

Assessing Progress Toward Reaching Uttar Pradesh's Population Policy Goals

Through Demand-based Family Planning



Women in Uttar Pradesh want to have 2.3 children on average; however, the total fertility rate is 3.8 children per woman.

In 2000, Uttar Pradesh (UP), India's most populous state, adopted a Population Policy that sets a goal of reaching replacement-level fertility by 2016. Achieving this goal should help reduce maternal and child mortality (due to fewer high-risk births), decrease investment in public education and health services, and attain a more favorable dependency ratio. In turn, lower fertility and mortality should have a positive impact on macroeconomic trends. With a population of 187 million people, UP is one of India's poorest states. With declining fertility, countries can generate higher levels of savings and investment to drive economic development.

Midway through the policy's implementation in 2007, at the request of UP policymakers, the USAID | Health Policy Initiative, Task Order 1, analyzed demographic and health trends to determine progress made in achieving the policy's goals.

Methodology

To conduct the analysis, the Health Policy Initiative used data from the National Family Health Survey (NFHS-3), a nationally representative household survey conducted in 2005–06. The survey provides state and national information for India on fertility, infant and child mortality, family planning, maternal and child health, and nutrition. UP's data are based on a sample of 12,183 women ages 15–49 and 11,458 men ages 15–54. Using the FamPlan, DemProj, and RAPID computer software models within the SPECTRUM system, the Health Policy Initiative generated projections and estimates based on the policy goals.

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The projection scenarios centered on women's fertility aspirations. Twelve percent of the women surveyed did not want any more children, and an additional 9 percent wanted to delay their next birth for at least two years; however, these women were not using contraception. In other words, 21 percent of married women ages 15–49 (about 8 million) have an unmet need for family planning. Using two alternative scenarios affecting future fertility trends, the projections assessed whether UP could reach its Population Policy goals by meeting this unmet need:

- The **Constant Scenario** assumed no change in unmet need for family planning, thus extending the current fertility level and the contraceptive mix (proportions of various contraceptive methods used) through 2016.
- The **Zero Unmet Need Scenario** assumed that unmet need would be gradually met and eliminated by 2016, which would increase use of modern family planning methods and thus lower fertility levels.

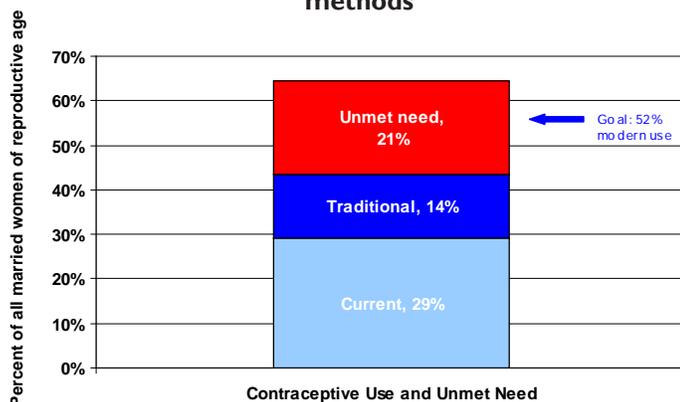
Findings

Assessing trends to date, the analysis found that UP is on target to reach the Population Policy's child health goals if current trends continue. While progress has been made in reducing maternal mortality, the pace of progress will need to be escalated to meet the Population Policy goal of fewer than 250 maternal deaths per 100,000 births.

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On the other hand, UP has made limited progress in helping women meet their reproductive desires. UP's total fertility rate is currently 3.8 children per woman—far higher than the Population Policy goal of 2.1 children per woman by 2016. However, the NFHS-3 data indicated that UP women want to have 2.3 children on average. The projections found that if all women with unmet need were to choose modern contraceptive methods, current users of traditional contraceptive methods were to shift to modern methods, and current users of modern methods were to keep using them, use of modern contraceptive methods would rise to 64 percent—greater than the 52 percent goal for 2016 stated in the Population Policy (see Figure). In summary, reaching replacement-level fertility in UP by 2016 is attainable if women have access to modern contraceptive services and information.

Potential for greater use of modern family planning methods



Policy Implications

In December 2007, the Health Policy Initiative presented the results of the analysis to national and state health officials. In response, these officials and other stakeholders recommended taking the following major actions:

- Expand access to family planning services by (1) offering around-the-clock maternal and child health and reproductive health services in at least 10 percent of primary health centers, (2) expanding the contraceptive methods available, and (3) providing sterilization services on a fixed schedule.
- Improve communication strategies by providing accurate information on contraceptive methods and their correct use, reaching out to mothers-in-law and husbands and involving community leaders in educational campaigns.
- Increase collaboration with different sectors by building partnerships with nongovernmental organizations and other private groups to expand outreach to poor and vulnerable populations, involving cooperatives and large commercial and manufacturing establishments to provide family planning services and information.

If these actions are implemented, UP's Reproductive and Child Health Program can move the state closer to achieving its goal of replacement-level fertility by 2016.

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