# 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[1].

This critical segment of population who are in the reproductive age group, or will soon be, reflect 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 Survery-4 (2015-16), approximately 13 million 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*[2].

On an average, Indian women want to have 1.8 children; this is otherwise known as 'desired' or 'wanted fertility'. However, they end up having 2.2 children[3]. The most urgent need of the family planning programme is to address 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 four rounds of National Family Health Surveys (NFHS) from 1992-93 through 2015-16, which provides nationally representative data on family planning[4]. This point to the increase in demand for family planning services and the gaps therein in meeting those demands, particularly among young married women[5].

According to the data from the first phase of the fifth round of the NFHS (2019-20), covering 17 states and 5 UTs[6] [7]:

- The proportion of women with unmet need for family planning who want to stop or delay childbearing but are not using any method of contraception has declined in all states, except Meghalaya and Andhra Pradesh.
- All 17 states have witnessed an increase in use of modern contraceptives of family planning**.**
- 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 access to 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 sociocultural norms that hinder contraceptive use. As we are aware, there has been a disruption of essential health services during the COVID–19 pandemic, which is likely to further exacerbate unmet need for family planning across the country.

### Some of the steps in reducing 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 modern contraceptive prevalence rate can increase merely by widening geographic access to more of the existing basket of methods[8].





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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 option of choosing contraceptives that are best suited to meet the needs of women and couples. Also, sensitising health providers and FLWs to help them remove biases that they may have towards young people, unmarried young people or certain segments of the community would yield results.
3. I**nvest adequately in Social and Behavioural 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*

[1] Census of India 2011
[2] International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16. Mumbai, India: IIPS
[3] International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), India, 2015-16: Mumbai: IIPS. http://rchiips.org/nfhs/NFHS-4Reports/India.pdf
[4] http://rchiips.org/NFHS/NFHS-5_FCTS/NFHS-5%20State%20Factsheet%20Compendium_Phase-I.pdf
[5] Mozumdar, A., Acharya, R., Mondal, S. K., Shah, A. A., & Saggurti, N. (2019). India's family planning market and opportunities for the private sector: An analysis using the total market approach. *The International journal of health planning and management*, *34*(4), 1078-1096.
[6] Phase I includes the following states and union territories: Assam, Bihar, Manipur, Meghalaya, Sikkim, Tripura, Andhra Pradesh, Andaman and Nicobar Islands, Gujarat, Himachal Pradesh, Jammu and Kashmir, Ladakh, Karnataka, Goa, Maharashtra, Telangana, West Bengal, Mizoram, Kerala, Lakshadweep, Dadra Nagar Haveli and Daman & Diu
[7] http://rchiips.org/NFHS/NFHS-5_FCTS/NFHS-5%20State%20Factsheet%20Compendium_Phase-I.pdf
[8] 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.