COMPARATIVE ANALYSIS OF FAMILY PLANNING PRACTICES AND IDENTIFICATION OF CHALLENGES AND BEST PRACTICES IN BIHAR AND RAJASTHAN.

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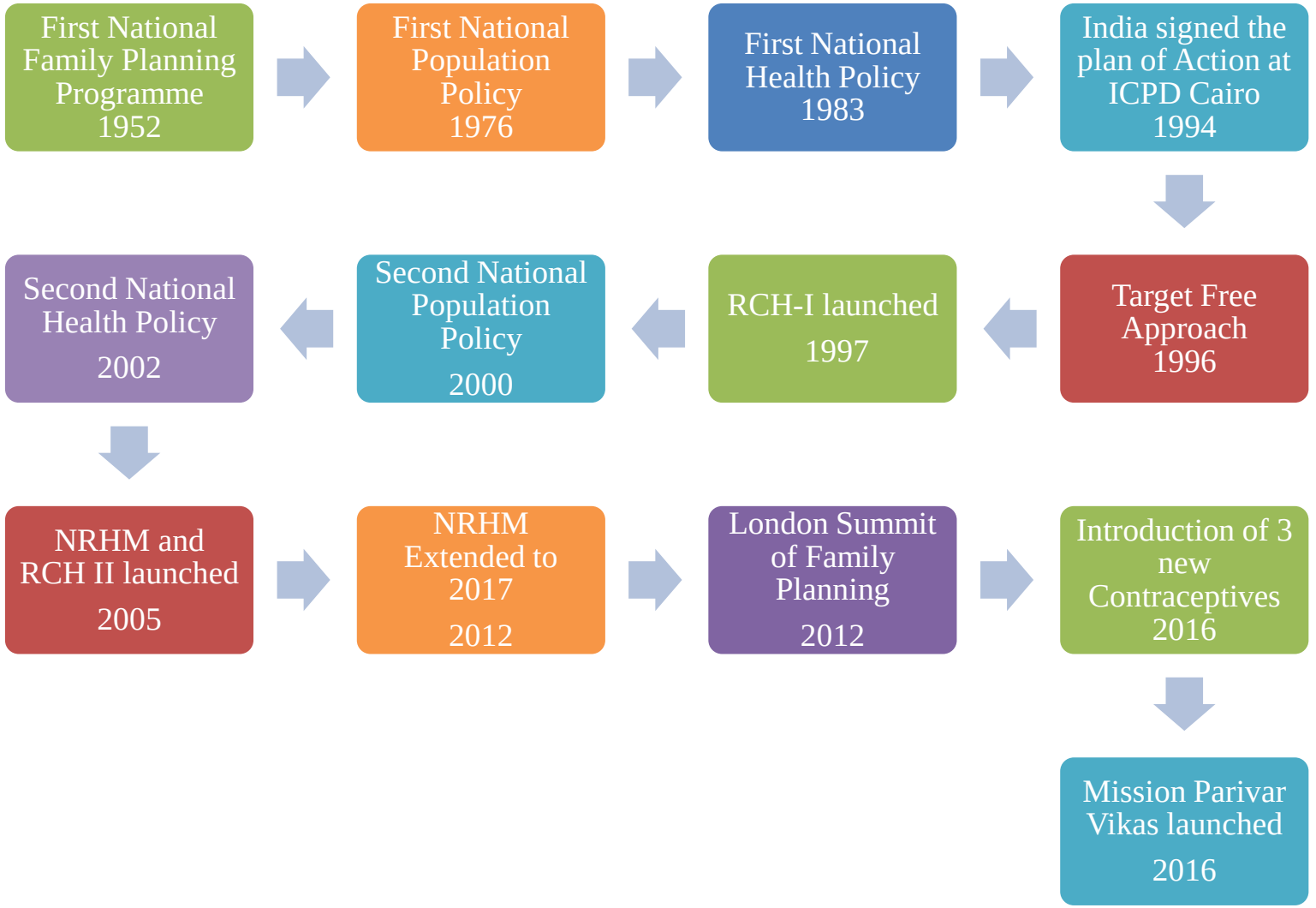
Introduction

Family Planning Trajectory in India



- Family planning focuses on improving the reproductive health of the women and it also improves quality of life of entire family by preventing sexually transmitted diseases (STDs), avoiding unintended pregnancies and abortions, and having an adequate birth spacing.

- Family planning affects all 17 SDGs to some extent, however main emphasize are on SDGs 1, 3, 5, 8 and 10. Evidence have shown that the use of contraceptive methods can reduce maternal mortalities by 32 percent and child deaths by 10 percent (Family planning: the unfinished agenda., 2006)

- According to NFHS-5 factsheet, the TFR of India has reached to 2 which is below the replacement level (2.1) but still many states are struggling for reducing the TFR to 2.1. According NFHS-5 report, Bihar state has the highest TFR which is 3. Apart from Bihar there are many other states that have TFR above 2.1.

- The lack of knowledge about contraceptive methods, the scarcity of supplies, the high cost, the poor accessibility, and false beliefs about contraceptive methods are some of the challenges

- Thus, there is a need to examine the trends of family planning practices in order to identify the gaps in the implementation of family planning services.

Literature Review

In the previous study of comparative analysis of Punjab and Manipur shows that the limited outreach of ASHAs, the under preparedness of health institutions, and the sociocultural norms that discourages the use of contraceptives which all contribute to the reduced utilization of family planning services.

The study on pattern of contraceptive uses and associated sociodemographic factors in India shows that modern contraception use is favorably correlated with household wealth and education and the contraceptive use was less in rural areas and among the socially marginalized groups.

A study on Contraceptive method uses among women in India has suggested that by creating awareness among the mother-in-law about the modern spacing methods will enhance their use.

A study was conducted in Bihar, where the family planning counselling and maternal health care utilization were correlated with contraception usage, which showed that use of contraceptive methods was more prevalent among females who had received maternity care.

Role of private sector in family planning programme in Rajasthan suggest that that collaborating with the private health sector will help to fill the gap in family planning services.

Methodology

Research Question

- What are the family planning indicators trend in Bihar and Rajasthan according to NFHS-4 and 5 report?

Objectives

- To understand the family planning indicator trends in Bihar and Rajasthan according to NFHS-4 and 5 report.
- To identify the challenges and best practices in implementing family planning services.

Study Design

- The study design chosen is descriptive study which is based on secondary data.

Study Duration

- The study duration is of 3 months from March to May 2023

Study Area

- The study areas are Bihar and Rajasthan state.

Study Population

- The study population include 15 to 49 years currently married men and women

Data Collection

- It was Secondary Data taken from the report of NFHS-4 and NFHS-5

Statistical Method

- In the study for the analysis purpose MS-excel was used

The data is taken from NFHS reports and for data collection they have used multistage cluster sampling techniques and I am doing comparative analysis of those report.

Result

The family planning indicators are divided into following categories for analysis:

- Fertility indicators
- Current use of family planning methods
- Unmet need for family planning
- Quality of family planning services
- Source of modern contraceptives
- Men’s perception about family planning
- Early Marriages
- Hysterectomy
- Teenage Motherhood

Fertility Indicators

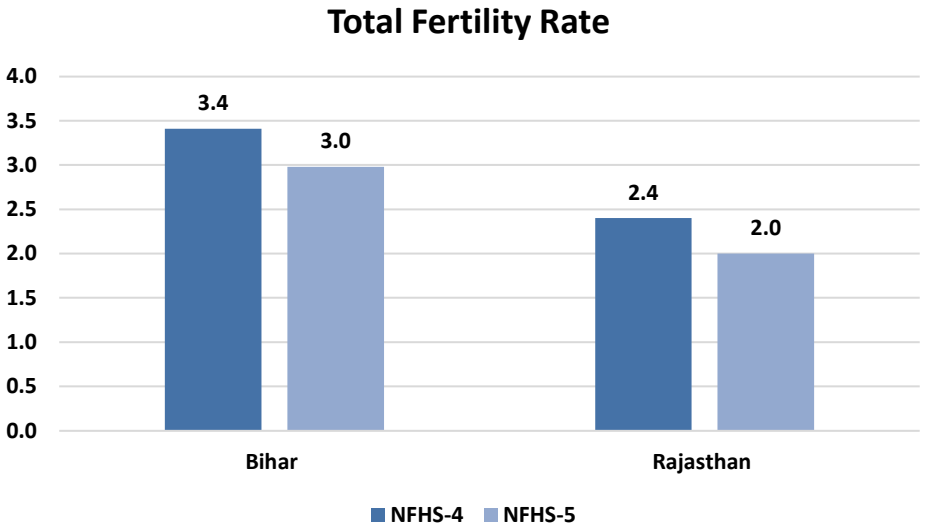


Figure 1.1

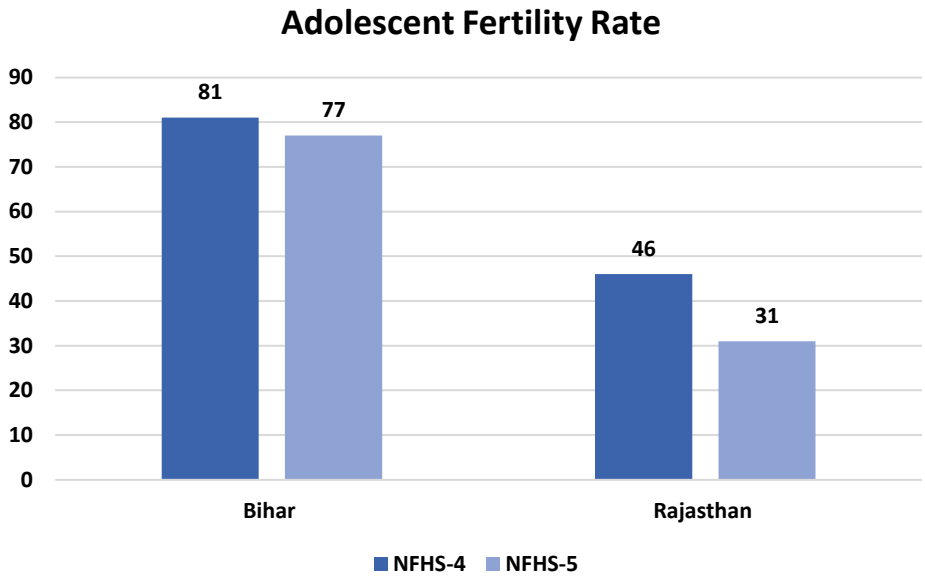


Figure 1.2

- The figure 1.1 shows that the TFR in reduced in both the states but it is still higher in the state Bihar while in Rajasthan it has come below the replacement level.

- Figure 1.2 shows the Adolescent Fertility Rate which has decreased in both the states, but it is higher in the state Bihar

Current use of family planning methods

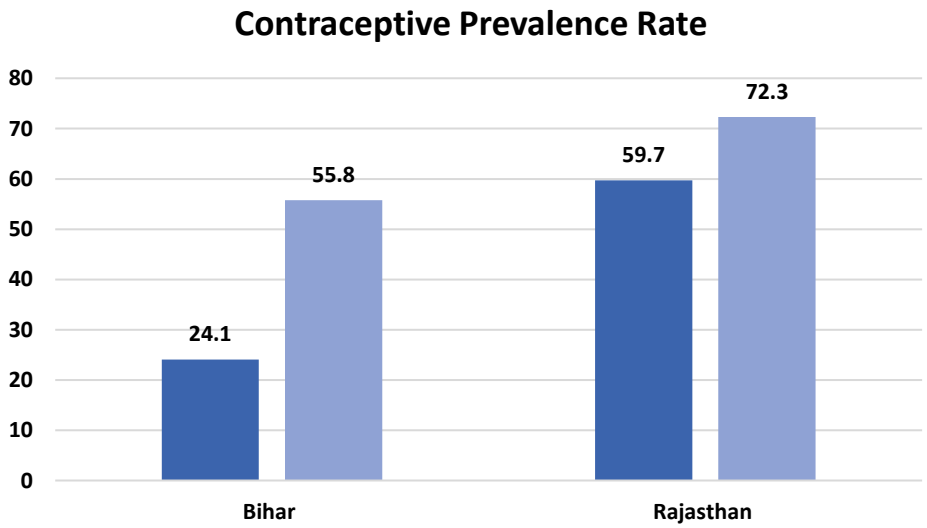


Figure 1.3

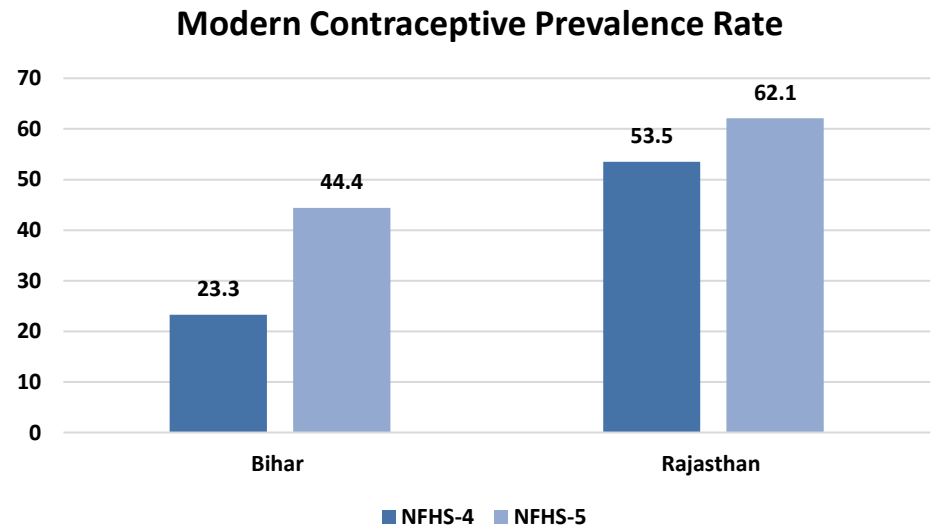


Figure 1.4

- The figure 1.3 shows that the contraceptive prevalence rate has increased in both the states
- In Bihar it has increased by more than 100 percent point basis while in Rajasthan it has increased by 20 percent point basis

- The figure 1.4 shows that the mCPR which has increased in both the states
- In Bihar it has increased by more than 90 percent point basis while in Rajasthan it has increased by 15 percent point basis

Method Mix

- Table 1 is about the method-mix
- The method mix is more skewed towards the female sterilization and the male sterilization remains insignificant.

Table 1 shows the percentage distribution of women(15-49) years of age who are using either limiting or spacing methods

Method Mix	Bihar		Rajasthan	
	NFHS-4	NFHS-5	NFHS-4	NFHS-5
Female sterilization	20.7	34.8	40.7	42.4
Male sterilization	0	0.1	0.2	0.3
IUD/PPIUD	0.5	0.8	1.2	1.4
Injectables	0.3	1.1	0.2	0.6
Condom	1	4	8.7	13.7
Pill	0.8	2	2.4	3.1

Total Unmet Need

- Figure 1.5 shows the Total unmet need of both the states.
- In both the states the Total Unmet Need had reduced by 50 percent point basis.

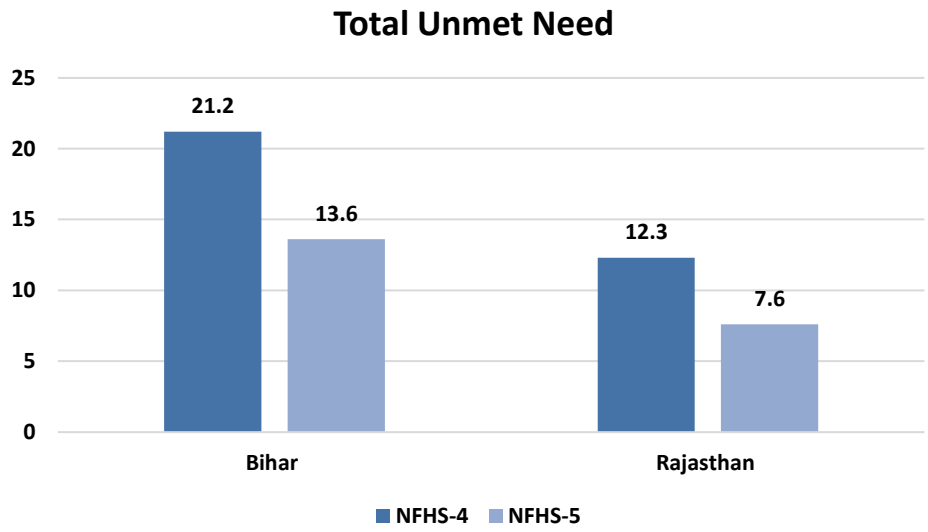


Figure 1.5

Quality of FP services

Table 2 shows the percentage of women (15-49 years) receiving quality family planning health services.

Quality of Family Planning Services	Bihar		Rajasthan	
	NFHS-4	NFHS-5	NFHS-4	NFHS-5
Percentage of women who were informed about side effects or problems of method used	48.8	34.2	43.7	60.8
Percentage of women who were informed about what to do if experienced side effects	26.5	39.7	33.8	49.1
Percentage of women who were informed by a health or family planning worker of other methods that could be used	40	57.8	50.7	67.8
Method Information Index (MII)	N/A	35.3	N/A	44.6

- Table 2 shows the quality of family planning services
- Method Information Index is determined by asking contraceptive users whether they were told about methods other than the one they received, talked about method-specific side effects, and given advice on what to do if they experienced side effects.

Source of modern contraceptives

- Table 3 about the sources of modern contraceptive.
- In both the states, the public health sector is more utilized as compared to the private health sector.

Table 3 shows the percentage distribution of women(15-49) years of age who access the modern contraceptives either from public or private source

Sources of modern contraceptives	Bihar		Rajasthan	
	NFHS-4	NFHS-5	NFHS-4	NFHS-5
Public health sector	63.3	64.1	77.3	75.9
Private health sector	35.3	31.2	11	13.9

Men's Perception

- Table 4 shows about the men's perception regarding family planning.
- In Bihar, the percentage of Men who agree that the contraception is women's business, and a man should not have to worry about it has increased by 20 percent point basis.

Table 4 shows the percentage of men (15-49) years of age, who agree with these two statements

Men's Perception	Bihar		Rajasthan	
	NFHS-4	NFHS-5	NFHS-4	NFHS-5
Percentage of Men who agree that the contraception is women's business, and a man should not have to worry about it	41.7	49.6	45.3	39.1
Percentage of men who agree that the women who use contraception may become promiscuous	16.4	13.6	17.4	17.6

Early Marriage

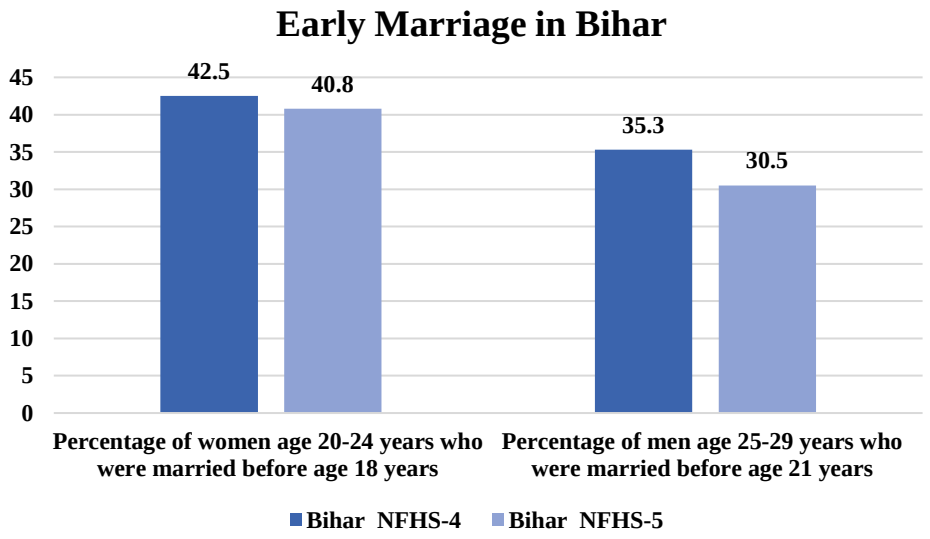


Figure 1.5

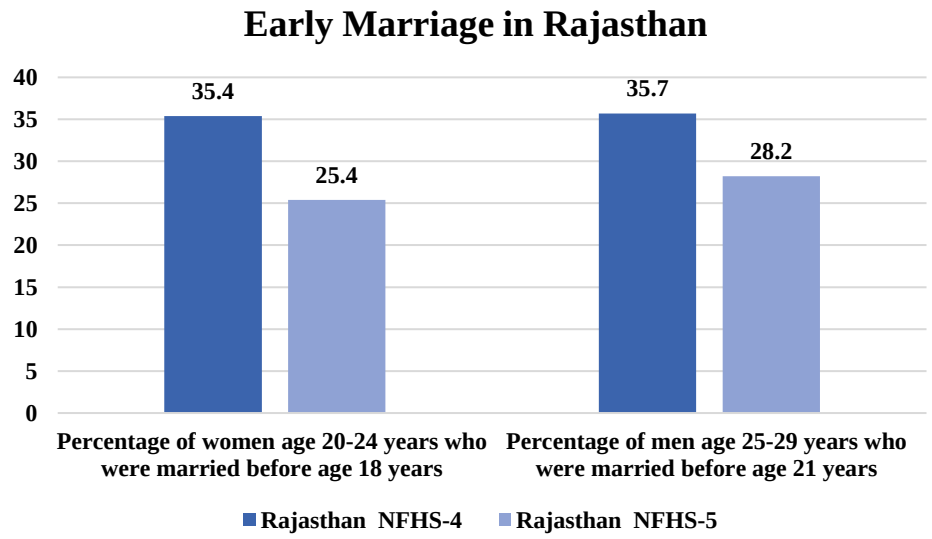


Figure 1.6

- The figure 1.5 and 1.6 shows that percentage of early marriages of the states Bihar and Rajasthan respectively.
- Both the states show decrease in the percentage of early marriages

Teenage Motherhood

- Figure 1.7 shows the proportion of women (15–19 years of age) who have started childbearing.
- The states show decrease in the teenage childbearing cases.

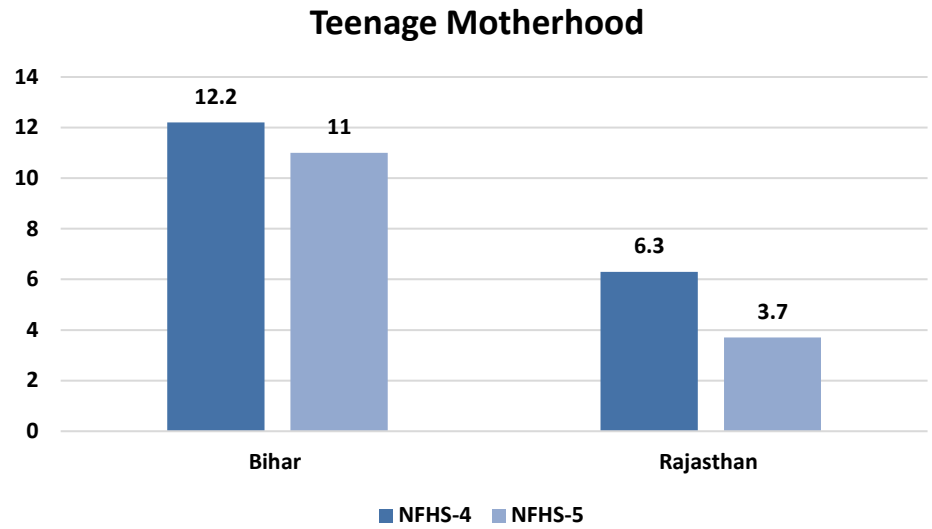


Figure 1.7

Hysterectomy

- Figure 1.8 shows the percentage of women who have had hysterectomy.
- In Bihar there is increase in the hysterectomy cases by 20 percent point basis

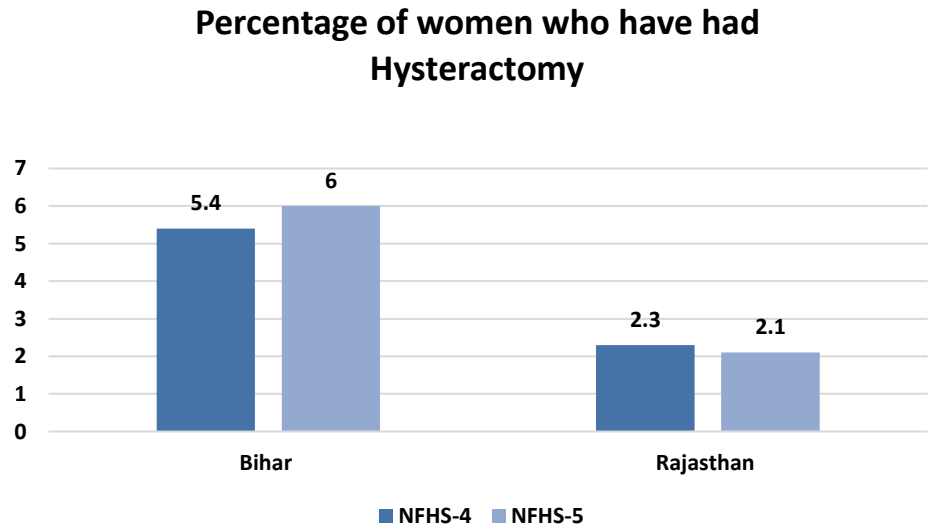


Figure 1.8

Challenges

The challenges that are identified from the above data are:

- Less engagement of Males in Family Planning
- Adolescent fertility rate, Early marriages, and Teenage Motherhood are still high
- Less engagement of private health sectors
- Hysterectomy cases risen in Bihar

Best Practices at Global level

Engaging Men as Users

Permanent Smile Campaign

- Launched in Ghana by USAID
- Objective of the project was to bridge the gap between supply and demand side
- They increased awareness about the No-scalpel Vasectomy (NSV) and provided trainings to healthcare providers.
- During the project, the vasectomies increased by 350 percent.

Engaging Men as Supportive Partners

Malawi Male Motivator

- Launched in Malawi region of sub-Saharan Africa
- Objective of the intervention was to studied the effect of Male motivator intervention on the contraceptive uptakes of the couples.
- The couples were divided into intervention and control group.
- At the end of project, 78 percent males in the intervention group have reported increased FP use.

Best Practice at National Level (Tamil Nadu)

- Tamil Nadu has shown good performance in the providing FP services and the state has received a national award at National Family Planning Summit in New Delhi.
- In figure 1.9, the IUD insertion in Tamil Nadu has risen by 100 percent point basis while in India it has risen 40 percent point basis.

Strategies

- Organization of IUD insertion camps at the PHC level on ANC and immunization day (every Wednesday) and during MMU visits to reach eligible couples.
- Accelerating training for the new IUD insertion programmes among ANM and Staff nurses.
- They have combined a fixed day (every Thursday) approach with a camp strategy for NSV and enhancing this strategy through training and BCC.

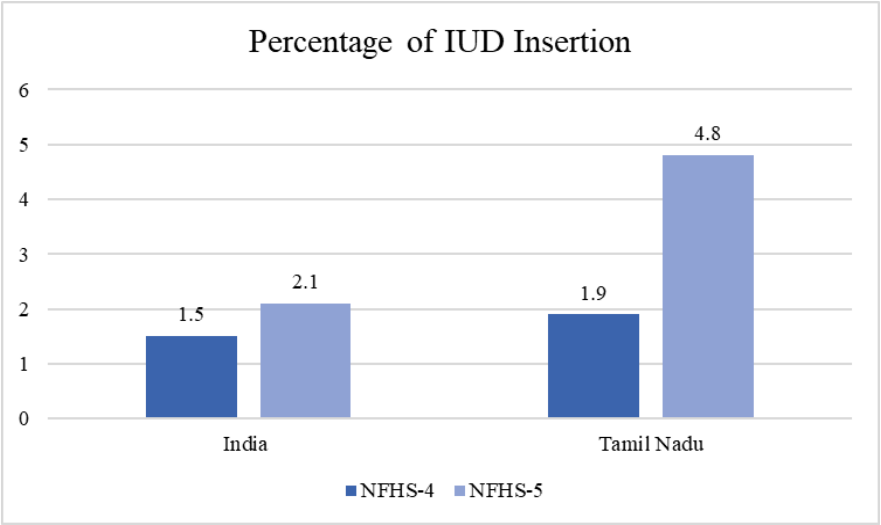


Figure 1.9

Conclusion

After comparing all the indicators of family planning in the states Bihar and Rajasthan we can say that the family planning services are improving in both the states but at a slow pace. The TFR in Bihar remains highest as compared to all other states. While analyzing the method mix, it is ore skewed towards female sterilization. The male sterilization remains insignificant in both the states. The Adolescent Fertility Rate is also high in Bihar as compared to other states. Thus, there is need to modify the Family Planning programme by including male as an active participant rather than a supportive partner and adequate knowledge and awareness should be given to adolescent and youth.

Recommendations

A fixed day approach for family planning should be conducted where the camp will be organized to provide family planning services like IUDs insertion and sterilization.

Regular training programs should be arranged for ANM, GNM for the surgical procedures

The engagement of private health sector can be increased by using Total Market approach which focuses on the effective utilization of all facilities from the public, nonprofit, and private health sectors thus increasing the accessibility to contraceptive methods. (Drug shops and pharmacies)

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Thank you