

AT A GLANCE

An estimated 34.7 million women will be of reproductive age in Uttar Pradesh in 2010.

7.3 million married women of reproductive age have an unmet need for contraception (21.2%).

21% of all pregnancies are unintended.

Only 2.1% of the total demand for FP is met by use of the most effective temporary methods.

Addressing unmet need for FP in India as a whole could be expected to avert 129,000 maternal deaths and almost 5 million child deaths by the Millennium Development Goals target date of 2015.

MEETING STATE GOALS AND PEOPLE'S NEEDS WITH LA/PMs

CURRENT TRENDS WILL NOT MEET STATE GOALS

The Government of Uttar Pradesh has set a contraceptive goal of 52% modern method use by 2016. Achieving this goal is fundamental to slowing the state's population growth, meeting state and national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Uttar Pradesh faces a daunting family planning (FP) challenge. The unmet need for FP is now 21.2% among married women, and the population continues to grow. By 2016, there will be 6.3 million more women of reproductive age in Uttar Pradesh than there are today. To meet the government's contraceptive goal, 20.3 million women will need to be served.

Yet at the current rate, Uttar Pradesh is projected to reach a contraceptive prevalence rate of 38% by 2016, which is 73% of what it would take to reach its contraceptive goal. (See Figure 1, below.)

LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Experience in South Asia confirms that without widespread availability and use of long-acting and permanent methods of contraception (LA/PMs),* a country cannot cost-effectively meet its fertility, health, and development goals. Though sterilization accounts for one-third of all FP use, only 3.2% of current FP users rely on a long-acting method.

HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

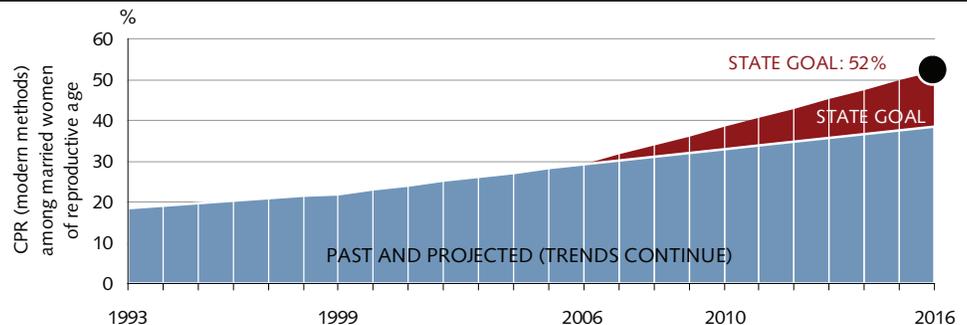
If the existing unmet need for FP in Uttar Pradesh could be fulfilled, the demographic impact would be substantial. LA/PMs have an important role to play and offer multiple benefits to programs, women, and couples.

LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting mis-

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* LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).

FIGURE 1: MEETING UTTAR PRADESH'S STATE GOALS



Sources: 1993, 1999, and 2006 Demographic and Health Surveys, and Reality √ projections for intervening and future years

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June 15, 2009

information about them, and increasing their availability to expand method choice. (See Figure 2, below.)

Long-acting methods are used sparingly by both women who want to space and those who want to limit future births. Though IUDs and hormonal implants are the most effective methods for women who want to space their births, spacers in Uttar Pradesh are nearly three times as likely to be using traditional methods as they are to use long-acting methods. Among limiters, nearly as many are using traditional methods as are using long-acting methods. Permanent methods account for about three-fifths of all method use among limiters, although the ratio of female sterilization to vasectomy is 87 to 1 (not shown). Greater access to correct information and to LA/PM services would enable people to meet their changing needs as they progress through their reproductive lives.

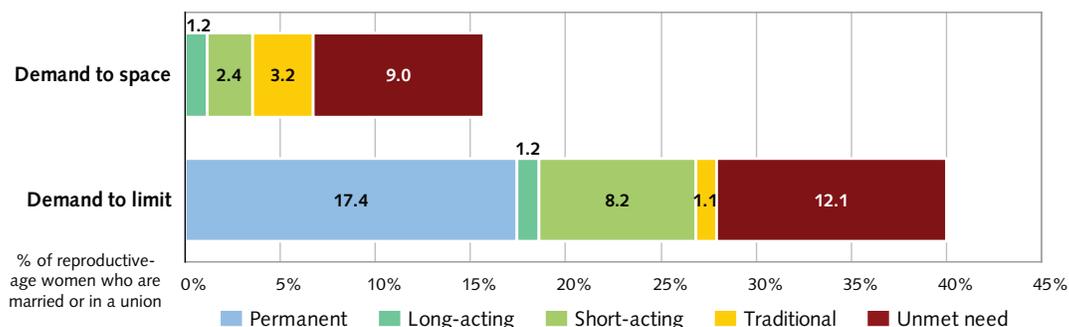
RESPOND TO UTTAR PRADESH'S NEEDS

The RESPOND Project can assist the Ministry of Health and Family Welfare,

the U.S. Agency for International Development, and its implementing partners to support its strategy to improve RH by taking a holistic programmatic approach that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service, training, and commodity projections
- Strategies and approaches to reposition the IUD and vasectomy to build on the small but significant inroads that have been made
- Technical assistance to improve men's constructive engagement in RH and FP programs at the community, service, and policy levels
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)

FIGURE 2: UTTAR PRADESH'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)



Source: 2005–2006 Demographic and Health Survey