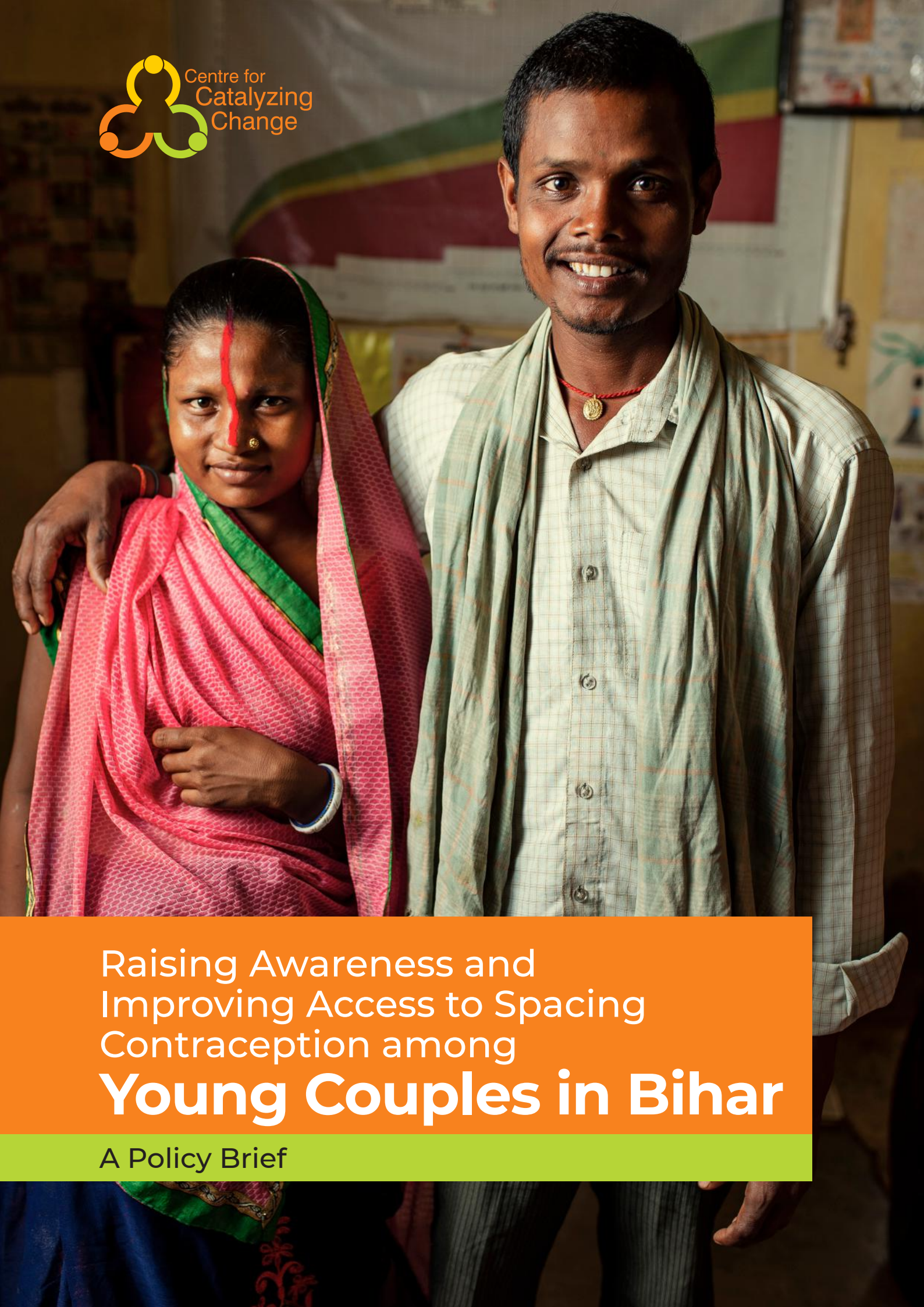


Centre for Catalyzing Change

Raising Awareness and Improving Access to Spacing Contraception among **Young Couples in Bihar**

A Policy Brief

OVERVIEW

The impact of large family size and high fertility rates transcends individual, family, community and national boundaries. It has a disproportionate and adverse impact on girls and women in terms of their health and well-being, incompletion of education, skill development and lack of participation in paid workforce, leading to poor participation in decision making at family, community and socio political domains. This policy brief examines the need of renewed focus on family planning on raising awareness and improving access on spacing contraception in young couples.

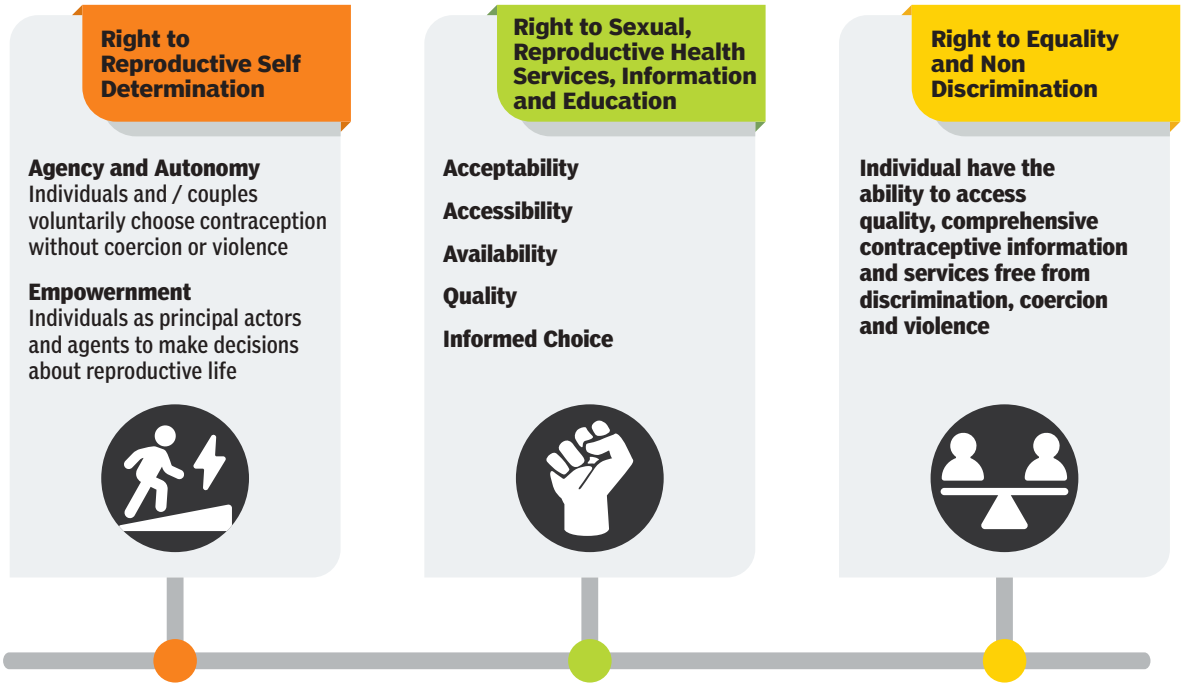
OUTLINING THE ISSUE

By 2022, India is set to become the most populated country in the world. As India's third most populous state in India, **Bihar accounts for 8.58 per cent of the country's total population**, or nearly 103.8 million people. This population is mainly rural with just 11 percent of the state's population residing in urban areas in 2011 (Census, 2011). Bihar is identified by researchers as "one of India's poorest states", with a per capita net state domestic product (NSDP) of only ₹28,485 – the lowest among all 29 states, and equivalent to the per capita GDP of civil war-ridden Central African Republic (Bihar economic Survey 2019). 31% urban and 34% rural population lives below poverty line in the state (Planning Commission, 2014). While more than half of the households have electricity at 59%, only quarter (25%) of the population uses improved sanitation (NFHS 4).

The latest SRS Report of 2017[i] makes the direct link between Bihar's high TFR at 3.2 and the high levels of illiteracy among women at 26.8%. Girls who do not attend school are married early and have more children as they would not have been exposed to life skills education, family planning education and also lack agency to exercise their choice. There is evidence of a direct relationship between **malnutrition** and four types of high risk pregnancies, that are too closely spaced, mothers who are too young and too old and who have high parity. Sub optimal inter pregnancy intervals are associated with increased odds of low birth weight in babies. If family planning is not used to optimally space births, mothers are likely to face challenges employing adequate feeding practices during the first two years of their children's lives, putting them at risk for undernutrition and subsequent illness and death. Increasing the use of voluntary family planning among those with unmet need can help women achieve their own **reproductive health goals** and fertility intentions and also leads to additional nutrition benefits for women, infants and children. For every 10% more girls going to school, some countries show GDP can rise by as much as 3%. Women are half of world's working population, no region can hope to achieve its development goals without enabling women to reach their full economic potential[1]. It is also advised that Family Planning efforts in countries would be guided by the FP 2020 rights and empowerment principles, which is given below in figure 1:

There is evidence of a direct relationship between malnutrition and four types of high risk pregnancies, that are too closely spaced, mothers who are too young and too old and who have high parity

1. http://progress.familyplanning2020.org/content/connections#anchor-country_details-104



CHOICES AND VOICES

Girls and women's ability to control their own fertility, and to decide if and when to have children and how many children to have, is a bedrock of women's empowerment, gender equality, and progress for all. In order for girls and women to reach their greatest potential, they must have control over their sexual and reproductive lives. They have a right to determine whether and how many children to have, when and with whom to have them, as well as the right to have healthy and satisfying sexual lives. Realizing these rights requires meeting the need for modern contraception and sexual and reproductive health information, care, and services, including access to and choice of modern contraceptive methods, testing and treatment for sexually transmitted infections (STI), access to safe and legal abortion and post-abortion care, infertility treatment and counselling, and maternal healthcare, regardless of age, income, marital status, and parity. Ensuring access to sexual and reproductive health information, education, and care is not only the right of every girl and woman, but a necessity to secure their physical, sexual, and psychological wellbeing and support their future economic potential.

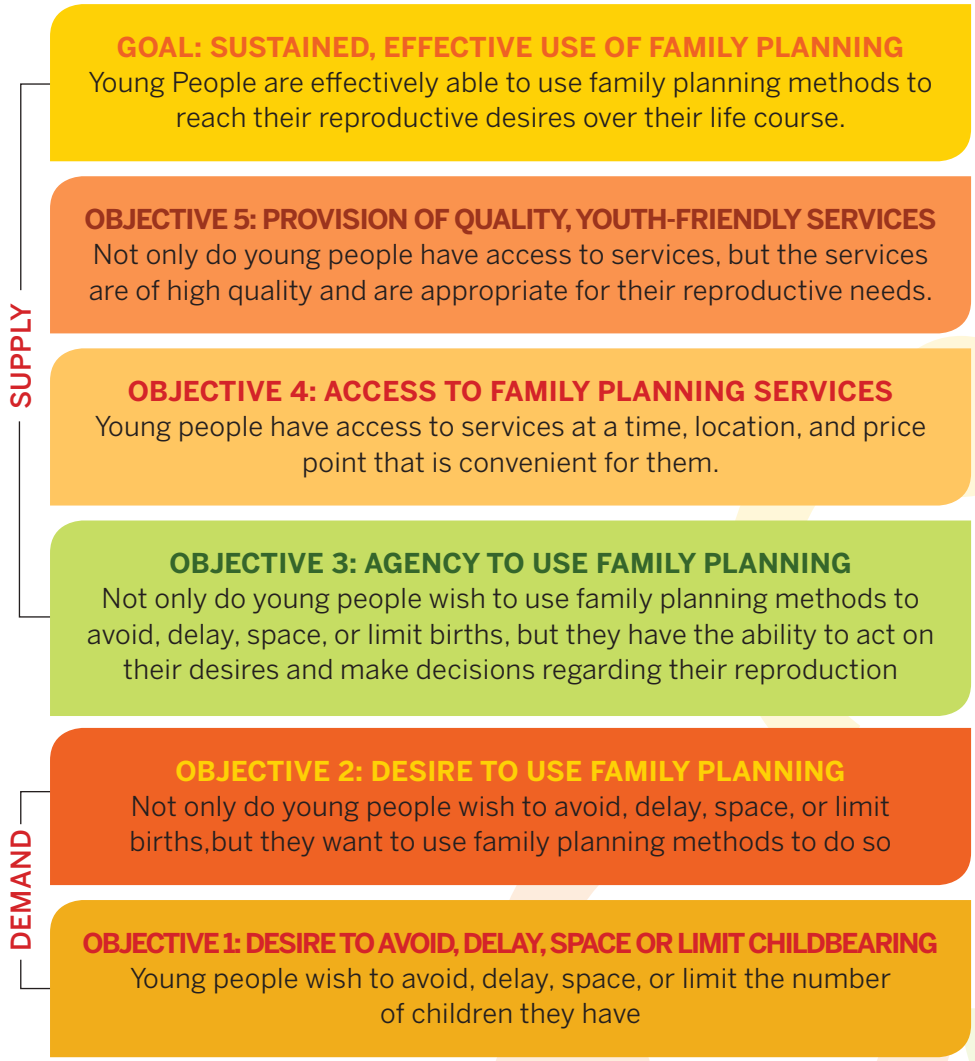
The consequences of not meeting girls' and women's needs for modern contraception and reproductive health are grave: unintended pregnancy, unsafe abortions, undernutrition, anaemia among women and children, low participation in paid work as a consequence of child care responsibilities.

Conceptual Framework for Sustainable and Effective Family Planning Usage by Young Couples

Existing evidence suggests that in order to effectively use FP Young Couples must achieve the following objectives (though not necessarily in sequence). **By achieving these objectives, Young Couples are able to effectively use family planning methods in line with their fertility intentions throughout their lives. This is an important distinction, as reproductive desires and appropriate methods will change over one's reproductive lifetime**. Accomplishing these objectives is dependent on the individual person.

This is also strongly influenced by, but not limited to, the social norms of the environment in which people live, as well as the local political atmosphere, health system and the legal frameworks. Young Couples partner, parents, family, peers and community also play a role in how they form and achieve their reproductive desires.

Figure 1: Conceptual Framework



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Women as girls are recognized as a powerful force for development, and family planning just does not improve their health and well-being but breaks the cycle of poverty

DEMAND-SIDE OBJECTIVES	SUPPLY-SIDE OBJECTIVES
Develop the desire to avoid, delay, limit or space their pregnancies	Young Couples have access to family planning methods at a location, time and price that is feasible and convenient.
Feel the need to use family planning methods	High quality, youth friendly and offer a variety of methods that are appropriate are available for Young Couples
Possess the agency to access and use contraceptives	

FP 2020

India is one of the signatories of FP2020 commitment, which recognizes the changing development landscape, where family planning is powerful game changer. Women as girls are recognized as a powerful force for development, and family planning just does not improve their health and well-being but breaks the cycle of poverty, grow the economy and also cope with climate change.

The FP 2020 vision document sets the goals for Bihar at providing family planning services to 7.13 million (71.3 lakhs) additional women, and to sustain the coverage for 6.57 million women (65.7 lakhs) currently using contraceptives.[ii] Achieving these targets requires operationalising the fundamental concept of informed contraceptive choice. Young couples want to both limit family size, and space their births. There is, therefore, an urgent need to provide a choice of contraceptive methods to enable couples to achieve their reproductive goals.

Rights based approach to empowerment of girls and women views Family Planning as an instrument of change in position and condition of women in country. It also calls for men to participate, encourage and strengthen women's decision to use family planning.

Male Engagement in family planning is understood from the proposed framework, which categorizes programs and policies which recognizes men as clients and beneficiaries, men as supportive partners and then men as agents of change. It is universally recognized, that male engagement in family planning would not just work to support women's cause and increased use of FP methods by men, but more on accepting responsibility and respecting women's decisions.

The cost of inaction in family planning can be understood as the loss of potential benefits to individuals, households, economy and society due to specific program or policy inaction. Family planning inaction can have an adverse impact on the social and economic development of India, particularly in the demographically backward states. India will have to meet the cost of 69 million additional births during 2016-31. Bihar (13 million), Madhya Pradesh (9 million), Rajasthan (3 million) and Uttar Pradesh (18 million) will have to incur major costs as they jointly account for over 60% of these births. With active family planning policies, India will enjoy an additional per capita income of 13% during 2026-31. This implies that the Per Capita GDP (PCGDP in 2004-05 prices) for India could be ₹153,368 under the Policy Scenario compared to ₹135,924 under the Current Scenario. India would also benefit from an additional 0.4 percentage point increase in per capita GDP growth rate during 2026-31.

As such, existing evidence finds that family planning programs targeting Young Couples were most effective, when they were longer term, repeated interventions with multiple components, combining individual education, improvement of services and community outreach to inform communities about available services, and to increase acceptability of Young Couples' use of family planning[iii]. Some of the most effective efforts included educational interventions, mass media, interpersonal/peer-to-peer communication and education, and improvements in health services[iv]. Given this, holistic multi –pronged programs targeting the entire range of prevailing barriers, may be best suited to increase contraceptive uptake in a context like Bihar.

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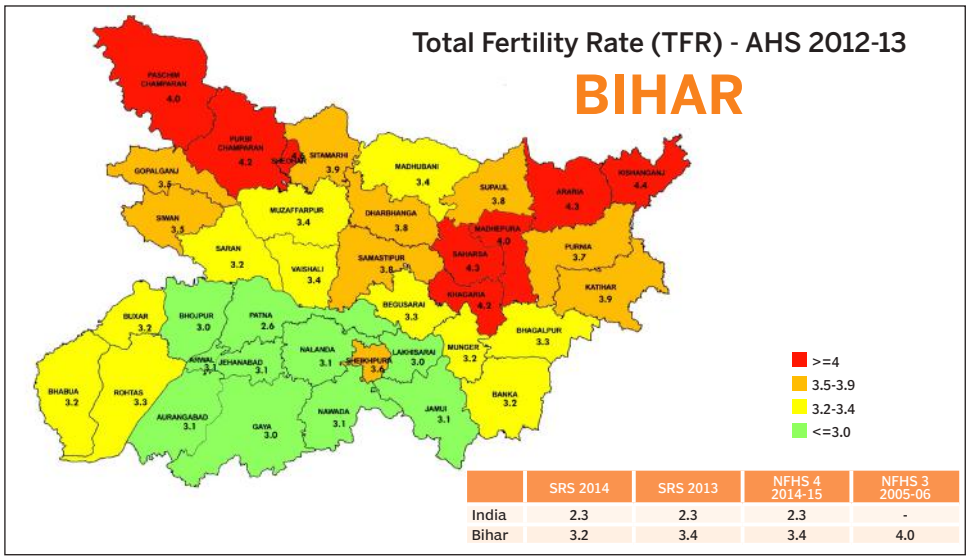
BIHAR'S CONTEXT

Children per women, expressed as Total Fertility Rate (TFR) is 3.4[2], district wise data is presented as *Figure 1*, which reveals a disaggregated TFRs at the district levels, later we have also key indicators on health and well-being mapped against high TFR districts. Urban rural disparity in TFR of the state is noteworthy – urban TFR 2.4; rural TFR 3.6, which draws attention to the fact that access and use of information and care/services need to reach young couples in the state and higher in rural areas of the state.

2. Ibid



	SRS 2014	SRS 2013	NFHS 4 2014-15	NFHS 3 2005-06
India	2.3	2.3	2.3	-
Bihar	3.2	3.4	3.4	4.0

Bihar's key Family Planning indicators of current use of any family planning method in Bihar is 24.1%[3] in women in the age group of 15-49 years, current use of any modern method is 23.3% in the same age group inferring that less than 1 in four women is using any method of family planning.

Table 1: The table below captures data points from NFHS 3 and 4.

	INDIA		BIHAR	
Family Planning Indicator*	NFHS-4 (2015-16)	NFHS-3 (2005-06)	NFHS-4 (2015-16)	NFHS-3 (2005-06)
Current Use of Family Planning Methods - Any method	53.5%	56.3 %	24.1%	34.1%
Current Use of Family Planning Methods - Any modern method	47.8%	48.5%	23.3%	28.9%
Current Use of Family Planning Methods - Female sterilization	36%	37.3%	20.7%	23.8%
Current Use of Family Planning Methods - IUD/PPIUD	1.5%	1.7 %	0.5%	0.6%
Unmet Need for Family Planning - Total unmet need	12.9%	12.8%	21.2 %	22.8

*currently married women age 15–49 years

Bihar's unmet need[4] for family planning (FP) is 21% compared to approx. 13% nationally, with a high unmet need for spacing (9% compared to the national 6%) and low use of any modern methods of family planning (23% of women, as compared to 48% at national level).

Bihar's key Family Planning indicators of current use of any family planning method in Bihar is 24.1% in women in the age group of 15-49 years

3. NFHS 4
4. Unmet need for family planning is defined as the percentage of women of reproductive age, either married or in a union, who have an unmet need for family planning. Women with unmet need are those who are want to stop or delay childbearing but are not using any method of contraception

However, female sterilisation, a terminal method, has for decades, remained the mainstay of India's family planning program.[v] In Bihar, contraceptive use as reported in NFHS-4 is just 2% for women aged 15-19 years, as compared to 35% for women aged 30-39 years. Starkly, female sterilization rates are as high as 60% of total contraceptive use. Government programmes, both Mission Parivar Vikas (MPV) and non-MPV districts in Bihar, have equally low FP program coverage among Young Couples, marked by low health worker interaction – according to NFHS-4, just 3.4% of health workers have discussed FP options in MPV districts, while only 2.2% have in non-MPV districts.

NATIONAL COMMITMENT TO FAMILY PLANNING
Mission Parivar Vikas
The Government of Bihar is rolling out Mission Parivar Vikas in **37 High Focus Districts out of the 38 districts of Bihar. These are high TFR districts with eight districts reporting a TFR more than 4, nine districts with TFR 3.5-3.9 and 19 districts with 3.0-3.5**. A five pronged strategy has been envisaged for improved access to contraceptives and family planning.
These include:
- delivering assured services,
- ensuring commodity security,
- building additional capacity/HRD for enhanced service delivery,
- implementing new "Promotional Schemes",
- creating enabling environment and monitoring and resolving bottlenecks.

The basket of choice has been expanded to include spacing methods, namely, Antara (injectable) and Chhaya (Centchroman) for women. Promotional activities to create an enabling environment, influence social norms and delivering information and services to the last mile are critical priorities for the Health Department. There is evidence to show how use of contraception by women and young couples increases with expansion in the availability of current methods, by improving features of current methods, or by introducing new methods. Govt. of Bihar has been rolling out capacity building of providers and FLWs on spacing methods and ensuring the promotional schemes under Mission Parivar Vikas like the Saarthi Rath, quarterly campaigns alongside Swasthya Melas.

Therefore, it is imperative to reorient current family planning programming at the state level in light of the national strategies, so that it not only provides a basket of contraceptive choices, including spacing methods, but also effectively engages with men, and with young newly married couples.

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Methods to delay or limit births should be a choice for females and young couples so that they are able to avail the range of resources and opportunities to improve their lives

Prioritising Young Couples in the Family Planning Programme

Today, nearly 1.2 billion adolescents in India are reaching their reproductive years, yet most still don't have access to family planning information and services. In states such as Bihar and Rajasthan, mean age of women getting married below 18 years is as low as 16.6 years. West Bengal, Uttar Pradesh, Jammu & Kashmir and Tamil Nadu also see girls of 16.7 years getting married, according to the National Health Profile, 2018. As consequence, young girls/ adolescents are trapped in a cycle of early births, poor nutrition and even the risk of maternal mortality. In addition to social norms, lack of information about FP services is a critical gap in health services.

According to the **Udaya Study**, 2017[5]: **Adolescents are not using contraception though there is a need**, among married young women aged 15-19 in Bihar, 45% reported an unmet need for contraception but only 7% of the married young women (15 to 19 years) were currently using any method of contraception and just 8% used any method to delay the first birth.

- Adolescents had few sources of information on puberty and sexual and reproductive matters: Large proportions of younger boys and girls had never received any information about puberty (56% and 63%, respectively).
- Few adolescents aged 13 and above, 5–9 percent of boys and 9–18 percent of girls, had ever attended family life or sex education programs either in or outside the school setting.
- Only 15 percent of girls who had begun cohabitation were advised to delay the first pregnancy about the time of their marriage.
- 62% of older boys, and 14% of unmarried older girls and 38% of married older girls knew that one condom can be used for only one act of sexual intercourse only.

Methods to delay or limit births should be a choice for females and young couples so that they are able to avail the range of resources and opportunities to improve their lives.

In India, no state requires the reconceptualization and repositioning of family planning programs more than Bihar. In India, and Bihar, childbearing is concentrated in the 20-29 year age group.[vi] Crucially, Young Couples, particularly young newly married couples, access and use of family planning methods is low in the state. The state also has a significant number of teenage births. Out of the annual 30-lakh births in the state, approximately 3.5 lakh are teenage births, contributing to the state's high maternal and infant mortality as well as morbidity[vii]. Bihar's low contraceptive prevalence among Young Couples, and overall high unmet need pose a substantial challenge, especially in light of the country's goal of expanding family planning services to additional users.

5. https://www.popcouncil.org/uploads/pdfs/2017PGY_UDAYA-BiharReport.pdf

NFHS 4 reports contraceptive use at just 2% for married women aged 15-19 years, as compared to 35% for married women aged 30-39 years (2015-16).

Calls to Action

In order to power progress for all, different constituents and partners must work together and take following informed collective actions under the leadership of Government of Bihar. It must prioritize access and availability of contraception for spacing by young couples through the following actions:

- Develop robust road map to improve access of basket of choice for contraceptives, service quality and raise awareness with focus on young couples (with no and one child):
  - Improved counselling on spacing family planning through skill enhancement of the public health cadre.
  - Amalgamate Gender Social Inclusion in public health cadre to enhance Field level worker's understanding on family planning.
- Allocate proportionate budgets and other resources to implement the road map.
- Monitoring and review processes prioritized to ensure that quality services are delivered to women and Young Couples.
- Leverage strengths of Panchayat members in increased accountability on Family Planning awareness generation and service delivery.

i. There are four major sources of vital statistics in India, namely; (a) the Sample Registration System (SRS), (b) the Civil Registration System (CRS), (c) Indirect estimates from the decennial census and (d) Indirect estimates from the National Family Health Surveys (NFHS). The SRS is the most regular source of demographic statistics in India. It is based on a system of dual recording of births and deaths in fairly representative sample units spread all over the country. The SRS provides annual estimates of (a) population composition, (b) fertility, (c) mortality, and (d) medical attention at the time of birth or death which give some idea about access to medical care.

ii. FP2020 Bihar state sheet 2018

iii. Bowring AL , Hider K , Douglass C, Wright C, Jones J, Kopel N and Lim M. (2016) A systematic review of reviews on interventions to improve the sexual and reproductive health of Young Couples. Burnet Institute.
https://www.eiseverywhere.com/file_uploads/41cd46a70fedcf086e1d156d0419663e_
A systematic review of reviews on interventions to improve the sexual and reproductive health of young people.pdf

iv. Hindin MJ, Kalamar AM, Thompson TA & Upadhyay UD. (2016) Interventions to Prevent Unintended and Repeat Pregnancy Among Young Couples in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature. J Adolesc Health. 2016 Sep;59(3 Suppl):S8-S15. doi: 10.1016/j.jadohealth.2016.04.021.

v. Pachauri, S. (2014) Priority strategies for India's family planning programme. Indian J Med Res. 2014 Nov; 140(Suppl 1): S137–S146.

vi. Pachauri, S. (2014) Priority strategies for India's family planning programme. Indian J Med Res. 2014 Nov; 140(Suppl 1): S137–S146.

vii. Dr S K Sikdar, Deputy Commissioner, Family Planning division, Govt of India speaking at a family planning review workshop organized 10 March 2018 in Patna following the Supreme Court directive in October 2016 on a writ petition No. 95/2012 (Devika Biswas Vs Union of India)
Male engagement in Family Planning: Gaps in Monitoring and Evaluation, USAID and Measure Evaluation September 2017

In India, no state requires the reconceptualization and repositioning of family planning programs more than Bihar. Young Couples, particularly young newly married couples, access and use of family planning methods is low in the state

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