



CONTRACEPTIVE USE DYNAMICS IN INDIA: AN OVERVIEW

Nursing

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KEYWORDS

INTRODUCTION:

Reproductive health is related to the concerns of women's and children's health, the extent of poverty, human rights, gender equality, sexually transmitted diseases, and education [1]. Enhancing the approach to reproductive health is thus important to the aid of advancement, as copy the actions of in Sustainable Development Goal [3,7,2] which warns for global access to family planning services by 2030, and the Family Planning 2020 operation [3]. The Family Planning 2020 operation was initiated in 2012 to correlate global attempt to measure approach to family planning services. Substantial work has been concerned to advancement a conceptual framework and warns to oversees the advancement for future goals [4] & to support national health programmes to monitor their improvement and advance plans to embellish the performance [5]. Appraisal of growth in managing the approach to family planning services whichever been considerably fixate on the evaluation and extension of family planning indicator at the regulatory level, [6] but such **examination and determination** might not encounter local diversity. Thus, it is essential to record the advancement at well made (ie, subnational) level. Such populace subgroups perhaps fixed geographically (eg, states, urban vs rural domicile) or placed on socio - economic determinants (eg, domestic prosperity quintiles). Furthermore, it is important to allow provincial partners to proceeds a persuasive role in planning, monitoring, and evaluating at the local level, which is achievable only if they can establish the **apportion** estimates and prominence of indicator of approach to reproductive health with trace peripheral guide. Currently, of about 214 million Females are in low and middle-income countries expect to avert pregnancy but are not using a modern contraceptive method [8]. As long as the utilization of modern method use has been raised since 2014 [8], still there are population remains with unmet contraceptive demands. This Unmet demand for contraception is estimated to continue above 10% worldwide through 2030 against the reductions expected for some regions [9]. Considering the barriers and people accepting contraception towards unmet contraceptive demands are the primary element to work towards affording contraceptives to those that prefer them. From the contraceptives user, intrauterine contraception is used only by 13.7% of female (married or in union) and lesser than 1 % of female (married or in union) from 15 – 49 years in the underdeveloped countries as of 2015 [10]. Prevailing statistical values represents tremendous instability among countries and regions [9]. The World Health Organization has declared that a woman belongs to a developing nation in every eight minutes will die of complications results from an unsafe abortion practices [11]. Annually approximate of about 15.6 million abortions arises in India and globally 14.5% maternal deaths result due to unsafe abortions and are most prevailing issues in developing countries like Africa, Latin America and South and Southeast Asia, with inconsistent abortion laws, while the unmet needs extend to be tremendous. [12,13]. In India of about 5% of abortions ensual in community health facilities, which are the prime access speck for healthcare for destitute and rural women [13]. Such miscarriages are avertible by establishing approach to quality family planning services, safe abortion and counselling services along with comprehensive sex education [14]. Governmental policy is an essential element in facilitating the modern contraceptive uptake. To apprise guidelines from WHO on self-care intercession, this review article has been prepared.

Obligations

Obligation 1: India will overarch Family Planning 2020 goals to drive the **approach**, preference and aspect of Family Planning supplies so as to extend the contemporary contraceptive usage from 53.1% to 54.3%

and found that 74% of the demands for contemporary contraceptives is accomplished by 2020. The country will forward the range and extend of choices for contraceptive by 2020 will accomplish new birth control method. Examining and determining the preface of new Long-acting reversible contraceptives (LARC) further with rendering fixed quality and full magnitude of Family Planning supplies at all levels. India will enhance the contraceptive supply series by accomplishing the Family Planning Logistic Management Information System (FP-LMIS). The provincial will raise the knowledge on this aspect and create demand for Family Planning services over an inclusive 360° media operation over all its states and persist to allocate Family Planning services and provisions are delivered at free of charge to all eligible couples and youngsters over the community health system, authorized private ownership and NGOs. The social marketing provision would be revitalized, and social franchising form would be recommended to line in the private sector. In the year 2012 Summit, India enforced to allocate 2 billion United States Dollar by 2020 for the Family Planning Services and in 2017, India has enhanced its constraint with an assurance to spend 3 billion United States Dollar by 2020. The provincial will extend implementation of required draft for Reproductive, Maternal, Newborn, Child and Adolescent Health including Family Planning at national and sub-national levels [15].

Injectable contraception, or the shot: is an extensively used form of productive contraception worldwide. Currently new forms of injectable contraception have been advanced which admit for subcutaneous injection (under the skin), rather than IM injection. These new formulations may admit women to prefer self-injecting contraception more easily as it don't require a provider to inject them, this is the point to be noted as injectable contraception must be taken every 3 months once. Few people using injectable contraception may choose to self-inject for reasons of their privacy or convenience, and in the places where there are not adequate health care providers to administer reinjections, this has the ability to develop access to this safe and effective form of long-acting contraception. [16]

India has been **firmly** advancing towards accomplishing the Family Planning 2020 targets. The GOI accomplished an anchor of advanced actions in 2017-18. The goal was to embellish the essence of services distribution for Family Planning, enhanced to currently added new contraceptives under Antara Program viz. Injectable contraceptives MPA, Progestin only pills, non-hormonal pills Centchroman (Chhaya). The provincial progressed to intensify on enhancing post pregnancy contraception. In 2017-18, around 2 million Post-partum IUCD insertions (About 15 % of the total provincial health deliveries) and 0.06 million Post abortion IUCD insertions (uptake of Post Abortion IUCD services in 6 percent of the total miscarriage in community health structure). Over a targeted progress and still addition exclusive action, under Mission Parivar Vikas, India acknowledged 146 high preference districts for distributing augmented Family Planning services and performed a specialized scheme. All these plans have arised in an expanded intake of modern contraceptives. Currently, Family Planning services are accomplished at complimentary by 0.18 million basic level public health facilities, Besides 6000 secondary level facilities and 755 tertiary level facilities more than a large pool of **formally acknowledged** private health facilities. As per the TRACK20 record, the Modern Contraceptive Prevalence Rate for India in 2018 is estimated at 54.1 percent which is 0.6 percent greater than the 2017 evaluation of 53.5%. The goal of 74% needs fulfilled for modern contraceptives has earlier been attained [15].

Obligation 2: Broadening magnitude and influence of contraceptive choices by 2020. Roll-out of POPs, Centchroman, injectable contraceptives and Ormeloxifene in the public health system. Exploring the introduction of new Long-acting reversible contraceptives (LARCs). The GOI proposed 2 new contraceptives viz. non-hormonal pill Centchroman and injectable contraceptive MPA, 2017. POP, existence pilot proven for a provincial wide inception. The Injectable MPA services was expanded over all states of India with 0.08 million doses administered in the community health sector in 2017-18 alone. The administration of Centchroman has also been confident, with about 1.2 million fillet existence dispersed in 2017-18, which interpret into a patient base of 0.13 million. All the supplies are accessible at free of cost in all community health facilities. To assure quality aids the unified productions was promoted by robust data management actions and plans. A holistic system encompassing of data record - keeping and reporting tools, observing indicators was advanced so as to assure supplies of quality services. Currently, India is investigating the potentiality of proposing new LARCs in the contraceptive basket. In 2017-18, a health technology evaluation has been initiated (at the highest levels of advocacy) for the same and based on the Health Technology Assessment, India will be operative against the inclusion of a new contraceptive in the National Health Program in the near future [15].

Obligation 3: Interpretation insured quality of supplies in focusing-to-reach urban and rural areas by distributing a full-service package at all levels in all 146 districts under Mission Parivar Vikas (MPV). These districts comprise of about 28% of India's populace and accorded to around 30 percent of maternal deaths and about 50 percent of infant deaths. The Mission Family Welfare plan was appropriately named as 'Mission Parivar Vikas'. The services had been initiated by the Hon'ble Minister of Health & Family Welfare in 2016 and the substantial operation launched in 2017. The fundamental goal of this action was to promote the quality-of-service delivery and need generation. As part of the extensive MPV plan, the following plans were initiated: Adapting and concentrating the newly-wedded couples Imparting behavioral adjustment over mother-in-law – daughter in law duos confrontation Sarthi Van to provoke awareness [15].

Obligation 4: Enhancing the Family Planning supply chain and assets tracking over all states of India. In 2017, Family Planning – Logistic Management Information System (FP-LMIS) was initiated with a goal to build up the contraceptive provision chain system. It is a unique software which renders to all level of workers elaborated with the family planning equity approach beyond multiple levels in the supply chain. This would support in avoiding not only an inevitable stock-out situation but also persuade a need-pull approach. A remarkable pattern of India's Family Planning services is the involvement of all the supplies providers including its immense workforce of 0.9 million ASHAs (Community Health Workers) as long as services through facility cum community-based model of allocation of contraceptives [15].

Obligation 5: Raised awareness and demand generation through comprehensive 360° communication campaign rolled out through all states of India. A comprehensive 360° campaign was launched during II phase by the Ministry of Health & Family Welfare. In 2017-18, the II phase of the campaign was launched with the basic goal of creating awareness and demand of modern contraceptives among the populace. With the objective of stretching out to the society of all age groups, province and level of the community to lead about a certain alteration in the use of contraception and shatter correlated myths the II phase multimedia campaign was designed. Focused and refined campaign also incorporated with additional learnings from Phase I. Considerable distribution of the unified media campaign along with state level advocacy was executed over all states. In 14 regional languages the integrated campaign was also interpreted to embellish local penetration. The television infomercial refined as segment of the campaign, which enclosed concern such as featuring the involvement of male, belief on old perceptions and myths along with the essentials of newer contraceptive methods in family planning whichever aired for six months in prime nationwide, provincial channels and radio spots. In II phase diversified posters, hoardings and pamphlets were also refined. These posters were also interpreted in the regional languages and distributed in all the states. A zealous radio show "Hum Do" was initiated to advance inter-spousal conversation and is aired on All India Radio and its basic channels. A devoted website for Family

Planning Section has also been initiated www.humdo.nhp.gov.in which is a one stop platform for infiltrate factual information on family planning in a smooth, consumer friendly manner [15].

Obligation 6: Augmented role of the personal sector for establishing family planning services. Family planning has an ample scope in India which goes further the possible of a single sector alone. The private region also has an immense presence and a mass accredit among the people. Following faucet into these abled, private doctors have been empaneled to render sterilization services to the receiver. The private sector support is rising in the country for both, supplies of sterilization as well as IUCD services. Including them, officially recognized NGOs and campaign for Reproductive Choices play a vital role. Advocating Reproductive Choice is a coalition of across 170 local community organisations, development organisations and persons who are committed to advocating for better attention and aims on sexual and reproductive health concerns and family planning programme in India. GOI is enforcing a special scheme in seven high focus states focused at rising the involvement of private providers for supplies of sterilization services. India also arises with contemporary scheme of providing confirmed services in 146 Mission Parivar Vikas districts through the system of Clinical Outreach Teams. The general aim of the scheme was to rise the access to FP programme in these difficult to reach areas by lure in the services of distinctive established organizations as long as dedicated FP services [15].

Obligation 7: Permissive youngster to approach sexual and reproductive health facts and services. India has one of the best cohorts of youngsters in the world. GOI launched Rashtriya Kishor Swasthya Karyakaram (RKSK) and one of the key actions under this is to raise the access to sexual and reproductive health services. The services cover the school, community, including facility-based interventions. The facility-based action in existence enforced via execution of Adolescent Friendly Health Clinics (AFHCs) at different public health facilities. These will be the first level Primary Health Care of contact for adolescent's services. Dedicated adolescent counselors were posted in many Adolescent Friendly Health Clinics [15].

Obligation 8: Civil society ties up for creating awareness on family planning products and services and deploy community for expanding the uptake as well as providing services with the help of civil society organizations. Globally, FP 2020 will be mainly focusing on instrumentation in Family Planning Program. To achieve the preferred outcome, The Ministry of Health and Family Welfare developed a partnership with civil societies to strengthen the delivery of quality family planning services.

This programme include a people who are providing their contribution in different aspects of family planning in the country, as a Technical agencies, implementing partners and number of Donor Partners. The responsibility of numerous civil societies is catalogued below: No:1. Service Organizations - Agencies including Janani, MSI, Parivar Sewa Sansthan and FPAI are delivering Family Planning services at minimal costs and also it developed targeted communication campaigns anticipated for generation of services demand. No:2. Community advocacy Groups - A number of Non Governmental Organizations working in the field of family planning and reproductive health had extended their proficiency in community level activities and in variety of commoditization processes [15].

Obligation 9: In India, the commitment was renewed and now assured that they will invest 3 billion United States Dollar by 2020. The provincial will remain the execution of costed plans for Reproductive Maternal Neonatal Child Health Adolescent including Family Planning at sub-national and national levels. India has come up with several key Family Planning initiatives in 2017-18 such as the expansion of contraceptive basket, Mission Parivar Vikas, FP-LMIS, and a 360-degree media campaign. All these new strategies, along with the increased focus on Family Planning have been commensurate with the increased allocation under FP. During 2012 to 2017, nearly 2.2 billion USD has been allocated for Family Planning [15].

Obligation 10: The country will offer post-partum Intra Uterine Contraceptive Device services and place dedicated Family Planning counsellors with heavy delivery caseloads in public health facilities. It will issue contraceptives at the level of community through 150,000 rural health sub-centers and with the help of 860,000 community

health workers also it will train 200,000 health workers to dispense IUDs. The country has made marvelous progress in the PPIUCD services. The initial goal is to achieve healthy perinatal, maternal, newborn, infant and child health outcomes as well to reduce neonatal and maternal mortality.

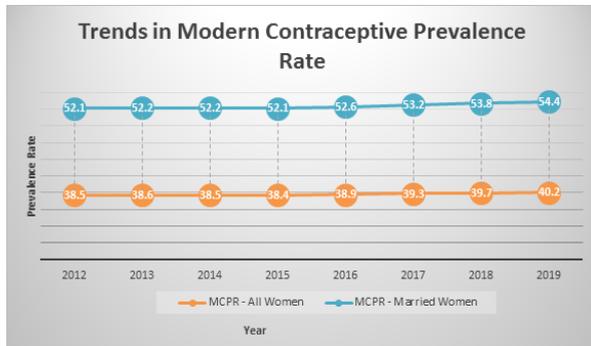
In addition, PPIUCD services will also help in decreasing the unmet need for Family Planning among postpartum women. Close monitoring of pre and post training follow-up will be proceeded to strengthen the PPIUCD services. Nearly Six million PPIUCD insertions have been documented since the beginning of the program with two million PPIUCD insertions documented in the year of 2017-18 itself, which is an increase of twenty-one Percentage as compared to the last year. The concept of job allocation by nursing officers has further helped in efficient roll out of the PPIUCD Services program. In six high center states, an exclusive thought of onsite training is implemented and finely monitored with the aid of different partner agencies. At the doorstep of each beneficiaries, group of community health workers have been distributing the contraceptives. The PPIUCD program is being strongly monitored both at the state and national level. At village level, number of community health care workers has been increased and at present 0.9 million [ASHA] community health workers are acting as a depot holders and counselors. For eligible couples, ASHAs are acting as a significant source to get contraceptives in their home itself with an adequate privacy. The scheme for improving healthy spacing between child births and it was given by Government of India. To outreach the birth spacing scheme, it has been extended to another sight states. [15].

higher leading to possibility of unsafe abortion risking lives. Paramedical staff, ANMs, can pay house-to-house visits to find the eligible couples and use POICs as interim methods till the final permanent, or very long acting method is accepted by the couple. Post-partum IUCD programme is good, but women missing that opportunity can opt for POIC. This may be promoted more than the procedure-based IUCDs which require a special training and are associated with inherent risks, especially when it is carried out by less skilled health workers in field rather than hospitals setting.

To meet the emerging needs of couples, under Mission Parivar Vikas, the Ministry of Health and Family welfare launched an injectable contraceptive DMPA under Antara Scheme. The intention of introducing this scheme is to reduce the total fertility rate to 2.1 by the year 2025

REFERENCES

1. United Nations Population Division (UNPD), Department of Economic and Social Affairs. Guidelines on Reproductive Health, 1995.
2. United Nations, General Assembly. Transforming our world:the 2030 Agenda for Sustainable development, A/RES/70/1. Oct 21, 2015.
3. FP2020: Partnership in Progress: Annual Progress Report, 2014. Washington, DC: FP2020.
4. Brown W, Druce D, Bunting J, et al. Developing the “120 by 20” goal for the Global FP2020 Initiative. *Stud Fam Plann* 45: 73–84.
5. FP2020. Commitment to Action, Measurement Annex, November 2015. Washington, DC: FP2020.
6. Alkema L, Kantorova V, Menozzi C, Biddlecom A. National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. *Lancet* 2013; 381: 1642–52.
7. UN System Task Team on the Post-2015 UN Development Agenda. Realizing the future we want for all. 2012. New York: UN.
8. Weinrib R, Minnis A, Agot K et al. End-users' product preference across three multipurpose prevention technology delivery forms: Baseline results from Young women in Kenya and South Africa. *AIDS Behav* 2018; 22:133–145.
9. Anderson DJ. Population and the environment — Time for another contraception revolution. *N Engl J Med* 2019; 381:397–399.
10. Karim S, Baxter C, Frohlich J, Karim QA. The need for multipurpose prevention technologies in sub-Saharan Africa. *BJOG* 2014; 121.
11. World Health Organization. Unsafe abortion, global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003. 5th ed. Geneva: WHO; 2007.
12. Singh S, Shekhar C, Acharya R, Moore AM, Stillman M, Pradhan MR, et al. The incidence of abortion and unintended pregnancy in India, 2015.
13. Bhutta ZA, Black RE. Global maternal, newborn, and child health - So near and yet so far. *N Engl J Med*. 2013; 369:2226–35.
14. Faundes A. Unsafe abortion - The current global scenario. *Best Pract Res Clin Obstet Gynaecol*. 2010; 24:467–77.
15. <http://www.familyplanning2020.org/sites/default/files/India-Commitment-Self-reporting-Questionnaire-2018.pdf>
16. <http://www.familyplanning2020.org/india>

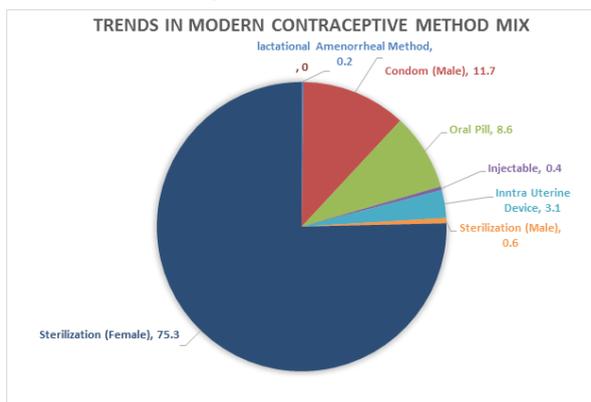


Note: FP2020 uses a rolling baseline so values are recalculated each year based on the newest available data.

M CPR (AW*):40.2, M CPR (MW*):54.4, Unmet Need (MW):18.9, Demand Satisfied (MW):74.2, Additional Users:15,540,000

The data above is reported in the annual progress report FP2020 Women at the Center 2018-2019. These values were produced using Track20's FPET model

MW* = Married Women, AW* = All Women



CONCLUSION:

Safe contraception is one of the four strong pillars of safe motherhood. The unmet need for contraception can be met by promoting use of highly effective POICs by healthcare providers, policy makers with the help of paramedical staff. Their use is better than other less effective methods with which chances of unwanted pregnancies are