SUMMER INTERNSHIP IN BASIC PARADIGM PRIVET LIMITED SOUTH DELHI ,(1 MAY- 30 JUNE,2023)

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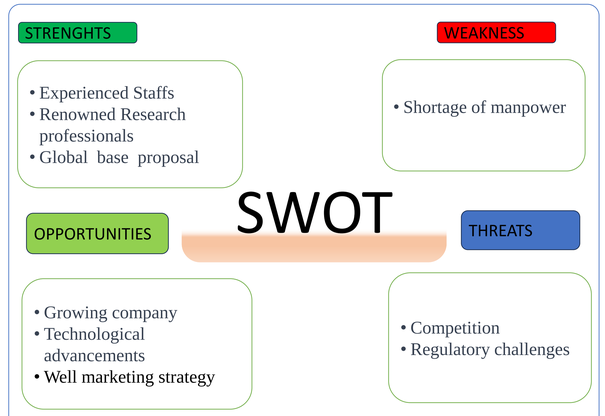
BRIEF HISTORY ABOUT BASIC PARADIGM

- Basic Paradigm -Basic Paradigm is a social enterprise that undertakes projects, ventures, and activities to benefit groups of people beyond those directly involved in doing the business. Established by a group of professionals associated with the social development sector, Basic Paradigm focuses on improving health, nutrition, and welfare of all as the last mile and works towards attainment of Sustainable Development Goal 3 i.e., ensuring health and well-being, at every stage of life.
- which was established in 2007 and is governed by same set of boards of directors.
- While Basic Paradigm operates as a social enterprise, it is also the for-profit and supporting arm of the not-for-profit organization SCHOOL (Society of Community Health Oriented Operational Links) and is governed by same set of boards of directors.

Who we work with :

1.) Piramal Swasthya
2.) World Health Organization
3.) Clinton Foundation
4.) CareNx
5.) Nutrition International
6.) Age Khan Foundation
7.) Canterbury Christ Church University

MISSION	VISION	VALUES
"Reduced Inequalities, Quality Education & Improved Environment for Good Health & Well Being"	" Healthy Ageing: Optimizing opportunities for older people to enjoy good quality of life"	"Exploring pathway & Sustainable Development"



AIM AND OBJECTIVE

PROJECT TITTLE : Modern contraceptive utilization and its associated factor among married women in Bihar.

OBJECTIVE :- "To examine knowledge and awareness about modern contraceptive among women.

- To understand the percentage of use of modern contraceptive among married women.

METHODOLOGY :

Data sources : The National Family Health Survey (NFHS) fifth-round data have been used in this study (2019–2021). The NFHS is a set of nationally representative cross-sectional surveys that collect data on a variety of family planning. NFHS-5 was conducted by Ministry of Health and Family Welfare of the Government of India.

Statistical model: Univariate and Bivariate statistical models are used for the current study to fulfil the study objectives.

Variables :

Dependent variables: Modern Contraceptive use, in contraceptive use has collected for different forms. However, for this study information on contraceptive only is considered for the analysis. In this dataset, information was collected for a wide variety of contraceptive.

Independent variables: Education: Information on education of respondent was collected in Contraceptive. This study used an education variable with four categories: "No education", "primary"," secondary"," higher education".

Result :

Figure one shows the percentage of Use of Contraceptive in Bihar. According to National Health Family survey - 5 (2019-2021) data. The knowledge of contraceptive methods in Bihar varies with the age of women and place of residence. A higher level of contraceptive knowledge is found among age group cohorts of 15-19, Only 23.5% the younger women in the age group 15–19 was aware about any one method of contraception.

Figure 1: Use of Contraceptive

In the Contraceptive 56.0 % are not used the contraceptive method & 34.5 % are used the Modern Contraceptive method ,9.5 % are used the Traditional method.

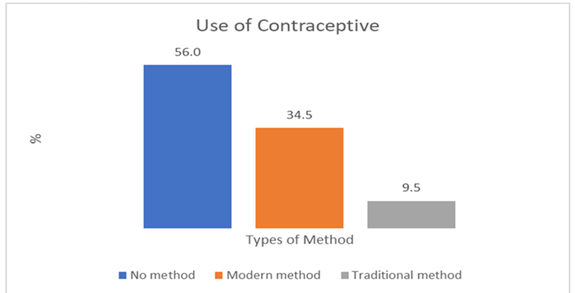


TABLE1: Percentage distribution of the respondent background characteristic, Bihar. According to the data most of the contraceptive are used in the age group between 15-19, and most of the women that were live in rural areas which accounts for 89.2% and most of them were from Hindu Religion, and more than half of them were from poorest and poorer family which accounts 33.8% & 27.2% respectively. Turning towards sex of child 77.5% children were male and 22.5% were female, almost half of the mothers were well educated up to secondary level, but most of them are not working, 30.6% work in agriculture, around 7% as services / household and domestic in Professional fields.

TABLE 2: prevalence of family planning methods by selected background characteristics, Bihar. According to the data most of the Traditional (6.6%) and Modern (1.7%) contraceptive are used in the age group between 15-19, and most of the women that were live in rural areas in the rural area they used traditional and modern contraceptive 13.7 & 10.7% which accounts for 89.2% and most of them were from Hindu religion are used , and more than half of them were from poorest and poorer family which accounts 33.8% & 27.2% respectively. turning towards sex of child 77.5% children were male and 22.5% were female.

According to the data in the poorest & poorer are used in the traditional (41.4%) and modern (27.7%) are used and almost half of the mothers were well educated up to secondary level, but most of them are not working, 30.6% work in agriculture, around 7% as services / household and domestic in Professional fields. According to the data based upon the occupation most of the type of the contraceptive are used in skilled and unskilled manual.

DISCUSSION

In this study provides valid data on the pattern of use of different contraceptive methods among young married women in Bihar. According to the NFHS 5 the present study found that 20.7% of female modern contraception users used permanent contraception. There was only one choice for most of the women when their family size was complete, except the fact that very few women preferred a vasectomy, IUD, condoms, or traditional methods. Regarding the determinants of contraceptive use by them, it is encouraging that all women gave importance to their decision along with their husbands' decision. According to the National Family Health Survey-5 (NFHS5), current usages of any contraceptive method and a modern reversible method among 20-24-year married young women were18.2%. Education is an important factor that determines the use of contraception in different ways. In the current study, the low prevalence of contraceptive usage among highly educated women was connected to age at marriage. According to the data Those people have income level is good, those family used contraceptive. Contraceptive method user depends upon the wealth index. Efforts should focus on enhancing educational opportunity for women, particularly in rural areas, to increase their knowledge and awareness of contraceptive methods.

CONCLUSION

Modern contraceptive utilization among married women in Bihar is influenced by a interplay of various factors. This study highlighting the significance of socioeconomic status, education, wealth index, occupations of contraceptive services in shaping utilization pattern. Those factor through targeting interventions, policy reforms, and community engagement can contribute to improved reproductive health outcomes and family planning in Bihar. Further research and data collection are necessary to monitor progress and evaluate the effectiveness of interventions in increasing modern contraceptive rates among married women.