

Road from ICPD to SDGs: Health Returns of Reducing Unmet Need for Family Planning in India

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Introduction

- In a global context, several studies make a strong economic case for family planning investments, by attempting to estimate socio-economic, demographic, and health impacts.
- Studies suggest that family planning is the second-best 'return to investment' goal (only next to education) among all Sustainable Development Goals (SDGs)
- However, the focus of previous research was largely on the 'economic returns to investment' in family planning, while it has wider benefits in terms of improving demographic and health outcomes as well
- Considering that such investigations are rarely seen in highly populous developing countries like India
- By estimating the impact of family planning on maternal and child health outcomes, this study would contribute in two directions:
 - (i) to communicate to policymakers that family planning impact is beyond the fertility control;
 - (ii) to advocate that the agenda of family planning is not yet finished.

- The outcome of this analysis may be a useful instrument for policymakers to frame the family planning goalpost for India to achieve the several targets set for SDG-3 by 2030.
- This study aims to estimate the impact of reducing the unmet need for family planning on the key maternal and child health indicators in India from 1993 to 2016; then project it for the period from 2016 to 2030.

Data and Methods

Statistical analyses

- the **Family Planning module** in the *Spectrum* based **simulation model** has been used to estimate impact of reducing unmet need on health indicators in India.
- This module needs a considerable number of data inputs which have been taken from various sources (please see the table below).
- The module includes the unmet need as a **programme indicator** in the model along with contraceptive method-mix and source-mix, proximate determinates of fertility.
- Other family planning related input variables include method attributes, and effectiveness of contraceptive methods, impact rates, miscarriage rate, and distribution of fertility-related risk.
- The **outcome variables** are pregnancy rate and unintended pregnancy averted due to use of contraception, abortion rate and unsafe abortions averted due to use of contraception, and risk of maternal, infant and under-five deaths averted.
- In the simulation model, other variables such as total population at base year, total fertility rate, age specific fertility rates, sex ratio at birth, life expectancy have also been included. Below we have given the data inputs and sources.

Data Inputs	Data Sources
Contraceptive method mix and source mix	National Family Health Surveys (IIPS and ICF, 2017; IIPS and Macro International, 2007; IIPS and ORC Macro, 2000; IIPS, 1995)
Proximate determinants of fertility	National Family Health Survey (IIPS, 1995); IIPS and ORC Macro, 2000; IIPS and Macro International, 2007; IIPS and ICF, 2017.
Child survival	National Family Health Survey (IIPS, 1995); IIPS and ORC Macro, 2000; IIPS and Macro International, 2007; IIPS and ICF, 2017.
Method attributes	Stover, Heaton, & Ross, 2006 (Default setting)
Lactational Amenorrhea Method (LAM)	National Family Health Survey (IIPS, 1995)
The effectiveness of contraceptive methods, impact rates, and miscarriage rate	Stover, Heaton, & Ross, 2006 (Default setting)
Post abortion cares	
Percent of legal and illegal abortion that need treatment is taken from the published reports (proxy)	Singh et al., 2018; Cohen, 2009
Inputs for distribution of fertility related risks	National Family Health Survey (IIPS, 1995)

Results

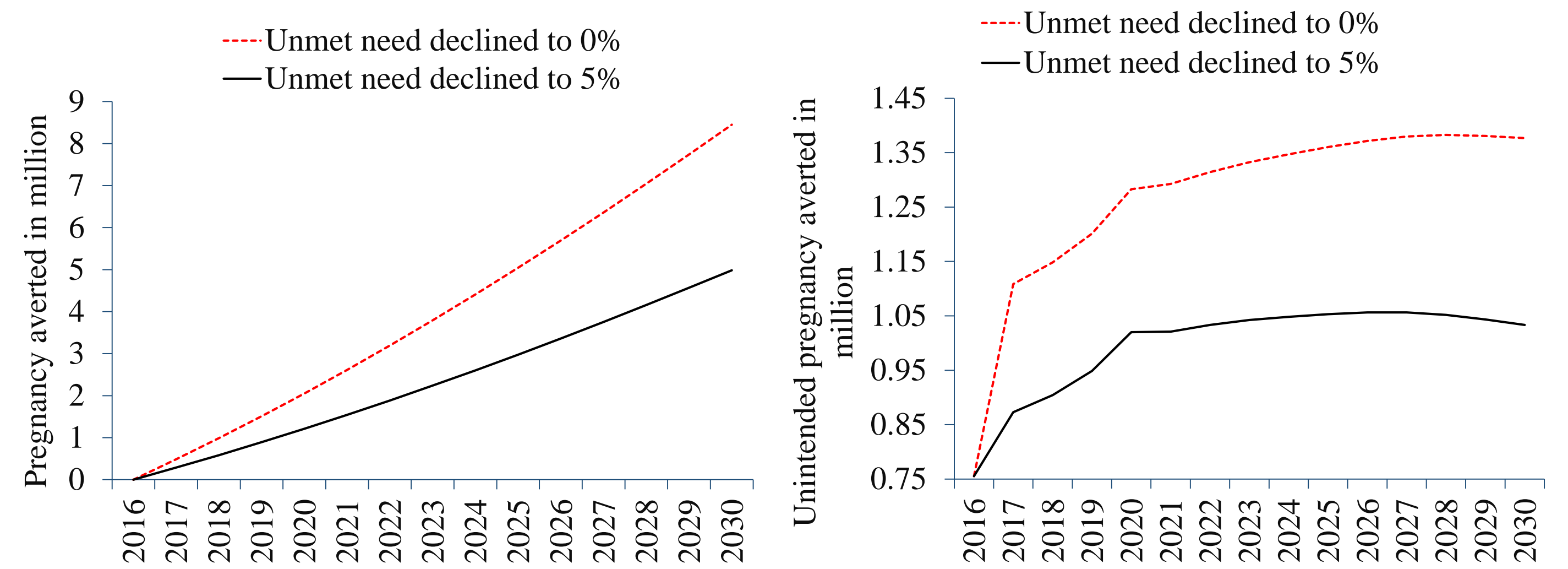
Health returns of reducing unmet need for family planning in India during 1993-2016

Outcome indicators	1993-2016	2016-2030	
		Scenario 1 (5%)	Scenario 2 (0%)
Decline in pregnancy rate (Per thousand married women in aged 15-49 years)	27	24	41
Number of unintended pregnancies averted (Million)	55.9	41.4	70.2
Decline in abortion rate (Per million married women in aged 15-49 years)	1.77	1.56	2.65
Number of unsafe abortions averted (Million)	7.3	5.4	9.1
Decline in risk-adjusted infant mortality rate (Per thousand live births)	10	10	16
Decline in risk-adjusted under-five mortality rate (Per thousand live births)	15	14	24
Number of maternal deaths averted (Thousands)	167.1	123.8	209.8

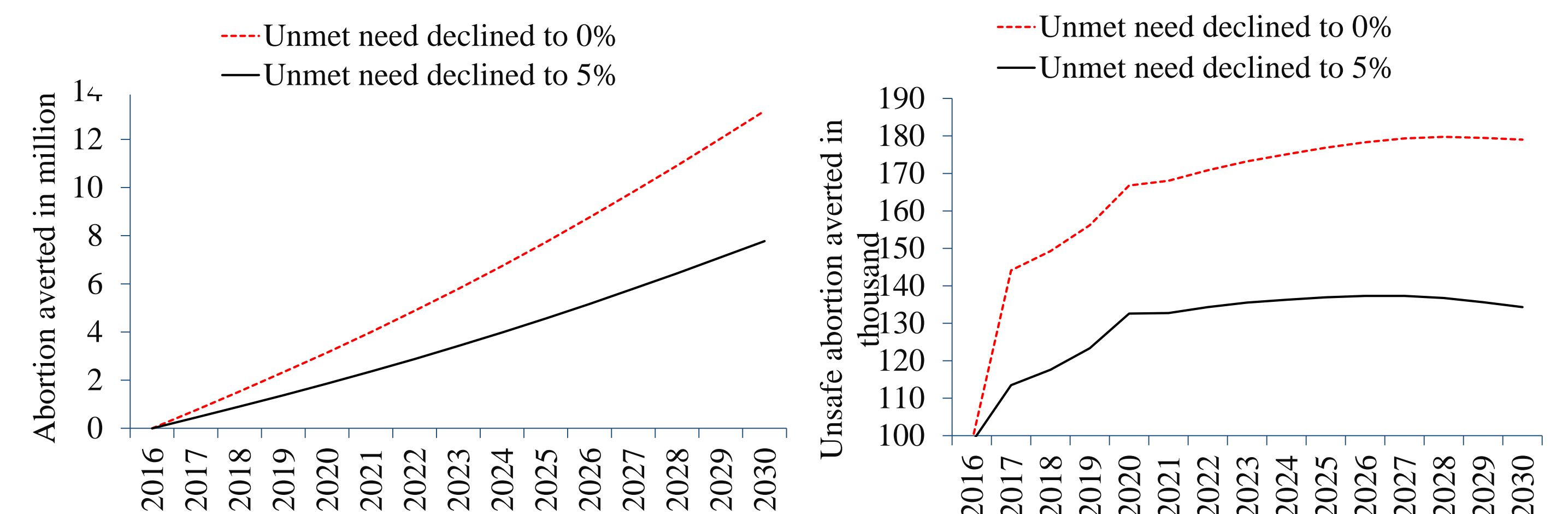
Note: Scenario 1 and 2 represent the reduction of unmet need for family planning by 5% and 0% in 2030 respectively from the current level

Results

Projected number of pregnancy and unintended pregnancy averted by years between 2016 to 2030 in India



Projected number of abortion and unsafe abortions averted by years from 1993 to 2030 in India



Projected decline of risk adjusted infant and under-five mortality rates and number of maternal deaths averted by years from 2016 to 2030 in India



Discussion and Conclusions

- The unmet need for family planning in India is anticipated to reduce to 5% by 2030.
- The reported benefits of ensuring family planning for the projected period in this study can only be realised if the country overcomes the above-discussed hurdles in the path of the family planning program in India.
- Safeguarding every pregnancy and making it a planned pregnancy speeds up the advancement in achieving universal health coverage.
- Thus, India needs to reboot its core family planning investments which dwindling over the period.
- The peripheral frontline health personnel such as accredited social health activist (ASHA) and Anganwadi workers have a great potentiality to reach the quality contraceptive services with information to the individuals or couples for meeting their reproductive choices and rights.
- However, these peripheral health workers may need proper training on a multi-tasking framework and greater incentives for this specified work.
- The recent efforts made by the government of India (*Mission Parivar Vikash program* in 2016, *Antara* and *Chhaya* in 2017) need to be assessed to achieve their goals in health returns.
- Perhaps, the effectiveness of these recent programs may be evaluated once the data from the ongoing NFHS-5 is released. However, sustenance of this newly launched programs is possible with sustained budget sanctions.