Family Planning Entitlements

1. Compensation scheme for acceptors of sterilization services:

Government of India provides compensation to the acceptors of sterilization for their loss of wages, for availing the services in all the states as per the rates revised in September 2007. Funds have also been allocated for the compensation for sterilization in accredited private health facilities and empanelled private healthcare providers. The detailed scheme is provided in the table below.

Government of India also provides a sum of Rs. 20 per IUCD insertion (for all states) and Rs. 75 per IUCD insertions to accredited private facilities (in EAG states only).

2. National Family Planning Insurance Scheme (NEPIS):

In November 2005, Government of India launched the NFPIS Scheme to compensate the acceptors of sterilization or his/her nominee in the unlikely event of failure or complications or his/her death, following a sterilization operation. The scheme also provides for indemnity insurance cover to the medical officers and the health facilities for up to four cases of litigations per year that the healthcare provider or the facility may face as a consequence of performing sterilization operations.

Public Sector Facilities :

		Acceptor	Motivator	Others	Total
**High Focus States (18)	Vasectomy (all)	Rs. 1100	Rs. 200	Rs. 200	Rs. 500
	Tubectomy (all)	Rs. 600	Rs. 150	Rs. 250	Rs. 1000
**Non High Focus States (17)	Vasectomy (all)	Rs. 1100	Rs. 200	Rs. 200	Rs. 1500
	Tubectomy	Rs. 600	Rs. 150	Rs. 250	Rs. 1000
	(BPL+SC/ST) Tubectomy (APL)	Rs. 250	Rs. 150	Rs. 250	Rs. 650

Private/NGO Facilities (Accredited Centers Only) :

		Facility	Motivator	Total
*High Focus States (18)	Vasectomy (all)	Rs. 1300	Rs. 200	Rs. 1500
	Tubectomy (all)	Rs. 1350	Rs. 150	Rs. 1500
*Non High Focus States (17)	Vasectomy (all)	Rs. 1300	Rs. 200	Rs. 1500
	Tubectomy	Rs. 1350	Rs. 150	Rs. 1500
	(BPL+SC/ST) Tubectomy (APL)	NIL		

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NEWSLETTER

Family Planning Special Issue

Population Stabilization and **Family Planning**

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Census 2011 - Numbers that Count

How many people does our country have? How many girls and how many boys? Which state has the largest number of people? What is the rate at which our population is growing? How many people are literate? These questions and many more related to the different characteristics of the people of India are answered by the Indian Census The Indian Census is not just a head count-it is the most credible source of information on literacy and education, housing and household facilities, fertility and mortality, Scheduled Castes and Scheduled Tribes, language, religion, migration, disability and many other people in our country.

The Good News

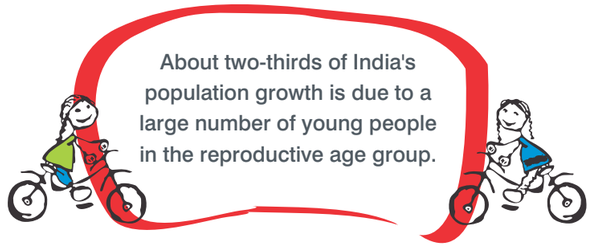
Growth Rate and Population:

Decadal growth is the rate at which the population increases every ten years. The decadal growth rate during 2001-2011 has shown the sharpest decline since India gained independence. It has declined from 23.87% in 1981-91 to 21.54% for the period 1991-2001,in 2001-2011, the decadal growth became 17.64%, showing a further decrease of 3.90 percentage points.

Six most populous states (viz. Uttar Pradesh, Maharashtra, Bihar, West Bengal, Andhra Pradesh and Madhya Pradesh) together have 54.9% of India's population; in 2001 this figure was 54.71%. The decadal growth rates of these six states have declined during 2001-2011 as compared to 1991-2001. For the first time after many decades there is significant fall in the growth rate of the population of the eight socioeconomically backward states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttaranchal and Uttar Pradesh, referred to as the Empowered Action Group (EAG) states.

Child Population:

The total number of children in the age group of 0-6 years in 15.9 crores (50 lakhs less since 2001). The proportion of child population in the age group of 0-6 years to total population is 13.1%, while in 2001 it was 15.9%. The decline has been to the extent of 2.8 percentage points, which indicates that the number of children being born has reduced.



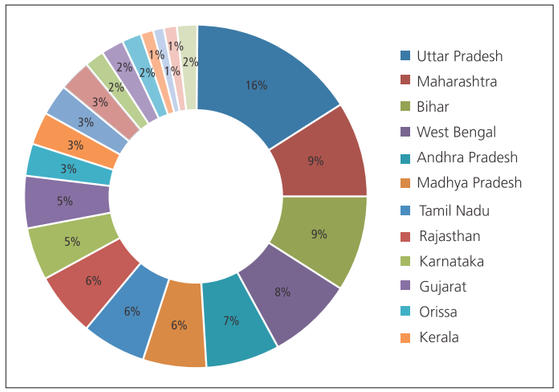
Overall Sex Ratio:

Overall sex ratio (number of females per 1000 males) of the population improved from 933 in 2001 to 940 in 2011. This is the highest sex ratio recorded since 1971 census, the sex ratio has increased in 29 States/Union Territories.

Literacy Rates:

The literacy rate is the proportion of people aged seven and above , who can read and write with understanding. The literacy rate in India has gone up from 64.83% in 2001 to 74.04% in 2011, showing an increase of 9.21 percentage points. The literacy rate for males and females works out to 82.14% and 65.46% respectively. It is encouraging to note that out of a total of 217,700,941 literates added during the last ten years, females (110,069,001) are more in number than the males (107,631,940). Ten States and Union Territories viz., Kerala, Lakshadweep, Mizoram, Tripura, Goa,

Population share of States and Union Territories, India, 2011



Daman and Diu, Puducherry, Chandigarh, National Capital Territory of Delhi and Andaman and Nicobar Islands have achieved literacy rates of above 85% which is as per the target set by the Planning Commission to be achieved by 2011-2012.

The Issues of Concern

Increase in Population Size:

The population of India as on 1 March, 2011 was 121.02 crores (62.37 crore males and 58.65 crore females). The population of India has increased by about 18.1 crores in the last ten years.

Uttar Pradesh continues to be the most populated state in the country with almost populated state in the country with almost 20 crore people living here, UP and Bihar together share 25.1% (one fourth) of the country's population, which makes it clear that these states require the utmost attention for achieving population stabilization.

Density of Population:

Population density, i.e. the number of people for every square

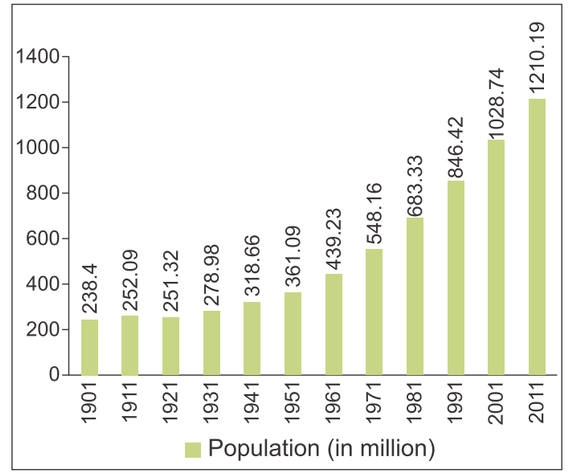
kilometer of land area in the country has increased by 17.5% to 382 persons per sq. km.

Child Sex Ratio:

The child sex ratio (number of girls per 1000 boys in the age group of 0-6 Years) at the country level dropped from 927 in 2001 to 914 in 2011. This is the lowest child sex ratio since independence. Child Sex Ratio (0-6) has increased in Punjab, Haryana, Himachal Pradesh, Gujarat, Tamil Nadu, Mizoram and Andaman and Nicobar islands. In all the remaining 27 States/ Union Territories, the child sex ratio has shown a decline since Cencus 2001. Mizoram (971) and

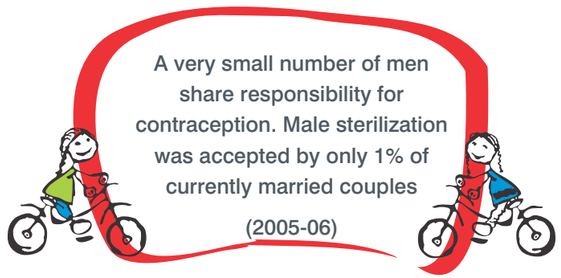
Meghalaya (970) have the highest child sex ratio, while Punjab (846) and Haryana (830) have the lowest. This decline in the number of girls is mainly due to more families wanting a son instead of a daughter.

Population (in million): 1901-2011



The Prime Minister, Mr. Manmohan Singh has called it a 'national shame' that the practice of sex selection continues in the country.

Everyone working in the health sector, especially the health workers such as the ASHAs and ANMs, being closest to the community can play a major role in mobilizing communities to ensure that every child is a wanted child and every girl is valued as much as a boy.



Family Planning Improves the Health of Mother and Child

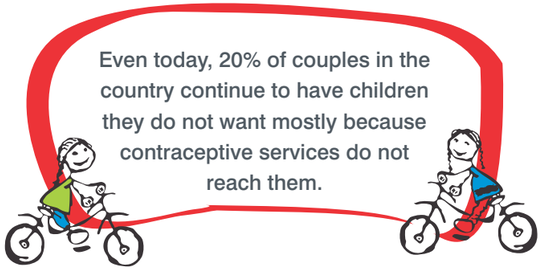
Family planning saves lives of women and children :

As many as one in every three maternal deaths can be prevented by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop child bearing when they have reached their desired family size. Data from some states shows that states with higher Contraceptive Prevalence Rate (CPR) have low Maternal Mortality Ratio (MMR). After giving birth, family planning can help women achieve optimum spacing between births thereby reducing newborn, infant, and child deaths significantly. Census data also shows a clear relationship between infant deaths and the number of children born to a woman i.e. as the Total Fertility Rate (TFR) reduces, the infant Mortality Rate (IMR) also shows a decreasing trend.

Family Planning Saves Adolescents' Lives

Teen pregnancies pose health risks not only for the babies but also for the young mothers, particularly those under the of age 18. Family planning can help young women to avoid

having children during the high-risk period and also help avoid the social and economic consequences of early childbearing.



Family Planning Reduces Abortions

Family planning reduces the number of unintended pregnancies that may lead to abortion. Unsafe abortion accounts for 13% of maternal deaths globally. Indian women are at the highest risk of abortion-related deaths in the world.

Family Planning Empowers Women and Families

Cultural and social norms limit women's decision-making power in relationships and in the home, contributing to women's lower status compared to men. As a result, many women have limited control over their sexual lives, one of the main reasons for high numbers of unintended pregnancies and births. Early childbirth often results in girls dropping out of school, seriously limiting their future options. Family planning enables individuals and couples to have the number of children they desire with the spacing and timing they want.

Home Delivery of Contraceptives by ASHA

The Government of India has brought out an innovative scheme where in the Accredited Social Health Activists (ASHAs) will now deliver contraceptives right to the doorstep of the beneficiaries. Couples in rural areas will now receive this special service- home delivery of Condoms, Oral Contraceptive Pills (OCPs) and Emergency Contraceptive Pills (ECPs) through the ASHAs at a very low cost.

As per this scheme, ASHAs will be allowed to charge a nominal amount of Rs 1 for a pack of 3 condoms, Re I for a cycle of OCP and Rs 2 for an ECP, from the beneficiaries. The ASHA will maintain a list of all eligible couples from her village including details such as the preferred type of contraception and share this with the sub-centre as well as the PHC.

When she attends her monthly meeting, the ASHA will collect her stock from the Block PHC every month. The current 'free supply scheme' will be withdrawn and will only continue at the CHC, sub-district and district level hospitals and towns where there are no ASHAs.

The Need

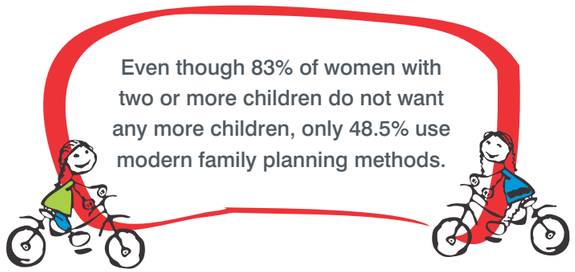
Contraceptives under the free supply scheme are dispatched by the Government of India to the state headquarters from where they are sent to the district headquarters. The system for supply of the contraceptives to the users varies from state to state. Condoms are supposed to be kept in condom boxes

for free distribution. These contraceptives are also part of the ASHA kit, but have not been actively promoted by the ASHAs and their use in the community continues to be low.

There are many eligible couples who do not want another child for the next few years but don't use contraceptives for various reasons. This is termed as 'unmet need'. The unmet need for delaying the next pregnancy, i.e. using spacing methods of contraception is very high but the supply of contraceptives often doesn't reach the people.

People in the rural areas also hesitate to go to the health centres for condoms and other contraceptives as there is

lack of privacy. There is a common perception that something which is free may be of poor quality and so people do not attach much value to the free contraceptives provided to them. There also needs to be more motivation on the part of the service providers to promote the spacing methods.



The Advantages

The scheme has several advantages. Eligible couples will be able to get contraceptive services in the privacy of their homes. Costs involved in travelling to the health facility for the contraceptives would be saved and use of contraceptive is likely to increase. A product bought at a price, though highly nominal, would be valued by the client and hence increase its acceptance. The involvement of ASHA as a motivator would increase as she would benefit from the service charges. The data regarding the number of users would be more reliable as the quantity sold would be accounted for. The procurement at the GOI level would be as per demand of the state government confirmed by the usage and also subject to random verification.

Coverage

The scheme is proposed to be implemented in two phases. In the first phase 233 high focus districts in the 17 states with a high fertility rate will be covered. Depending on the results of the pilot phase, the scheme will be scaled up to the entire country.

Contraceptive Methods

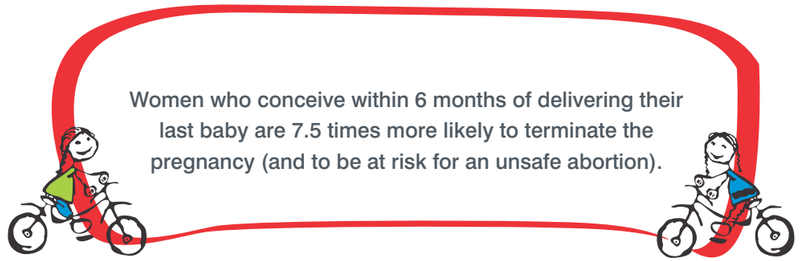
Male Condom

A condom is a narrow bag made of thin rubber that the man wears on his penis during sex. The man's semen stays in the bag and so the sperms cannot enter the woman's body. A new condom is to be used each time during sex. A condom should be stored in a cool, dry place away from sunlight. It also needs to be disposed off properly. Corect and regular use of condoms is essential to prevent unwanted pregnancies.

Advantages :	Disadvantages/Limitations:
• Easily available and commonly used method. • Prevents unwanted pregnancies and provides protection from Reproductive Tract Infections/Sexually Transmitted Infections and HIV/AIDS. • Safe to use and not a permanent method. A couple can have another child whenever they wish to by stopping use.	• Some men may be allergic to the latex used for making a condom, however, this is rare. • May slip off or tear during intercourse due to incrrect use.

Myth and Reality

Myth: If a condom comes off, breaks or slips during sexual intercourse, it can get permanently lodged inside a woman's body.	**Reality:** Condoms, if used correctly, seldom break. The male condom can slip off inside the woman's vagina but she can simply remove it. Emergency contraception can be used in cases of breakage, to reduce the risk of pregnancy.
Myth: Condoms reduce pleasure of sex.	**Reality:** Condoms may sometimes cause reduced sensation, but they do not reduce the pleasure of sex. Rather, using condoms takes away the fear of unwanted conception.
Myth: Condoms are only used with prostitutes.	**Reality:** Condoms are regularly and safety used as a contraceptive method by crores of married couples all across the world.



Contraceptive Methods

Combined Oral Contraceptive Pills (MALA-N, MALA-D)

Contraceptive pills contain the hormones progestin and oestrogen. A woman takes one tablet daily to prevent pregnancy. They work by preventing the release of eggs from the ovary. They are available in packs of 21 or 28 pills.

A pill should be taken at the same time every day. If a pill is missed for one or two days, it should be taken as soon as the woman remembers and she should co ntinue taking rest of the pills as usual. Missing more than two pills will require using a back up method for the next seven days of that cycle.

Advantages :

- It is a very safe and effective method of contraception.
- It is a method that a woman uses so it gives her control over unwanted pregnancies.
- Protects the woman from pregnancy for as long as she continues to take the pills everyday.
- Does not interfere with sex.
- It may also help in reducing menstrual problems (may make periods lighter)
- Women of all ages, irrespective of the number of children can use pills, provided there are no side effects.

Disadvantages/Limitations:

- A few side-effects such as irregular bleeding, nausea, headaches, mood changes, and breast tenderness are common in the first 1-3 months of usage but these are normal and most often disappear in time.
- Cannot be used by women who are exclusively breast feeding for first six months, as it reduces milk generation.
- Women with suspected pregnancy and suffering from cancer, diabetes, liver disease, high blood pressure, migraines, stroke and deep vein thrombosis (blood clot in the veins of the legs) cannot use pills as they contain hormones.
- Does not protect against RTIs/STIs and HIV/AIDS.
- Should be taken regularly to be effective.

Myth and Reality

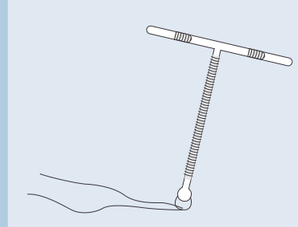
Myth: The pill is a strong, dangerous drug and using it for a long time can permanently harm a woman.	**Reality:** Pills contain a very low dose of hormones and are safe. In fact, a woman's menstrual cycle becomes regular and lighter, with fewer cramps.
Myth: The pill causes cancer.	**Reality:** Research has, in fact, shown that oral contraceptives offer protection against ovarian and cancer of the uterus.
Myth: A woman should stop using the pill after a year or two to give her body 'rest' from the hormones.	**Reality:** They can be safely used for many years without stopping. In fact, the increased risk of pregnancy that occurs when a woman stops taking pills is much more of a health risk, than continuing to take them.
Myth: Pills cause weight gain.	**Reality:** There is no evidence that pills cause weight gain. Some amount of weight gain is natural as people age.
Myth: Pills may cause abortion or harm the child in the womb.	**Reality:** The child is not at risk, even if the pills are accidentally used during undiagnosed pregnancy.

Contraceptive Methods

Intra-Uterine Contraceptive Devices (IUCD/Copper T)

IUCD is a small, flexible plastic device with copper sleeves or wires around it and a thread attached at the bottom. It is inserted into the uterus by a trained provider (Nurse, ANM or Doctor). It works by causing a chemical change which damages the sperm and egg before they can meet and thereby prevents pregnancy. Various copper containing devices are available which protect a woman against unwanted pregnancies. These include CuT-220C for a period of 3years and CuT 380A for a period of 10 years.

It can be inserted any time during the menstrual cycle after confirming that the woman is not pregnant. A woman can feel the nylon threads of the IUCD in her vagina to check if it is in place. It can be removed by a trained provider in an appropriate government facility after the prescribed time period is over or earlier if the woman wishes to conceive. It is available free of cost at the government health centers.



Advantages :

- A very effective, long term, reliable, and cheap method.
- If a woman Wishes to have another child, it can be easily removed.
- Can be used without the man knowing and does not interfere with sex.
- Does not have any hormonal side effects and does not interact with any medicines a woman may be taking. Can also be used by women who have had a Caesarean section in the past.
- The ten year Cu-T can be used as an alternative to sterilization by women who do not wish to undergo sterilization but want an effective long term contraceptive method.
- Can be used by women after four weeks of delivery, after menstruation or even when they are breastfeeding. Can also be used immediately after an abortion.

Disadvantages/Limitations:

- Does not protect against RTIs/STIs and HIV/AIDS.
- May cause painful, heavy, irregular monthly bleeding and cramps for the first three to six months.
- May aggravate pelvic infection if not screened and treated before insertion.
- In rare cases, it may get embedded or may perforate the wall of the uterus.

Myth and Reality

Myth: The IUCD might travel through a woman's body, may be to her chest or her brain.	**Reality:** The IUCD usually stays in the uterus till it is removed. If it does come out, it comes out through the vagina. In the rare event that the IUCD perforates the uterus, it will remain in the abdomen and can be removed through laparoscope. A barrier of muscles between chest and the abdomen prevents the IUCD from travelling to the chest.
Myth: A woman needs a 'rest period' after using IUCD for several years.	**Reality:** This is not necessary, and it could be harmful. Removing the old IUCD and inserting a new one in the same procedure poses less risk of infection than carrying out two separate procedures. Also, a woman could become pregnant during the 'rest period'.
Myth: IUCDs cause infertility.	**Reality:** IUCDs do not cause infertility; however, if a woman who has an IUCD in place develops pelvic infection and is not treated, there is some chance that she will become infertile.
Myth: IUCDs increases risk of infection.	**Reality:** By itself IUCD does not cause infection. if, however, the insertion of IUCD is done in a woman already having RTs/STIs, there is a risk the infection might increase. A woman can continue to use IUCD while she is being trated for the infection.

Contraceptive Methods

Tubectomy (Female Sterilization)

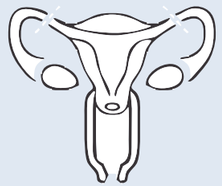
Tying and cutting the tubes that carry eggs to woman's uterus is called tubectomy. Ther are two methods of tubectomy.

Mini-laparotomy: The abdomen is opened through a small incision and the tubes carrying the eggs are lifted and cut.

Laparoscopy: In laparoscopy a laparoscope or tool is inserted through a small cut on the abdomen.The tubes are located and blocked using plastic rings.

Tubectomy services are available at government health centre through trained doctors.

Tubectomy can be done during post-menstrual period, post-partum period and at any point of time when it is reasonably certain that woman is not pregnant.



Advantages :

- Very effective and a permanent method for women who don't wish to have any more children.
- It is a very safe surgery.

Disadvantages/Limitations:

- Rarely there may be complications of surgery or anaesthesia, e.g. infection, abscess or failure of surgery.
- Compared to the male sterilization, it is a relatively difficult surgery.

Myth and Reality

Myth: Sterilization changes a woman's monthly bleeding pattern or makes monthly bleeding stop.	**Reality:** There are no major changes in the monthly bleeding patterns after female sterilization. If a woman was using a pills or IUCD before sterilization, her bleeding pattern will return to the way it was before she used these methods. For e.g. women switching from combined oral contraceptives to female sterilization may notice heavier bleeding as their monthly bleeding returns to usual patterns.
Myth: Sterilization will make a woman lose her sexual desire and will make her fat.	**Reality:** After sterilization a woman will look and feel the same as before. She enjoys sex more because she does not have to worry about getting pregnant. She will not gain weight because of the sterilization procedure.
Myth: Sterilization can be reversed if the woman decides to have another child.	**Reality:** Sterilization is intended to be permanent. People who may want more children should choose a different family planning method. Surgery to reverse sterilization often does not lead to pregnancy. The procedure is difficult and expensive. Thus, sterilization should be considered irreversible.
Myth: It is better for a woman to get sterilized than for a man to have a vasectomy.	**Reality:** This should be a mutually agreed decision that a couple takes. Both are very effective. Safe and permanent methods. Vasectomy is a simpler safer, easier and a less expensive procedure than female sterilization.

If the current unmet need for family planning in India could be fulfilled over the next 5 years, we can: Reduce meternal mortality by 35% and avoid 1,50,000 maternal deaths Reduce abortion related deaths by 50%

Contraceptive Methods

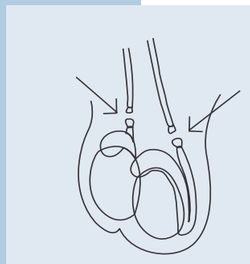
Vasectomy including No-Scalpel Vasectomy (Male Sterilization)

This is a very small operation for permanently preventing childbirth. It does not require hospital stay. The tubes that carry the sperm from the testicles to the penis are cut. The operation does not change a man's ability to have sex or to feel sexual pleasure. He still ejaculates semen but there are no sperms in the semen. There are two methods for vasectomy:

Conventional Vasectomy: In this a scalpel is used to make a small cut and the tubes which carry the sperms are cut and tied on both the sides to stop the sperms from reaching the semen. One stitch is required.

No-Scalpel Vasectomy: In this only a needle puncture is used to complete the operation. No stitch is required. This method requires only 10-15 minutes.

Vasectomy is available at the government centers through trained doctors.



Advantages :

- It is a simple, cheap, safe, effective and convenient permanent method.
- There are very few chances of complications.
- It is a much easier procedure than female sterilization

Disadvantages/Limitations:

- A couple requires to use another method for three months as sperms are usually alive in the tubes for up to three months.
- Problems like pain, bleeding and local abscess or failure occur rarely.

Myth and Reality

Myth: Vasectomy makes a man lose his sexual ability and will make him weak.	**Reality:** After vasectomy, a man look and feel the same as before. It will not affect his sexual abilities. He can work as hard as before, will not become weak and can also carry heavy loads.
Myth: Vasectomy can be reversed if a couple decides that they want another child.	**Reality:** Vasectomy is intended to be permanent. People who may want more children should choose a different family planning method. Surgery to reverse vasectomy is difficult and expensive and reversal often does not lead to pregnancy. Thus, vasectomy should be considered irreversible.

In 2009, the average number of children varied from 1.7 children per woman in Tamil Nadu to 3.9 children per woman in Bihar.