

India:

Change Is Possible

Investing in Family Planning to Improve Health and Development



Today, India is on an economic growth trajectory with a vision to transform itself into a developed nation. The Eleventh Five Year Plan (2007 – 2012) and the Millennium Development Goals (MDGs) help guide national policies and strategies for social and economic development. Through its commitment to achieve universal primary education, improve maternal and child health, and reduce poverty, the country is on the path to realizing its vision – change is possible.

Rapid Population Growth Poses a Great Challenge to India's Development

India's population is large and growing. By 2001, one billion people were living in India, and in 50 years, this number could double. If India continues to grow 1.4 percent per annum,¹ this would make sustainable development unattainable.

- Rapid population growth threatens India's socio-economic development and the well-being of its citizens by putting more pressure on already scarce resources.
- Where fertility rates² are as high as 3.8,³ EAG states alone will contribute to half of India's population growth between 2001 and 2026.⁴

Did You Know?

Over the last century, India's population has quadrupled from 238 million people to more than 1 billion

Almost every year, India adds the population of Australia

By 2030 India could surpass China as the most populous country in the world

3 out of 10 people are under age 15

Even if India achieves a replacement level fertility of 2.1 children per woman by 2021, population will continue to grow for another 50 years

¹ Sample Registration System (SRS) (2006 – 2010) and SPECTRUM projections

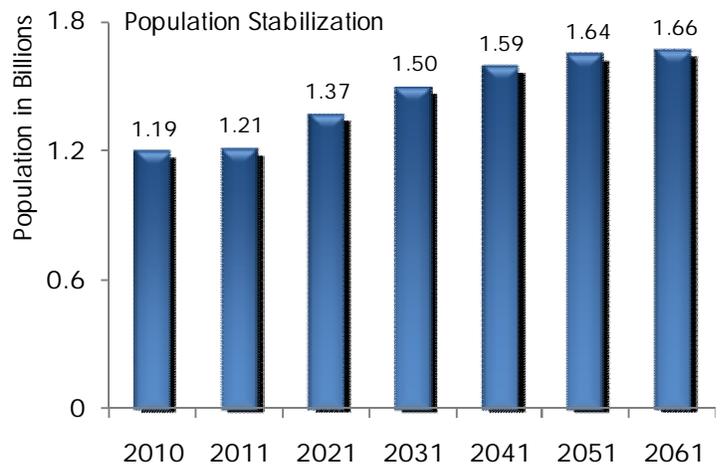
² The average number of children a woman would have assuming that current age-specific birth rates remain constant throughout her childbearing years, usually considered to be ages 15 to 49. (Population Reference Bureau, 2008 World Population Data Sheet)

³ SRS (Bihar) 2008

⁴ SRS projection report 2001-2006, Revised Dec, 2006

- National policies recognize that lowered fertility rates are the key to stabilizing India's population growth so that economic and social progress can be made.
- Greater investments in family planning (FP) can help mitigate the impact of rapid population growth by helping couples achieve their desired family size and avoid unintended pregnancy.

India has a supportive policy environment for family planning. Policies are in place and demand for contraceptive services exists. Policymakers at all levels can take a lead now by putting policies into action. The benefits of family planning are substantial. Renewed commitment to FP will enable Indian couples to achieve their desired family size, while also reducing the impact of India's population growth on its social and economic development.



Source: Census 2001; DemProj model analysis provided by USAID | Health Policy Initiative Project



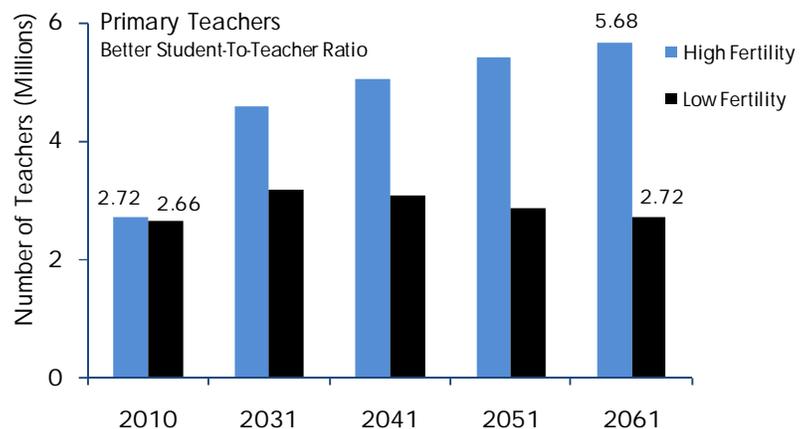
The following analyses assess the consequences of population growth on meeting education, health, and economic goals. Two situations are considered: (1) a high-fertility scenario in which the number of births per woman decreases from the current level of 3.2 to 2.5 by 2061, and (2) a low-fertility scenario in which replacement-level fertility is reached by 2021 and subsequently, the desired fertility of 1.9 children per woman is attained by 2061. Here are a few highlights from the analysis examining population impacts on development.

Photo by: Madhavi Kuram

Better Education with Less Population Pressure

What impact would continued population growth have on India's ability to achieve its goal of universal primary school enrollment of 6 to 11 year olds?

- A rapidly growing student population would require additional resources to build schools and train, recruit, and retain more teachers.
 - In 50 years, India would need 5.7 million teachers—3 million more than if fertility declined to replacement level—to accommodate the higher number of students entering school.
- With slower population growth, India could save a cumulative Rs 5,43,015 Crores in recurrent expenses over the next 50 years, making more resources available to meet education goals.

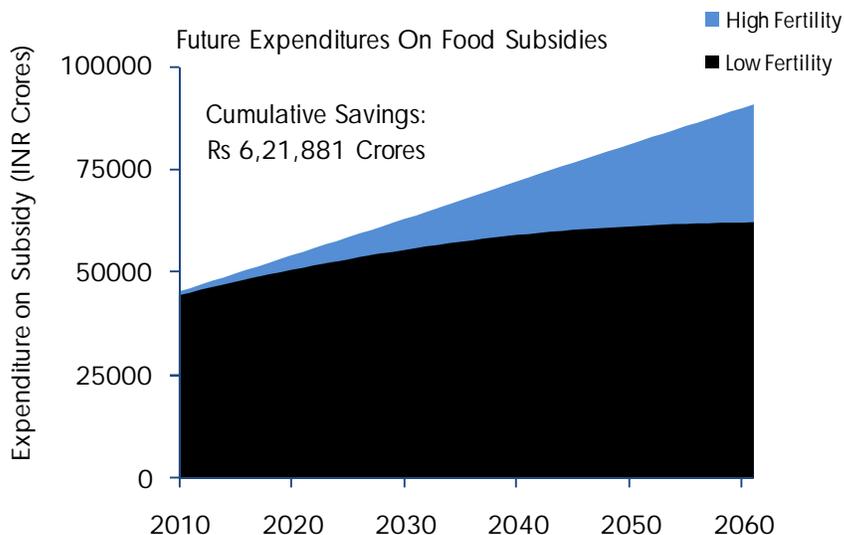


Projections arrived using SPECTRUM with inputs from Census, 2001, NFHS -2 & NFHS -3 and Eleventh five-year plan

Cost Savings with Less Food Aid

Food security remains a fundamental development objective. In 2010, the Targeted Public Distribution System (TPDS) provided 134 million people with a food subsidy. If population growth continues according to the high-fertility scenario, the demand for food would rise so that:

- The number of people who require a food subsidy would double in 50 years.
 - Greater pressure would be placed on the government to provide food subsidies.
- With slower population growth, 84 million fewer people will depend on a TPDS subsidy, resulting in a cumulative savings of Rs 6,21,881 Crores in recurrent expenditures over the next 50 years.



Sources: India Economic Survey; Department of Food and Public Distribution; Authors' calculations

Employment Opportunities for India's Growing Labour Force

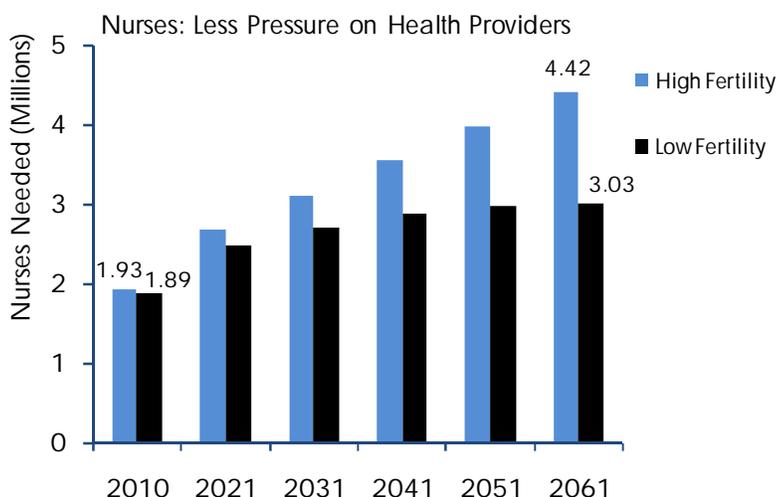
India's growing population will exacerbate current challenges with unemployment and strain economic progress. Currently, more than 8 percent of India's population is unemployed; both unskilled and skilled/educated workers are unable to find jobs. Lack of employment opportunities has fueled migration into cities. If rapid population growth continues, the demand for jobs will triple in the next 50 years, increasing the pressure on an already overloaded urban infrastructure. Nearly one-third of India's population is under age 15 and will be entering the labour force soon. Slower population growth would buy more time to create jobs for youth entering the labour force, ease high unemployment, and thus contribute to economic development.

More Available Resources for Health Services

With rapidly growing demand, the health sector is already facing human resource and infrastructure shortages. If high fertility rates continue, the escalating demand for health services will place even greater pressure on an overburdened health system.

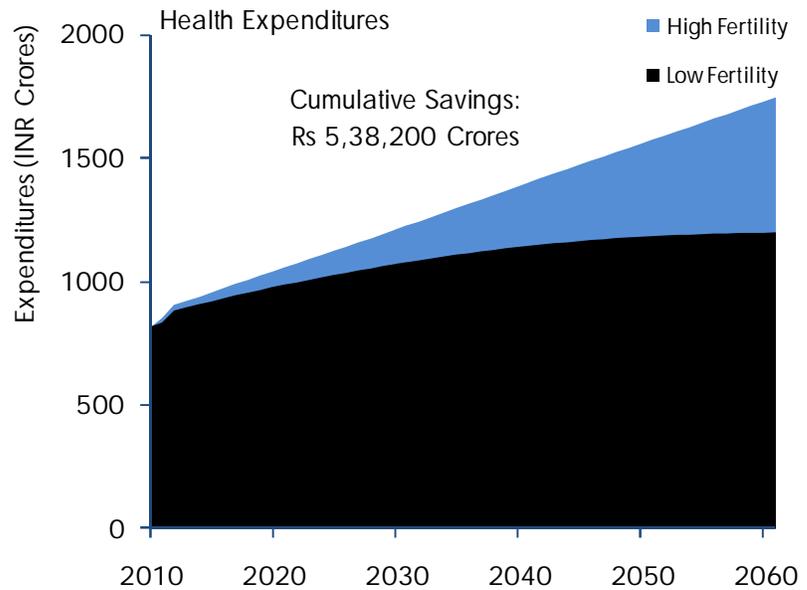
This would mean that by 2061:

- India would have 768 million women of reproductive age and children under age 5, compared with 450 million if fertility were to decline to replacement level.
 - India would need more health personnel, for example, 4.4 million nurses—1.4 million more than if fertility declined.
- A lower fertility scenario would result in a cumulative savings of Rs 5,38,200 Crores in recurrent expenditures for the health sector over the next 50 years.



Projections arrived using SPECTRUM with inputs from Census, 2001, NFHS -2 & NFHS -3 and Medical Council of India

Northern states hold the key to reducing fertility because a large proportion of women want to use family planning but are not currently doing so



Projections arrived using *SPECTRUM* with inputs from Census, 2001, NFHS -2 & NFHS -3 and MoHFW

Family Planning Saves Lives

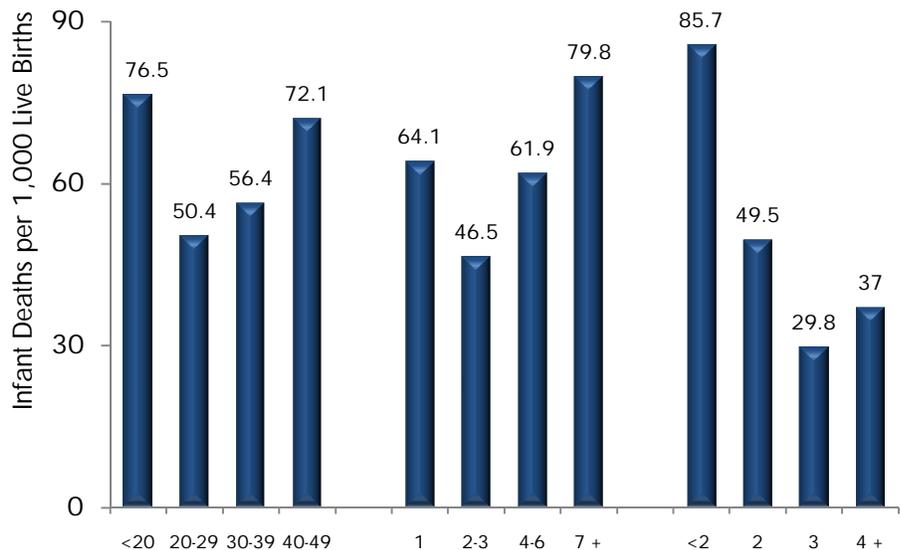
Pregnancy-related complications are a leading cause of maternal and infant deaths in India.⁵ Between 2002 and 2004, maternal deaths in India decreased from 301 deaths per 100,000 live births to 254. While this is a notable achievement, efforts will need to be intensified to meet India's goal of reducing maternal deaths to 100 per 100,000 live births by 2012. Family planning saves lives by helping women prevent unintended pregnancies, delay early childbearing, and space births at least two years apart.

Family Planning: Key to India's Health and Development

India has a large unmet need⁶ for family planning. Among some EAG states, more than 30 percent of women who want to space or limit

Why Family Planning Matters: The Four "Toos" of High-Risk Pregnancy *Too Young, Too Old, Too Many, Too Soon*

In India, infant mortality is higher among mothers who: are younger (under age 20), are older (over age 39), have many births (more than 3 children), and space their births less than two years apart. Delaying child and teenage marriages, promoting healthy timing and spacing of births, and encouraging fewer births per woman reduces maternal, infant, and child deaths by eliminating the potential for high-risk births.



Source: NFHS - 3 (2005-06), IIPS Mumbai

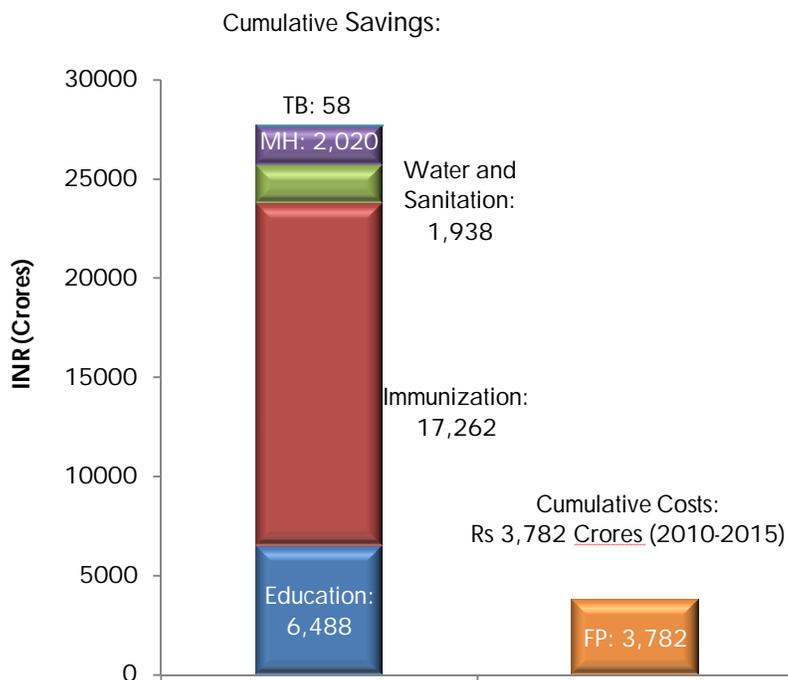
⁵ http://www.who.int/whosis/mort/profiles/mort_searo_ind_india.pdf

⁶ Women who are currently married who say they prefer not to have another child either within the next two years or ever again, as well as women who are pregnant or less than six months postpartum who did not intend to become pregnant at the time they conceived and were not using a contraceptive method. The definition excludes women who declare that they are infertile, have had a hysterectomy, or are in menopause (Demographic and Health Survey, Macro International)

their births are not using any method of contraception. Nationally, 14.6 percent women wish to space (5.3 percent) or limit (9.3 percent) their births but are not able to do so.⁷ A closer look at these populations tells us that young, rural women deserve special attention given they are likely to marry early and begin their reproductive life much sooner than women in urban areas. For example, unmet need is higher among rural women compared to urban women, 15.6 versus 12.2 percent, respectively.

The impact of family planning is long lasting: better health, socioeconomic development, and quality of life for the Indian people. By simply satisfying the unmet need and ensuring access to a broad range of methods for family planning, India can:

- avert 2.1 million maternal and child deaths
- achieve its fertility goal of 2.1 children per woman
- significantly reduce the costs of meeting the MDGs. By investing Rs 3,782 Crores in family planning between 2010 and 2015, India could save Rs 27,765 Crores in costs to achieve MDGs for water, maternal health, immunizations, and education. The total savings is seven times the investment in family planning.



Source: Sample Registration System, Registrar General of India, MDG analysis provided by USAID | Health Policy

WHAT CAN WE DO?

- ✓ Ensure highest level of monitoring by including FP program review in CM and DM meetings
- ✓ Reactivate the Family Planning Bureau in priority states which will provide planning, implementation, and monitoring support to the FP program
- ✓ Effectively implement strategies to address unmet need for family planning
- ✓ Strengthen post partum family planning programs
- ✓ Increase availability and accessibility of FP services for adolescents through dialogue with different departments and identify multiple entry points (education, work, sports, or other social activities) and settings (home, community, workplace, school or clinic).
- ✓ Conduct social mobilization to increase the age of marriage and raise awareness on delaying the first birth
- ✓ Expand service delivery of FP products through innovative partnerships with private sector and civil society



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⁷ DLHS -3 (2007-08)