



# ADVOCACY BRIEF

## Achieving India's Ambitious FP2020 Agenda: Are Short-Acting Methods the Key?

A review of recent trends in contraceptive use to inform interventions that address the unique challenges to reaching young and migrant populations in India

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# Achieving India's Ambitious FP2020 Agenda: Are Short-Acting Methods the Key?

**A review of recent trends in contraceptive use to inform interventions that address the unique challenges to reaching young and migrant populations in India.**

India has pledged to meet the unmet contraceptive needs of an estimated 48 million women by the year 2020. The goal requires the current modern contraceptive prevalence rate (mCPR) to increase by an ambitious 35.2 percent to reach 63.7 percent by 2020. Realizing this goal will achieve significant reductions in unintended pregnancies and maternal and neonatal deaths. Yet, the challenges to do so, too, are significant.

Delivering on India's FP2020 commitment requires a more nuanced understanding of existing gaps and greater stakeholder concurrence on solutions. The magnitude and challenges of unmet need also call for collaboration between government, civil society, commercial sector, and donors. Abt Associates, with support from the David and Lucile Packard Foundation, conducted a review and analysis of trends in the use of short-acting methods (SAM), underlying reasons for use and non-use, and marketplace gaps. The methodology included review of survey and market data and consultative discussions with a range of domain experts and stakeholders with insight to identify future strategies and areas of collaboration.

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**Delivering on India's FP2020 goal of bringing 48 million additional women into the fold of family planning (FP) services requires cross-sectoral collaboration to make a broader basket of choice available to India's large and growing underserved populations.**

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# Are we on track to meet India's FP2020 commitment?

Recent trends in contraceptive use indicate India may not be on track to provide FP services to an additional 48 million women by 2020<sup>1</sup>.

## Contraceptive prevalence rate is plateauing or declining.

Recent evidence from national health surveys suggests that the contraceptive prevalence rate has declined/plateaued over the past ten years. Notably, the decline/stagnation is neither method-specific nor limited to some states, as shown in **Figure 1**<sup>2</sup>. This trend endures even in the most recent National Family Health Survey (NFHS-4), and if it continues, India will fail to meet its FP2020 commitments.

## Total fertility rate (TFR) has fallen despite the slide in mCPR.

The latest data from NFHS-4 indicates that even with the decline in modern contraceptive use, married women

are having fewer children. Preliminary exploration of this seemingly contradictory trend points to several possible explanations, in line with Bongaarts' model of proximate determinants of fertility<sup>3</sup>. Likely factors, as supported by NFHS-4 data, include increased rate of spousal separation due to male migration, an increase in marriage (and therefore first birth) at a later age, a rise in abortions and emergency contraceptive use, and infertility. While we explore these factors in subsequent sections, additional analysis is needed to both determine the exact contribution of each of these factors and ascertain if any changes need to be integrated into FP models for calculating progress toward FP2020 goals. In this context, it is important that India expands beyond the traditional client focus of FP programs to include other underserved populations.

1 Ministry of Health and Family Welfare. 2014. India's 'Vision FP 2020'.

2 The government of India has categorized eight states as the "Empowered Action Group" (EAG). These states generally perform worse on measures of socioeconomic and health development and are therefore targeted for increased government resources and investments.

3 In his 1984 work, "A Framework for Analyzing the Proximate Determinants of Fertility," John Bongaarts identified nine factors that influence fertility rates: percentage of women in sexual union, frequency of sexual intercourse, postpartum abstinence, lactational amenorrhea, contraceptive use, induced abortion, spontaneous intrauterine mortality, natural sterility, and pathological sterility.

**Figure 1: Recent trends in use of contraceptive methods**

Data source	States with decline / stagnated contraceptive use		
	LAPM	Condoms	Oral Pills
<b>EAG States</b> AHS-3 (2012-13) vs. DLHS-2 (2002-04)	0 / 9	2 / 9	4 / 9
<b>Non-EAG States</b> DLHS-4 (2012-13) vs. DLHS-2 (2002-04)	9 / 20	9 / 20	13 / 20
<b>Selected States</b> NFHS-4 (2015-16) vs. NFHS-3 (2005-06)	12 / 13	8 / 13	10 / 13

*\*stagnation taken as <.5 percentage point change*

# The youth bulge and opportunities for growth

The task of expanding FP coverage warrants a clear and strategic focus on underserved populations. With half of the country's population younger than age 25<sup>4</sup>, the greatest opportunity for growth in mCPR lies among India's youth. We examined the FP needs of three underserved groups: young married couples, unmarried youth, and married women whose husbands are migrant workers.

## High unmet need among young married couples.

Among married women, the greatest opportunity for mCPR growth is in the 15–24 year age group. Compared with other cohorts, young married women have both the lowest use and the highest unmet need (**Figure 2**). Conversely, there appears to be little room for growth among women older than 30, whose reported current contraceptive use is already above the FP2020 goal of 63.7 percent mCPR. Younger cohorts (ages 15–29) have shown no reduction in unmet need over time<sup>5</sup>. The trend

for high unmet need has endured in the most recent surveys, and in more developed states. For example, unmet need among younger age groups in Tamil Nadu doubled from 2007/2008 to 2012/2013 (DLHS 4). Evidence<sup>6</sup> attests to this group's high unmet need for contraception to delay first pregnancy or to space subsequent children.

## Unaddressed needs of adolescents and unmarried youth.

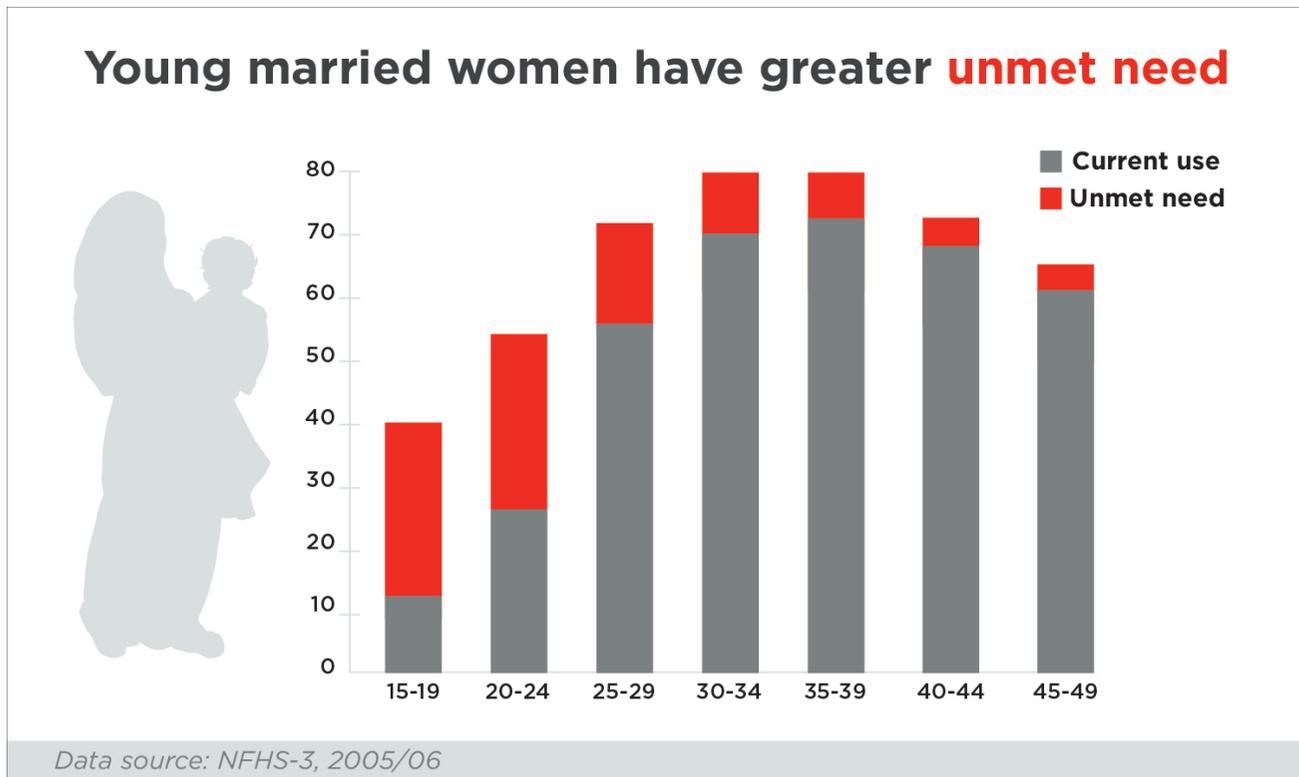
Data from NFHS and other sources indicate that the median age at first marriage is increasing for both women and men. This trend, combined with the growth in the overall youth population, suggests that India's population of unmarried youths and adolescents is growing significantly. However, many family planning and reproductive health (RH) surveys in India exclude this group. FP stakeholders, therefore, need to assess youth FP/RH issues, especially for unmarried populations, including their needs and preferences (both

4 Census of India, 2011.

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

6 Jejeebhoy SJ, Santhya KG, and Francis Xavier AJ. 2014. Demand for contraception to delay first pregnancy among young married women in India, Studies in Family Planning, 2014, 45(2):183–201.

**Figure 2:** Current use and unmet need among women of different ages





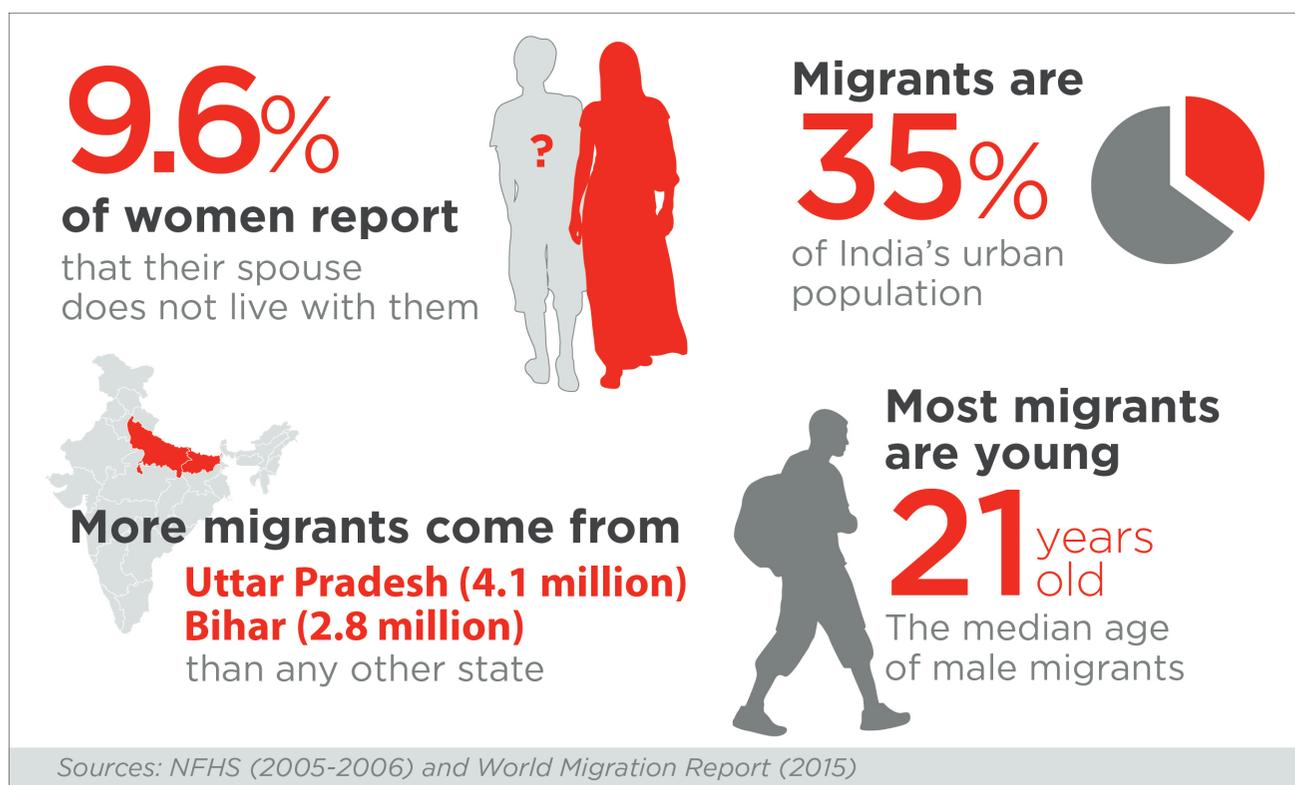
in terms of types of methods and sources of care), access to services, barriers in adopting healthy behaviors, and barriers to use. Demographic and Health Survey (DHS) data shows that the private sector often is a major source of health care for youth populations, indicating that multi-sectoral approaches may be necessary to address their needs<sup>7</sup>.

### Special needs of spouses of migrant men.

In many states in India, there is an increase in men migrating for employment that will separate

them from their spouses for prolonged periods of time. Because of this infrequent—and often short-term—contact, spouses of migrant men have distinct contraceptive needs that require customized behavioral and marketing strategies. This group’s needs must be explored, validated, and addressed from a rights perspective and as state concern because the population of migrant workers will likely continue to grow with increasing urbanization. The proportion of married women reporting spousal separation due to work grew from five percent in NFHS-2 to 10 percent in NFHS-3. Based on the analysis of this population’s needs and preferences, FP stakeholders should investigate whether woman-initiated SAM are an appropriate option.

<sup>7</sup> Ugaz, Jorge I. et al. Regional trends in the use of short-acting and long-acting contraception accessed through the private and public sectors International Journal of Gynecology and Obstetrics, Volume 130, E3 - E7



## What methods best meet the needs of underserved groups?

India will need to address the contraceptive needs of its underserved populations, especially young women. This group, in particular, is in the most fertile years of the reproductive period yet reports low contraceptive use and is not ready for a limiting method. Our analysis

shows that young women clearly prefer short-acting contraceptives they can control. High unmet need for delaying the first birth, as articulated in District Level Household and Facility Surveys (DLHS) and NFHS surveys, indicates a preference for SAM, particularly



**4 Million** teenage girls in India have babies every year



**21%** of all pregnancies are unwanted/mistimed



**52.5%** of India's total fertility



is clustered in the 15-24 years age group



**46%** of India's maternal deaths are in the 15-24 years age group

Sources: NFHS (2005-2006); SRS (2012)

oral contraceptive pills (OCPs). At the national level, data from DLHS-3 indicates that OCPs are the second most preferred future method among non-users after sterilization. Based on this data, we estimate that converting married women of ages 15–24 who intend to start a FP method within the next 12 months into users would increase mCPR among that cohort by almost six percentage points from OCPs alone. Improving the availability and use of OCPs is, thus, imperative if the country is to meet its FP2020 target.

### High preference for OCPs in districts with low satisfied demand.

Focusing on SAM, and especially OCPs, could have an even greater impact in districts with lower levels of met demand for FP. Our examination of inter-district differences in Uttar Pradesh points to an opportunity for growth, especially for SAM. While **overall future intent** to use was similar across districts irrespective of how much demand was currently satisfied, there was a notable difference in the **type of method preferred**. Preference for SAM, especially OCPs, was comparatively higher in low performing districts, particularly among the poorest quintile. These findings suggest that, in the medium term, efforts should focus on improving access

and demand for OCPs and other short-acting methods in districts with lower satisfied demand, rather than efforts focused on long-acting and permanent methods (LAPM). This could be key in accelerating mCPR in these districts and on reducing unmet need.

### Pronounced decline in pill use in urban areas and among youth.

While the overall mCPR has declined over the past 10 years, declines in the use of OCPs began much earlier and have been more pronounced in urban areas and among youth. Since youth are more likely to express a preference for SAM and OCPs, indicating that use is not declining solely because of decreased demand.

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**SAM, including OCPs, provide a significant opportunity to increase modern contraceptive use among underserved populations such as married and unmarried youth and spouses of migrant men. Stakeholders should increase investments in SAM while maintaining investment levels for LA/PM.**

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Instead, demand (particularly, lack of exposure to communication and education on OCPs, coinciding with extensive promotion of emergency contraceptives) and supply-side issues (reduced investments in distribution of OCPs) have combined to limit OCP availability and use.

India's progress toward its FP2020 goal will stall without a robust supply of the full range of modern methods, especially those most relevant to the needs and desires of a growing youth population.

## What are the key challenges and barriers to higher contraceptive use?

The current scenario of low contraceptive use despite high unmet need and expressed intent to use, especially for SAM, like OCPs, raises a question: What hinders the translation of intent into action? Our consultations with experts highlighted a range of marketplace gaps that impede wider OCP use. The interplay of these factors within the context of existing structural and environmental factors, as shown in **Figure 3**, creates dissonance in both supply and demand.

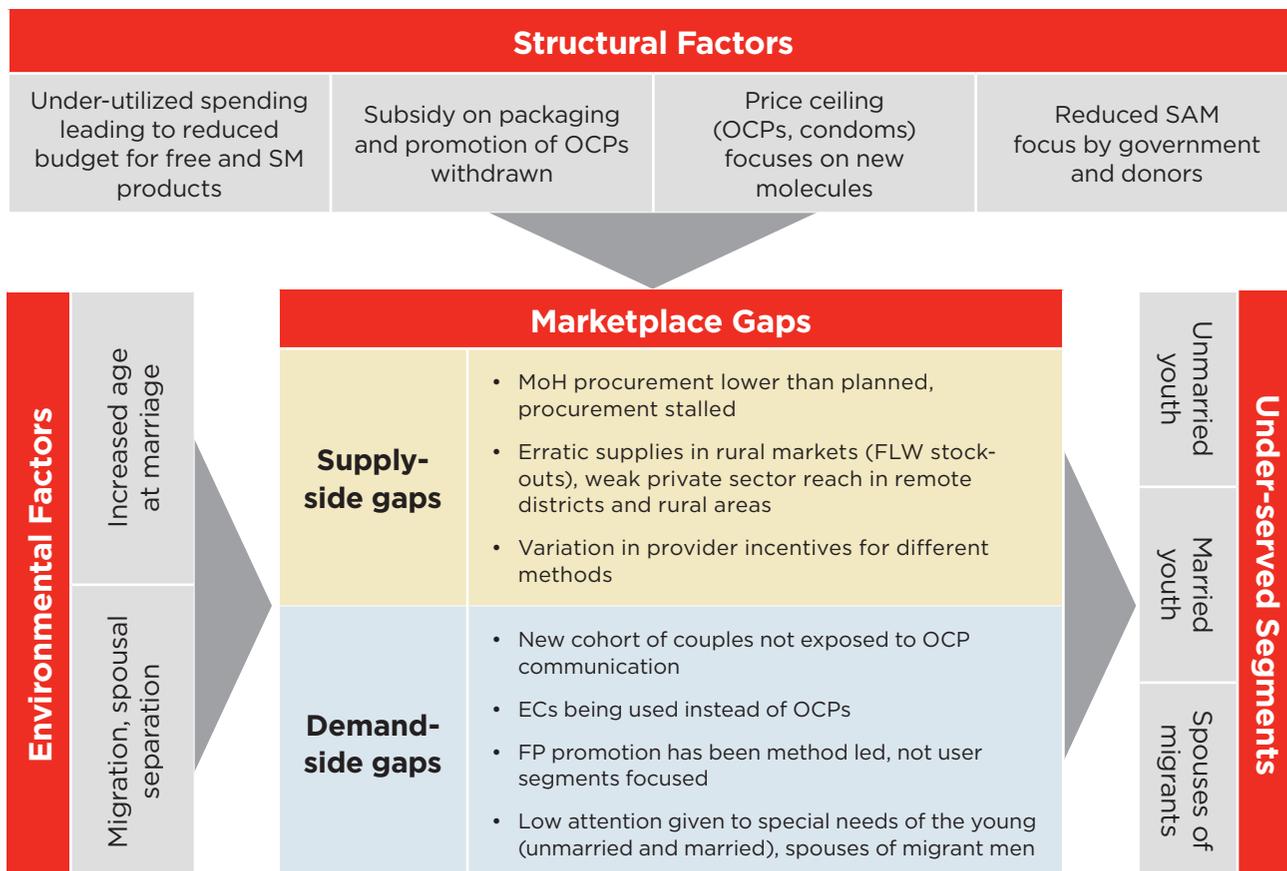
### Structural factors inhibit supply.

Many factors have affected the recent supply of OCPs and other SAMs: greater government and donor

focus on LAPM, corresponding declines in budgetary allocation and subsidies for OCPs, and government programs that have included higher provider and field-level worker (ASHA) incentives for limiting methods.

Regulatory barriers like restrictions on advertising and over-the-counter (OTC) sales have had an adverse impact on the operating environment for social marketing (SM) and commercial players and cut supply. Price ceilings and procurement issues have pushed out some SM agencies into the commercial space, limiting low-priced brand choices in the market. In the commercial sector, the price ceiling imposed by the

**Figure 3: Underlying factors affecting OCP growth**



## Most frequent words during stakeholder discussions?



Drug Price Control Order (DPCO) on standard<sup>8</sup> OCP formulations sets a high entry barrier for new players, also limiting choice in the mid- to high-price band. As such, OCPs form a small part of commercial portfolios in a market limited by low mCPR and low pricing. On the positive side, the commercial sector has witnessed growth in the OCP business, driven primarily by the new generation formulations.

### **Marketplace barriers create gaps in supply and demand.**

Long-standing issues in procurement and supply chain management have compromised product availability on the ground, especially at the last mile through frontline health workers. There have been no category promotion campaigns for OCPs in more than a decade. This has kept the new youth cohort largely unexposed to OCPs. Availability of emergency contraceptives in

this communication vacuum may have contributed to increasing use of emergency contraceptive pills (ECPs) as a regular contraceptive option.

Importantly, provider orientation and marketing efforts have not been geared to the unique needs of the underserved populations of young women and spouses of migrant men. For example, the ASHAs are poorly oriented on OCPs, leaving them inept at identifying the right users or counseling on available choices.

### **Limited insight into the role of confounding factors.**

A strategic, evidence-based approach to the contraceptive market remains crippled. To strengthen our response, we need robust data on the role that multiple confounding factors—the impact and scale of migration, legal and illegal abortions, infertility trends, and sexually active adolescents and unmarried youth—play in determining demand.

8 Standard COCs consist of 0.03 mg ethinyl estradiol + 0.15 mg levonorgestrel

# What are the possible solutions to revive OCP market?

Our analysis and expansive discussions with domain experts clearly identified three key principles for growth:

**1. Promote cross-sectoral public-private collaboration to bolster supply of OCPs and other modern methods.** Addressing the number of factors that limit the supply of the full range of modern methods requires a mix of interventions with both public and private sector inputs. Some, such as advocacy to expand the basket of choice in public facilities and remove restrictions on promotion, pricing, and sales of OCPs will benefit all groups. Others, such as initiatives to strengthen rural supply chains or implement innovative urban sales methods will target specific underserved populations.

**2. Strengthen demand through balanced and sustained promotion of all contraceptive choices.**

Strengthening demand will require focused efforts that speak to the needs and preferences of specific groups. Engaging the pharmaceutical industry, health care providers, community groups, and other stakeholders will ensure that these efforts effectively communicate key messages and raise awareness of the full range of methods.

**3. Implement tailored approaches to meet the needs of underserved groups.** On both the supply and demand sides, there are opportunities to leverage new technologies and previously underutilized cadres of health workers to reach underserved groups.

Specific solution sets are summarized in the table below.

**Figure 4: Solutions to address both supply- and demand-side constraints**

Challenge	Target Population	Activities
Low demand	All women	<ul style="list-style-type: none"> <li>• <b>Knowledge Building:</b> Conduct landscape analysis of FP communications.</li> <li>• <b>Advocacy and Promotion:</b> Partner with pharmaceutical industry to implement category promotion campaign for OCPs. Campaign would address concerns about side effects and provider bias. Lobby government to allocate more funding for marketing subsidized products. Market product variants and develop new packaging for products to revive consumer interest among target populations.</li> <li>• <b>Financing:</b> Activate PPP/demand-side financing schemes.</li> </ul>
	Young married women	<ul style="list-style-type: none"> <li>• <b>Knowledge Building:</b> Conduct study to understand FP products and needs for married youth.</li> <li>• <b>Advocacy and Promotion:</b> Develop and implement RH education campaign targeted at concerns of young married women. Develop and implement targeted campaign to promote SAM, including OCP, using social media, online tools, and involving satisfied users and key influencers. Implement innovative social marketing campaigns to reach rural and hard to reach populations.</li> </ul>
	Young unmarried women	<ul style="list-style-type: none"> <li>• <b>Knowledge Building:</b> Conduct study to understand contraceptive preferences and needs for unmarried youth.</li> <li>• <b>Advocacy and Promotion:</b> Develop and implement RH education campaign targeted at concerns of young unmarried women. Develop and implement campaign to promote SAM that align with the contraceptive needs of unmarried youth (e.g., ECs and OCPs) using online tools (e.g., social media and dating/marriage sites), and involving satisfied users</li> </ul>

		and key influencers (e.g., youth community groups like the PRACHAR project in Bihar). Implement innovative social marketing campaigns to reach rural and hard to reach areas.
	<b>Spouses of migrant men</b>	<ul style="list-style-type: none"> <li>• <b>Knowledge Building:</b> Study migration trends to understand impact on contraceptive use.</li> <li>• <b>Advocacy and promotion:</b> Develop and implement RH education campaign targeted at concerns of spouses of migrant men. Develop and implement targeted communication campaigns to promote ECs and OCPs and educate on integration of FP, HIV, and TB concerns specific to this group. Design campaigns using satisfied users and key influencers (e.g., youth community groups like the PRACHAR project in Bihar). Implement innovative social marketing campaigns to reach rural and hard to reach areas.</li> </ul>
<b>Declining and constrained supply</b>	<b>All areas</b>	<ul style="list-style-type: none"> <li>• <b>Knowledge Building:</b> Undertake research for demographic and psychographic segmentation of consumers. Compare per capital rise/decline in other methods of contraception. Study the availability of frontline workers in different states to determine impact on TFR and CPR.</li> <li>• <b>Advocacy:</b> Lobby government to expand basket of FP services. Work with government and manufacturers to make newer OCP product variants and brands available over-the-counter and at lower price points, including increasing the availability of 'middle generation' OCPs (low-dose COCs and POPs) and bringing down the price of third and fourth generation formulations. Revise restrictions on OTC sales and promotion of OCPs.</li> <li>• <b>Distribution and Delivery:</b> Pursue long-term rate contract between government and suppliers to ensure consistent supply of OCPs and other products. Improve monitoring of OCPs and condoms to track stock-outs and sales by using mobile platforms.</li> <li>• <b>Provider/Product Interventions:</b> Educate providers (including ASHAs, chemists) on distinct uses of different products (e.g., EC vs. OCP) and to build FP counseling skills, and equip them with skills and knowledge concerning specific needs of underserved populations. Collaborate between different category commercial manufacturers to design products for a unified basket catering to specific segments of underserved populations.</li> </ul>
	<b>Urban areas</b>	<ul style="list-style-type: none"> <li>• <b>Distribution and Delivery:</b> Support expanded use of e-commerce (e.g., doctorstore.in) for sales. Leverage private commercial providers to expand the delivery of FP/RH services.</li> </ul>
	<b>Rural areas</b>	<ul style="list-style-type: none"> <li>• <b>Distribution and Delivery:</b> Devise strategies to strengthen social marketers' efficiencies. Increase distribution of expanded basket of products through established programs and channels (pharma sales persons, consumer goods sales channels) in rural areas. Strengthen home-based distribution channels. Develop prototype for FP service provision and counseling of underserved populations such as migrant couples.</li> </ul>

# Implementing solutions through a multi-sectoral approach

These solutions imply that invigorating the OCP market will require addressing supply-side issues and maintaining a strong and sustained focus on product-specific demand generation. The private sector can play an important role on both fronts. Its product design/development strengths, established marketing channels, and innovative approaches can significantly contribute toward reaching 48 million new contraceptive users by 2020.

Crucially, the private sector is keen to contribute to India's FP2020 goals. Advocacy with the government is needed to create an operating environment within which the private sector can contribute to social goals while retaining its corporate objectives. Greater dialogue and engagement between the private sector and government could be facilitated through a coalition, such as the Reproductive Health Supplies Coalition (RHSC). Private players have evinced initial interest in product and packaging design, which the public and SM channels could deliver through their established platforms. There is also a need for advocacy to tap into the mandatory two percent corporate social responsibility (CSR) allocation by businesses to strengthen OCP use.

Increasing the menu of choice for women also has emerged as a key priority for the Government of India, which very recently (April 2016) introduced injectable contraceptives and a new type of OCP (progestin-only pill or 'mini pill') into the free public health supply under the national FP program. Recognizing the need for public-private collaboration, the government is also planning to partner with the private sector to build awareness and reach all parts of the country, especially rural areas, using stronger links to social marketing and expanded social franchises. These developments indicate a receptive environment for collaboration to strengthening OCP use among underserved populations, especially young married women.

Sustained engagement and communication with the target segment—young married and unmarried women

and spouses of migrant men—will be a critical part of the solution set to reinvigorate the OCP market. Implementing these changes will require a mixture of proven and innovative solutions that bring together public and private sector actors across the health system. Through our analysis and dialogue with key stakeholders, we identified a range of options to address both supply- and demand-side constraints (**Figure 4**).

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**The magnitude and challenges of unmet need requires a collaborative approach from all key stakeholders in India's FP space. It is time to fulfill the long-standing commitment to women's reproductive health and rights by harnessing strengths and synergies to support India in reaching its FP2020 goal.**

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Communication must facilitate long-term engagement, FP/RH education, and follow-up support and counseling so that young women are able to graduate from ECPs to OCPs and later to limiting methods as they transition through different stage in their reproductive lifecycle. The need, thus, is to go beyond sporadic ad-hoc bursts of advertising to sustained dialogue and FP/RH education to enable reflection and informed choice. Stakeholders must take advantage of new methods and new technologies that can strengthen the supply system. In addition, they must ensure providers are trained and able to deliver the full range of methods in response to their clients' stated needs.



## Why the need for cross-sectoral collaboration?

- India's FP2020 target is big — a 35% increase in mCPR in less than five years! The enormity of the task demands multi-sectoral effort.
- Government resources will justifiably be focused on methods that allow easily measurable returns, lower cost per user, and low level of user engagement. Private sector must step in to strengthen wider availability and adoption of other methods.
- The youth's preference for accessing FP services from commercial providers calls for the latter's stronger presence.
- The private sector can tap into its product development/design and marketing strengths to make a wider product choice available to consumers at various price points.
- The established reach of social marketing channels in rural areas will be crucial to secure last mile supply.
- Private sector experience and expertise in customer engagement and technology use can invigorate demand and expand reach.
- Existing private sector relationships with providers/ doctors can be leveraged to roll out customized user-centric behavioral and marketing approaches.



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