

## Unmet Need in Family Planning: Issues and the Way Forward

India, with a current population size of 1.37 billion, has the second largest population in the world. It also has one of the highest populations of young people (10-24 years) accounting for 373 million (30.2%) people, with every third person in the country belonging to this age group<sup>1</sup>.

This critical segment of the population which is in the reproductive age group, or will soon be, reflects the immediate reproductive health needs of young people as well as its increasing demand in the times to come.

As per the National Family Health Survey-5 (2019-21), approximately 9.4% of women of reproductive age (15-49) in India who want to avoid pregnancy are not using a modern contraceptive method - this is referred to as having an *unmet need for family planning*<sup>2</sup>. This translates to about 22 million women in the reproductive age group.

According to NFHS-5 (2019-21), on average, Indian women want to have 1.6 children; this is otherwise known as 'desired' or 'wanted fertility'. However, they end up having more children. The most urgent need of the family planning programme is to address the unmet need in India by expanding the range and reach of contraceptive choices for women and adolescent girls, particularly those in underserved communities, groups and geographies.

The prevalence of modern contraceptive methods did not increase substantially as per the five rounds of National Family Health Surveys (NFHS) from 1992-93 through 2019-21, which provides nationally representative data on family planning (FP)<sup>3</sup>. This points to the need to increase demand for family planning services and the addressing the gaps therein in meeting those demands, particularly among young married women.

According to the data from the fifth round of the NFHS (2019-21)<sup>4</sup>:

- Unmet need is higher in rural settings (9.9%) compared to urban settings (8.4%).
- Four states namely, **Meghalaya** (26.9%), **Mizoram** (18.9%), **Bihar** (13.6%) and **Uttar Pradesh** (12.9%) reported a significantly higher unmet need than the national average.
- Overall, the use of modern contraceptives increased to 56.5% in 2019-21 from 47.8% in 2015-16. (Increase by 8.7 percentage points). However, geographical variations in unmet need for FP exist within districts within a state.

Given there is an immediate need to address inequities in access to healthcare, including FP services, it is important to unpack and understand factors that contribute to unmet need and develop context-specific strategies and measures that can reduce unmet need.

Various factors contribute to women's unmet need for family planning. These include limited access to quality family planning services, including FP counselling, lack of local availability of all methods in the existing basket of contraceptives, low levels of information about contraceptives, and gender and sociocultural norms that hinder contraceptive use. As we are aware, there has been a disruption of essential health services during the COVID-19 pandemic, it is likely to further exacerbate unmet need for family planning across the country.

## Some of the steps in reducing the unmet need for Family Planning are:

1. **Maximise the reach and use of currently available contraceptive choices in the public health system:** The uptake of the range of methods depends on local availability and accessibility of all methods in the existing basket. Multi-country analysis suggests that the modern contraceptive prevalence rate can increase merely by widening geographic access to more of the existing basket of methods<sup>5</sup>.
2. **Prioritise quality of care and FP counselling:** Invest in training of healthcare providers and Front-Line Workers (FLW) such as the ASHAs to assess women's needs and constraints, fertility preferences, and provide women and men with the option of choosing contraceptives that are best suited to meet their needs. Also, sensitising health providers and FLWs to help them remove biases that they may have towards young people - married and unmarried, or certain segments of the community - would yield results.
3. **Invest adequately in Social Behaviour Change Communication** for addressing barriers related to socio-cultural norms, fears and misconceptions related to contraceptive methods
4. **Prioritise family planning and reproductive health services in emergency situations** at all levels of service delivery.

## References

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

<sup>2</sup> International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21. Mumbai: IIPS. [http://rchiips.org/nfhs/NFHS-5\\_FCTS/India.pdf](http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf)

<sup>3</sup> [http://rchiips.org/NFHS/NFHS-5\\_FCTS/NFHS-5%20State%20Factsheet%20Compendium\\_Phase-I.pdf](http://rchiips.org/NFHS/NFHS-5_FCTS/NFHS-5%20State%20Factsheet%20Compendium_Phase-I.pdf)

<sup>4</sup> International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21. Mumbai: IIPS.

<sup>5</sup> Ross J, Stover J. Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009. *Glob Health Sci Pract.* 2013;1(2):203-212. <http://dx.doi.org/10.9745/GHSP-D-13-00010>.