Contraceptive Prevalence Rate (mCPR):** Percentage of women of reproductive age (15-49 years) who are using modern contraceptive method at a particular point in time. Modern methods include male and female sterilisation, injectables, intrauterine devices (IUDs/PPIUDs), contraceptive pills, implants, female and male condoms, diaphragm, foam/jelly, the standard days method, the lactational amenorrhea method (LAM), and emergency contraception.
11. **Total Fertility Rate (TFR):** The average number of children that will be born to each woman if she lives through her reproductive years (between 15 to 49 years).

12. **Wanted Fertility Rate:** The average number of children a woman (aged 15-49 years) would have by the end of her childbearing years if she bore children at the current age, excluding unwanted births.
13. **Wanted birth:** Any birth less than or equal to the number of children a woman reported as her ideal number of children.
14. **Unwanted birth:** Any birth in excess of the number of children a woman reported as her ideal number of children.
15. **Replacement Fertility** is the level of fertility at which a population exactly replaces itself from one generation to the next. In developed and developing countries, replacement level fertility can be taken as requiring an average of 2.1 children per woman.
16. **Full range of contraceptives** include methods that act in different ways: male and female condoms, emergency contraception, short-acting hormonal methods (pill, injectables, vaginal ring), long-acting reversible methods (implants and IUCDs), and permanent methods (male and female sterilisation).
17. **Long Acting Reversible Contraceptives (LARC):** Methods of contraception which last for a longer period of time and can be discontinued to return to fertility unlike a permanent method like male or female sterilisation.
18. **Temporary Methods:** These are reversible methods of contraception used by couples who wish to have children in the future or prevent pregnancies in order to have spacing between births. There are two types of temporary methods: long acting like IUCD, and short acting like condom.
19. **Permanent Methods:** These are irreversible methods of contraception used by couples who do not wish to have any more children in future. There are two types of permanent methods: male sterilisation (vasectomy) and female sterilisation (tubectomy).
20. **Contraceptive choice:** Fundamental right and ability of individuals to choose and access the contraceptive method that meets their needs and preferences.
21. **Population explosion** implies a rapid rise in the population of a country or region.
22. **Population stabilisation** is a stage when the size of the population remains unchanged. It is also called the stage of *zero population growth*. Population stabilisation occurs when births plus in-migration equals deaths plus out-migration.
23. **Population momentum** means that the population continues to grow even if the fertility rate declines. This momentum is primarily due to a large base of young population in the reproductive age, akin to our country, where even if each couple had one or two children only, India's population is bound to grow for a few years before it stabilised. The only way to slow down the momentum is to delay age at marriage, delay the first pregnancy and ensure spacing between births.
24. **Demographic Dividend:** According to United Nations Population Fund (UNFPA), demographic dividend means, "the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64 years) is larger than the non-working-age share of the population (14 and younger, and 65 and older)". In simple terms it means long-term economic benefits that result from lower fertility rates, accompanying decrease in dependent populations, and the right investments in human capital.

25. **Crude Birth Rate:** Number of births per 1000 population in a given year.
26. **Crude Death Rate:** Number of deaths per 1000 population in a given year.
27. **Infant Mortality Rate:** Number of infants dying under one year of age in a year per 1000 live births of the same year.
28. **Maternal Mortality Ratio:** The number of women who die as a result of pregnancy and childbirth complications per 100,000 live births in a given year.

*Sources:*

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