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# Women and Access to Family Planning: Women's Right to Decide A Distant Reality in India

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**Abstract**

*Every time a woman faces a dilemma about the lack of freedom in deciding the timing and frequency of her children, her basic human right is violated. Global development must encompass the ability afforded to make strategic choices, regarding one's own life- especially to those who have previously been denied the same. Women's access and control over family planning is a core issue in this context, and one that lacks a clear agenda on the global health front. Women's sexual and reproductive health is linked, but not limited to the right to life, health, education, privacy, and non-discrimination. The purpose of this paper is to highlight the need to bring greater access to family planning services to women in India and to bring women's sexual and reproductive health to the forefront of the global health agenda. We also present the findings from a three-year-long advocacy and communications initiative, leading to a conducive environment for the uptake of family planning services in six major Indian states.*

*Keywords: sexual and reproductive health, contraception, family planning, equality.*

## Introduction

214 million women of reproductive age in developing countries who want to avoid pregnancy are not using modern contraceptive methods (World Health Organization, 2018). Even today, in the 21st-century, women globally continue to face obstacles in almost all realms of their lives. The report "Turning Promises into Action: Gender Equality in the 2030 Agenda" by UN women assesses how women fare globally in critical areas such as extreme poverty, hunger, maternal death, education, discrimination and exploitation. The report highlights how gender inequalities continue to manifest each facet of sustainable development. The report posits that although progress has been made, women continue to do worse in every category in comparison to their male counterparts. It shows how, even today, it is harder for women to escape poverty, and their increased likelihood of financial dependence. Gender inequality causes and compounds women's poverty and poor health outcomes. Additionally, women also face forms of legalized discrimination globally, the most pressing of these is the inability of women to freely decide and have control over whether, when and how many children they want to have.

In India, the sexual and reproductive health of women is not just confined to the medical realm but is greatly influenced by socio-cultural norms, traditions and beliefs. In a society that is stratified by gender and patrilineal descent, a woman's autonomy about decision making even over her own body, and access to, and control over resources, including healthcare, is greatly constrained. India contributes to a quarter of the world's maternal deaths, over half the population of Indian women give birth without trained medical assistance, A woman dies every 12 minutes in India due to preventable pregnancy-related causes (Müller, Ulla, and Sengupta, Shumon. 2017). It is irrefutable; all women, irrespective of their economic strata must have access to high-quality health services. An essential component of sexual and reproductive health of women is that of family planning and the access to and use of contraceptives. With less than half of the married women in India using modern contraception, there is a critical need to improve access to contraceptives and family planning services, to promote voluntary and informed choice.

Ensuring every woman can access quality family planning services is essential to securing the well-being and autonomy of women while supporting the health and development of society in general. When a woman is afforded the choice of when and how many children to have, it has a positive and

direct impact on society. Access to contraception allows women to postpone childbearing until they are mentally, physically and emotionally ready to adequately care for a child, it allows women to take up economic activities to make them less economically dependent on spouses and/ or to supplement household income. When women have control over when and how many children they have, they can resultantly provide their children better opportunities, allowing them to lead healthier lives.

Thus, using contraception and adopting family planning not only allows people to attain their desired number of children and determine the spacing of pregnancies but also reduces the rate of unintended pregnancies, infant, and maternal mortality. Family planning is a key intervention that has a direct impact on women and child health, including reduction in maternal and infant mortality. Furthermore, it leads to greater educational and economic opportunities for women and results in an overall improvement in the quality of life for women, families, and communities.

**Gender and Family Planning in India**

In India, health inequities are manifestations of societal traditions and beliefs. This makes sexual and reproductive health part of a systemic issue that needs more than just a medical diagnosis. Analyzing and addressing these social determinants of health is imperative, especially regarding family planning in India.

The average sex ratio in India has reduced to 939 in 2011 as compared to 961 in 1971 and is projected to decline further to 904 in 2021 and 898 in 2031. The scourge of female foeticide and infanticide is still rampant across the country, despite a strict ban on the determination of sex of a child during pregnancy. As indicated by the 2011 Census, the state of Haryana had the worst sex ratio, with 861 females to every 1000 males (Census, 2011). Even if women venture out to access services, the health centers are not equipped enough to be women friendly. There are multiple challenges faced by women, including discrimination, stigma, and lack of privacy, even in medical establishments.

In India, besides the obstacles of illiteracy and poverty, women also lack control over their reproductive choices. Gender thus plays a major factor in influencing the use of, and access to maternal and reproductive health care. Although delivery and accessibility of family planning services in India have improved dramatically since their inception in 1952; gender inequality, rooted in cultural traditions, continues to cause poor family planning practices nation-wide (Garg, Suneela and Singh, Ritesh. 2014). Data from the National Family Health Survey 3 (2005-2006) shows that less than a fifth of women surveyed were ever informed by a health or family planning worker of any family planning method. Indian women are mostly dependent upon their husbands for permission to access health services. This has direct implications on women's reproductive health. Pre-marital sex in India is taboo; a study conducted by Sanneving et al. shows that Indian adolescents face major barriers in access to contraceptives and reproductive health services. This sexually active group is not included in any major surveys related to reproductive and maternal health (Sanneving et al., 2019). Concurrently exists the legally condemned yet commonly practiced issue of child marriage. Child marriage further decreases a woman's autonomy to make decisions related to her sexual and reproductive health. Sanneving et al.'s study finds that child marriage is associated with low contraceptive use and unmet spacing need, low maternal healthcare, and higher maternal mortality.

In the Indian context, there is concurrently a disproportionate burden on women to use contraception. According to the Ministry of Health and Family Welfare, female sterilization remains the preferred method of contraception across India (36% of married women aged 15-49 years), while male sterilization is extremely low (0.3%). Women and men are both responsible and should participate equally in family planning, yet women continue to bear majority of the burden.

Family planning therefore becomes a key health intervention. When couples use family planning, they can care for their families better. They have choices to best decide what they want for themselves and their family. It gives families the power to influence their futures, then simply accept it.

Women can make informed decisions when they are made aware of their choices, the benefits and drawbacks of each method of family planning. In India, women continue to lack information and subsequent access to safe, effective, and affordable methods of birth control. In addition, access to reproductive health services and education programs that stress the importance of family planning for safe pregnancy and childbirth, would improve the health of mothers and their children. With the help of this information, women and men will be able to exercise their rights to make a voluntary and informed decision about contraceptive methods that are most suitable for them. Family planning is not

just about population control. It is about ensuring the physical, mental and emotional well-being of the mother, the child and the family. Access to safe, voluntary family planning is an essential component of human rights and is key to gender equality and women's empowerment. Better access to contraceptives leads to improvement in the health of women, children, and communities. It prevents unintended pregnancies, reduces unsafe abortions, and enables safe spacing between births. When women use contraception, it gives them time to recover between pregnancies, leading to a reduced risk of maternal deaths. With proper birth spacing, children are more than twice as likely to survive infancy and have a healthier childhood. The result is healthier families that are better able to care and provide for their children. Ensuring informed choice is critical to women's sexual and reproductive health and rights. The family planning program in India has long focused on female sterilization, overlooking the importance of modern methods, voluntary choice and the need for spacing. Over the years, the government has taken affirmative steps to move from a target-based to a more rights-based approach to family planning, with newer policies focused on expanding contraceptive choices- but more needs to be done.

**Evolution of the Family Planning Programme in India**

In 1952, the Indian government was one of the first in the world to formulate a National Family Planning Programme. In the mid-sixties, the Union Government introduced the method specific target for each state. It was the rapidly growing population that led to an increase in concern, and in 1976 the family planning programme was included as a priority sector program in the Fifth Five Year Plan. The massive sterilization drive in 1976 resulted in eight million persons undergoing sterilization. However, it was felt that despite being renamed as family welfare program, it was detrimental to women's rights and welfare. In 1992, the 72nd and 73rd constitutional amendments and the Panchayati Raj and Nagar Palika Acts decentralized the family welfare program to the Panchayati Raj Institutions (local governments) (India Today, 2009). To curb the menace of female foeticide in 1994, legislation was passed in the Indian Parliament to regulate and prevent the misuse of modern prenatal diagnostic techniques, mainly for sex-selective abortion. However, it was only in 1997 that the true era of Reproductive and Child Health (RCH) program was started. Under this, a critical component was to ensure the delivery of a system of comprehensive and integrated high-quality contraceptive services.

There has been a paradigm shift in India's family planning program since it was first introduced. The approach has shifted from population control and sterilization —to saving lives and improving the health of mothers and children. The new approach is focused on promoting voluntary choice and increasing the basket of options. It also encompasses reaching young women and newly married couples delaying the age of marriage and first pregnancy, and adequate spacing between two children. However, although the National Family Welfare Programme has been successful in reducing fertility, much more needs to be done to reduce gender inequality.

**Status of family planning in India**

At the London Summit on Family Planning in 2012, India committed to providing contraceptive services to an additional 48 million users by the year 2020 (Ministry of Health and Family Welfare, India. 2014). Furthermore, the Government of India launched the initiative 'Mission Parivar Vikas' in September 2016, which aims to provide contraceptives to people with little or no access and to expand the basket of contraceptive choices by introducing newer methods into the government program. While these are positive steps forward, several challenges need to be addressed to allow women access to their contraceptive of choice, including,

1. Lack of information that fuels myths and misconceptions regarding the safety and efficacy of contraceptive methods among service providers and the general public
2. Provider bias that prevents women from accessing all contraceptives available through the government program
3. Limited availability of quality counseling services to provide information on contraceptive side effects and their management, and lack of a woman-friendly environment
4. Limited understanding among clients on the importance of spacing of children, and
5. Limited involvement of private sector providers in increasing uptake of family planning services

The current analysis from the data in the National Family Health Survey (NFHS) 4 showcases that couples prefer smaller families. The total fertility rate (TFR) in India is 2.2 (NFHS 4. 2015-2016). The replacement level fertility rate (RFR) is 2.1. However, contraceptive use in India is characterized by the predominance of non-reversible methods. These include female sterilization that unfortunately remains the predominant method of contraception (36%) in India, whereas male sterilization is extremely low (0.3%). There is also a lack of access to a wide range of contraceptives. Approximately 13% (more than 1 in 8) of married women (15-49 years) in India have an unmet need for family planning, yet do not have access to modern contraceptives. Limited focus on spacing methods of contraception, including IUD/PPIUD (1.5%), pill (4.1%) and condoms (5.6%). (Garg, Suneela and Singh, Ritesh. 2014). Furthermore, relatively simple methods such as the diaphragm/female condoms have received very little attention.

Currently market and media attention are lacking in strategy that is effective in educating and promoting unbiased methods of family planning and contraception. Effectively employed, these tools can assist in disseminating accurate information to a large audience, allowing the integration of gender equity into the family planning program. Without genuine gender equity, existing gender inequalities will be exacerbated. It is also critical that men and adolescent boys are part of the conversation and equal party to the decision making in relation to accessing family planning choices.

**Advocacy and Communications Initiative to Promote Family Planning in India[1]**

A key initiative bringing together multiple stakeholders, including technical experts, media, civil society organizations and popular champions to ensure access to family planning services was implemented in six Indian states: Uttar Pradesh, Bihar, Maharashtra, Assam, Karnataka, and West Bengal. This was focused on increasing women's agency to choose from various forms of contraception, as well as helping them increase spacing amongst children. Via this initiative, a holistic understanding of family planning-related policy and program environment at the national level as well as sub-nationally in target states was developed. Opportunities and challenges were identified, which allowed for establishing partnerships that were impactful in improving the status of family planning in India. It also included the improvement of the capacity of partners and champions to engage in evidence-based advocacy about expanded family planning services.

180 civil service organizations in 60 districts in Uttar Pradesh and Bihar were partnered to disseminate information, address myths and misconceptions to advocate for the uptake of family planning services. The project successfully reached 6440 villages and 5.89 million people in Uttar Pradesh, and 4760 villages and 4.70 million people in Bihar. Consistent efforts were made to engage and sensitize key media representatives on the need to raise awareness on family planning issues through evidence-based messaging.

This resulted in an increase in the regular and accurate coverage of new and existing family planning methods by the media; the value of spacing methods was emphasized and promoted by decisions makers and program managers at the national and local level; the prioritization of family planning services at state and national policy agendas was undertaken. In addition, popular public figures were identified to be effective advocates to decision makers and the public. This included partnerships with professional bodies like Federation of Obstetric and Gynaecological Societies of India (FOGSI) and multiple ministries- that allowed for successful implementation of the project. Engagement with women groups was also vital in raising awareness and receiving feedback.

There is now a greater initiative to sensitize public and private sector providers through various platforms. There is an increased willingness for private and public collaboration to increase access to family planning services. Amongst state governments, there is an increased interest to scale up efforts towards implementation of the family planning program, and a recognition of the importance of a multi-stakeholder approach towards addressing challenges via national and state level discussions. There is greater interest amongst traditional and non-traditional champions such as celebrities and religious leaders to disseminate family planning messages across print, social and electronic media platforms and public events. There have been independent initiatives by media persons to increase coverage of family planning and report evidence-based stories from the grassroots.

[1] The initiative was implemented by co-author Dr. Sukriti Chauhan in her position as Director at Global Health Strategies, India

**Conclusion**

Given the efforts of various governmental and non-governmental organizations, effective family planning in India remains a distant reality. To ameliorate current conditions of women's sexual and reproductive health requires more than technical solutions or the number of contraceptive methods. What needs to be realized and actualized is women's agency, choice and access to quality reproductive services. Access to quality family planning is not only a human right that seeks to empower women, but for the nation's development. There exists a critical need to strengthen cooperation and coordination within all aspects: from planning and evaluation to the integration of gender equity into current and subsequent family planning policies and programs. Accessibility to, and quality of care must be improved- this can only be achieved with the participation of men as enablers as well as beneficiaries. Men need to be made a part of the dialogue for efficacious contraceptive use and be equal partners in family planning. Women and men need access to accurate information and family planning services to ensure they can make informed choices about their health, families, and futures. No country can reach its full potential if half of its population is disempowered. Women's health, empowerment, and family planning are all inextricably linked. We cannot advance the former without investing in the latter. The efforts made by the government as well as civil society organizations have helped to improve the access of contraceptives. However, efforts need to be sustained and measures should be introduced on priority to overcome challenges in spreading awareness. When women are empowered to make decisions about their reproductive health, to plan rather than just accept their future- they can reach their full potential, and when they do, they lift society with them.

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