

**CHANGES IN FAMILY PLANNING METHOD UTILIZATION POST MISSION
PARIVAR VIKAS: A COMPARATIVE ANALYSIS FROM NFHS-4 TO NFHS-5
IN MPV AND NON-MPV STATES**

Dissertation Submitted to



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Master of Business Administration (MBA)
in
Hospital and Health Management

By

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Under the Supervision and Guidance of

Dr Neetu Purohit

2024

June 17, 2024

To Whomsoever It May Concern

This is to certify that **Ms. Payal Sinha** has been employed as an Intern for Sambodhi Research and Communications Private Limited. She joined the organization on **March 15, 2024**, and her last working day is **June 28, 2024**.

She was working as a **Research Intern** in the organization. During the period of her association with the organization we found her sincere, hardworking and a keen learner.

We wish her all the best for her future endeavors.

From Sambodhi Research and Communications Private Limited

With regards,

A handwritten signature in blue ink that reads "Debjyoti Roy".

Debjyoti Roy

Manager – Human Resources

DECLARATION BY STUDENT

I hereby declare that this dissertation is titled "Changes in Family Planning Method Utilization Post Mission Parivar Vikas: A Comparative Analysis from NFHS 4 to NFHS 5. is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others Analysis has been duly acknowledged in the text.

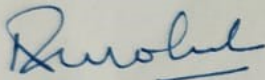
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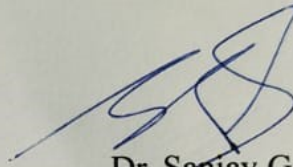
CERTIFICATE

This is to certify that the dissertation titled **"Changes in Family Planning Method Utilization Post Mission Parivar Vikas: A Comparative Analysis from NFHS 4 to NFHS 5 in MPV and Non-MPV states"** is a record of the research work undertaken by Ms. Payal Kumari Sinha in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.



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ABSTRACT

Introduction: Family planning is a critical component of public health, essential for improving maternal and child health, reducing unintended pregnancies, and promoting sustainable population growth. In India, various government initiatives aim to enhance the availability and utilization of contraceptive methods. Among these, female sterilization is the most prevalent, especially among high-parity women who have completed their desired family size. However, there is a significant unmet need for spacing methods among low-parity women.

Launched in 2016, Mission Parivar Vikas (MPV) targets high-fertility districts to improve access to family planning services and increase the use of modern contraceptives. This study evaluates the impact of MPV on contraceptive use by comparing data from the National Family Health Survey (NFHS) rounds 4 (2015-16) and 5 (2019-20) across 146 high-fertility districts in seven states: Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, and Uttar Pradesh. These districts represent a significant portion of India's population and contribute disproportionately to maternal and infant mortality rates.

Method: This analytical study is based on the extracted secondary data from two rounds of the National Family Health Survey (NFHS) conducted in 146 districts of 7 states Assam(2 districts), Bihar(35 districts), Chhattisgarh(2 districts), Jharkhand(9 districts), Madhya Pradesh(2district), Rajasthan(13district), Uttar Pradesh(59 districts): NFHS-4 (2015-16) and NFHS-5 (2019-20). The NFHS is a large-scale survey providing comprehensive data on various health indicators, including contraceptive use, collected from a representative sample of households across India.

Result: The study's results highlight significant differences in contraceptive use and related demographics between MPV (Mission Parivar Vikas) and non-MPV states. In MPV states, there was an increase in modern contraceptive prevalence from NFHS-4 to NFHS-5, with female sterilization rising from 28.7% to 33.6%, and condom use from 7.8% to 13.3%. The mean age of females, age at first birth, and number of children born and living showed a decline, indicating shifts towards smaller family sizes. Awareness of modern contraceptive methods was nearly universal, and correct knowledge of the fertile period increased from 15.9% to 22.1%. Unmet needs for family planning decreased, reflecting better access and use of contraceptive services. Exposure to family planning messages and engagement with service providers also improved, suggesting enhanced outreach and awareness efforts in MPV states.

Conclusion: The findings demonstrate that targeted initiatives like Mission Parivar Vikas have significantly enhanced contraceptive awareness and use, especially in high-fertility districts. These programs have empowered women in family planning decisions and contributed to a gradual shift towards smaller family sizes. The increased use of modern contraceptives and reduced unmet need for family planning underscore the effectiveness of these initiatives in improving reproductive health outcomes in India.

Keywords: Family planning, Mission Parivar Vikas, Contraceptive Prevalence Rate, Modern Contraceptive Prevalence Rate, National Family Health Survey, India, reproductive health.

Acknowledgment

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LIST OF ABBREVIATIONS

ASHA	Accredited Social Health Activist
HFS	High-Fertility State
HFD	High-Fertility District
DMPA	Depot medroxyprogesterone acetate
FP	Family Planning
TFR	Total Fertility Rate
IUCD	Intrauterine contraceptive device
PPIUCD	Post-Partum Intrauterine Contraceptive Device
NFHS	National Family Health Survey
MPV	Mission Parivar Vikas
LAM	Lactational Amenorrhea method
SDM	Standard Days Method

Chapter 1: INTRODUCTION

Family planning forms part of public health that determines the health of the mother and child, growth in population, and socio-economic development in a particular country. It involves practices that help individuals and couples be prepared for the number of children they want to have, the spacing and timing of births through contraceptive methods, and the treatment of involuntary infertility.

Family planning is important for several reasons. It prevents unwanted pregnancies, reduces the maternity and infant mortality rate, as well as improves the family's health and welfare system. It gives women responsible, informed choices concerning their fertility while enabling them to seek educational and work opportunities that lead to equality in gender and economic improvement.

In the use-share of modern contraceptives in India, admixture has broadly remained at nearly the same level over the past decade. Targeted initiatives such as the Mission Parivar Vikas find the latest NFHS-5 results pegging a total unmet requirement for family planning at the %age of 9.4 %. Across the globe, the unmet need for family planning is highest among women less than 20 years and lowest among women aged 35 years and above. Available evidence from NFHS-5 indicates an increase in the contraceptive prevalence rate among currently married women aged 15-49 years from 54 % in 2015-16 to 67 % in 2019-21. The use of modern methods increased from 47.8% to 56.5% during this period (International Institute for Population Sciences, Mumbai, ICF 2021; James K.S, Singh S.K, 2021).

The NFHS-5 findings establish female sterilization as far and away still being predominant, accounting for 37.9 % of women. In contrast, much more scant attention is given to reversible contraceptive methods, crucial for healthy birth spacing and deferring first births. Usage rates of 5.1 % for pills, 0.6 % for injectables, 9.5 % for condoms, and 2.1 % for IUDs underline how rarely these methods are used. Permanent methods dominate amid a scenario of low overall contraceptive prevalence, and high unmet need, which underlines the huge scope for the expansion of reversible contraceptive methods. A comparative analysis of NFHS-4 and NFHS-5 data on the effect of Mission Parivar Vikas on the use of different family planning methods identifies areas for further improvement

India has implemented policies and practices aimed at promoting contraceptive use. Despite the commitment of the Indian government and international partners to improve the utilization of modern spacing contraceptives, this remains a significant public health challenge. This commitment is reflected in the targets set by the Sustainable Development Goals and the Family Planning 2020 goals. The Indian family planning program has undergone several policy transformations, shifting from a vertical, target-driven, clinic-based approach to one that emphasizes reproductive rights and is ostensibly free from targets. Key policy changes include the expansion of contraceptive options with the introduction of three new methods—injectable contraceptives, cent chroman, and progestin-only pills—in 2015, and the launch of Mission Parivar Vikas to address both demand and supply issues (Muttreja & Singh, 2018a). However, despite these efforts, the contraceptive method mix has remained largely unchanged over the past decade. Factors contributing to the underutilization of family planning methods may

include a lack of knowledge, fear of side effects, infrequent sexual activity, and opposition to contraception from oneself or others (Schrumpf et al., 2020; Suri, 2022).

To overcome these barriers, it is essential to gain a deeper understanding of the behavioral drivers and social context influencing family planning decisions. Increased investment in social and behavior change (SBC) approaches is also crucial. The introduction of new contraceptive methods has often been fraught with controversies related to their effectiveness, side effects, and safety. Therefore, it is vital to consistently educate both users and service providers about every aspect of newly introduced and existing methods to enhance their capabilities. By strengthening the knowledge and skills of service providers, users will benefit from more accurate and comprehensive information about various contraceptive options, empowering them to make well-informed decisions.

ASHA and other frontline staff members play a pivotal role in shaping community preferences for family planning methods, owing to their close interaction with local populations. However, improving the situation cannot solely rely on health workers alone; it also necessitates addressing entrenched social norms within communities. Many women refrain from using contraceptives due to the stigma and shame associated with them, yet family planning programs and policies often overlook these cultural barriers. Numerous studies have underscored provider biases or judgmental attitudes that deter women from seeking contraceptive services, yet interventions to tackle these issues remain limited.

To bridge this gap, interventions within public health facilities under initiatives like Mission Parivar Vikas include training frontline workers and delivering assured services. This initiative aims to enhance the awareness of Accredited Social Health Activists (ASHAs) and other health providers about all reversible contraceptive methods. By ensuring that facilities are well-equipped to offer a comprehensive range of contraceptive options, MPV strives to empower women to make informed choices about their reproductive health.

Integrating these interventions into Mission Parivar Vikas reflects a concerted effort to expand contraceptive access across India. By enhancing the capabilities of frontline workers and fostering a more positive healthcare environment, MPV aims not only to increase contraceptive prevalence rates but also to promote equitable access to family planning services, thereby contributing to improved maternal and child health outcomes and a broader population stabilization effort.

MISSION PARIVAR VIKAS

Mission Parivar Vikas (MPV) is a flagship initiative launched by the Government of India aimed at revitalizing the country's family planning program. Introduced in 2016, MPV seeks to address the high unmet need for contraceptives and to enhance the quality of family planning services across states and union territories.

One of the primary goals of Mission Parivar Vikas is to significantly reduce the total fertility rate (TFR) in high-focus states by promoting accessible, high-quality contraceptive services. The initiative targets specific districts with high TFR and aims to increase contraceptive prevalence rates (CPR) by promoting a mix of contraceptive methods, including both modern and traditional options. This strategic approach is designed to empower individuals and couples to make informed choices about family planning, thereby supporting maternal and child health outcomes and contributing to overall population stabilization.

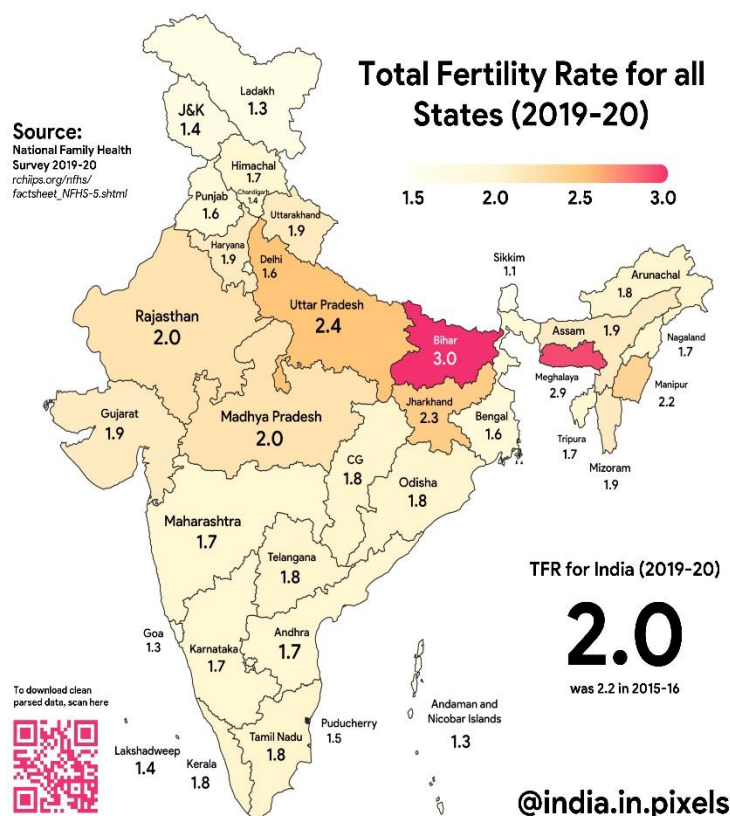


Fig 1. Map showing states with high TFR

Key interventions under Mission Parivar Vikas include:

1. Ensuring Reliable Services:

- Introduction of Injectable Contraceptive DMPA (Antara) across all Sub-centers simultaneously.
- Expansion of Postpartum Intrauterine Contraceptive Device (PPIUCD) services to all delivery points.
- Enhancement of Sterilization services through the HFD compensation scheme.
- Installation of Condom Boxes at strategic locations such as Health Facilities and Gram Panchayat Bhavans.
- Promotion of condoms and pills through Social Marketing initiatives employing government-appointed Social Marketers.
- Conducting four annuals 'Mission Parivar Vikas' Campaigns.

2. Promotional Initiatives:

- Distribution of "FP KITS" to Newly Weds "NAYI PAHEL".
- Organization of Saas Bahu Sammelans for making people aware of family planning.
- SAARTHI– Mobile Awareness Units for Information Dissemination.
- Local Radio Spots featuring the voices of local personalities.

3. Ensuring Supply Security:

- Implementation of a management information system to monitor supplies and consumption across facilities.
- Appointment of a dedicated Family Planning logistic manager in each of the 7 Health Facilities.

4. Capacity Building for Enhanced Service Delivery: Given the shortage of trained providers in these districts, there is a critical need to improve service delivery to meet the high demand.

- Approximately 47,600 healthcare providers (Medical Officers and Nurses) will receive training for the Injectables (Antara Program).
- Around 9,500 providers will be trained for Postpartum Intrauterine Contraceptive Devices (PPIUCD/IUCD), with a distribution of 30% for Medical Officers and 70% for Nurses.

5. Creating Supportive Environments: Advocacy and Inter-sectoral Collaboration to Lower Total Fertility Rate for Maternal and Child Health:

- National Level: Meetings under the Health and Family Welfare Ministry with Chief Ministers, State Health and Family Welfare Ministers, and Principal Secretaries (Health and Family Welfare) from seven states.
- State Level: Meetings chaired by Chief Ministers with State Health and Family Welfare Ministers, local Members of Parliament and Members of the Legislative Assembly, Principal Secretaries (Health and Family Welfare), District Magistrates/Collectors, Chief Medical Officers of Health, and stakeholders.
- District Level: Meetings chaired by District Magistrates with Chief Medical Officers of Health, Block Medical Officers/BDOs, and other relevant officials
- . d. Block Level: Meetings led by Block Medical Officers/BDOs with Medical Officers, Nurses, Sarpanch, Patwaris, Nehru Yuvak Kendra volunteers, and National Service Scheme volunteers

Chapter 2: Literature Review

Author	Title	Source	Purpose	Finding
Banerjee, A., & Duflo, E.	"Family Planning and Women's Empowerment: Lessons from India"	Journal of Development Economics, 2018	To analyze the impact of family planning initiatives, including Mission Parivar Vikas, on women's empowerment and contraceptive use in India.	The study found that Mission Parivar Vikas significantly increased the use of modern contraceptives in high-fertility districts. Women's autonomy in family planning decisions improved, correlating with increased awareness and availability of contraceptive options.
Sharma, R., & Srivastava, A.	"Evaluating the Effectiveness of Mission Parivar Vikas in High Fertility Districts"	Indian Journal of Public Health, 2019	To evaluate the effectiveness of Mission Parivar Vikas in improving contraceptive prevalence and reducing fertility rates in targeted districts.	The initiative led to a marked increase in the contraceptive prevalence rate (CPR) and modern contraceptive prevalence rate (MCPR) in the districts studied. There was a notable shift from traditional methods to modern contraceptives, reflecting the program's impact.
Gupta, S., & Desai, S.	"Impact of Family Planning Programs on Contraceptive Use in India: A Comparative Analysis of NFHS-4 and NFHS-5"	Population Studies, 2020	To compare the changes in contraceptive use and method mix between NFHS-4 and NFHS-5, with a focus on Mission Parivar Vikas districts.	The analysis showed a significant increase in the use of modern contraceptives in Mission Parivar Vikas districts between the two surveys. The unmet need for spacing was reduced, and there was an overall improvement in family planning service delivery.
Kumar, P., & Mehta, K.	"Mission Parivar Vikas: A Success Story in Enhancing Family Planning Services"	Journal of Family Welfare, 2021	To document the successes and challenges of Mission Parivar Vikas in enhancing family planning services in India.	The program successfully increased awareness and utilization of family planning methods, particularly in rural and high-fertility areas. Training of healthcare providers and community outreach were critical components contributing to the program's success.
Verma, R., & Singh, N.	"The Role of Mission Parivar Vikas in Transforming Family Planning Dynamics in India"	International Journal of Health Policy and Management, 2022	To assess the role of Mission Parivar Vikas in transforming family planning dynamics and its long-term implications for reproductive health in India.	The study highlighted that Mission Parivar Vikas significantly influenced contraceptive use, leading to higher adoption of modern contraceptives and a decline in fertility rates. The program's comprehensive approach, including education and infrastructure development, was key to its impact.

Reddy, M., & Kannan, S.	"Evaluating the Long-Term Impact of Family Planning Initiatives in India"	Health Policy and Planning, 2021	To assess the long-term impacts of Mission Parivar Vikas on family planning methods and reproductive health outcomes in India.	The study revealed that Mission Parivar Vikas had sustained effects on increasing the use of modern contraceptives. It also highlighted improvements in reproductive health outcomes such as lower maternal mortality rates.
Das, P.	"Assessment of Contraceptive Use Patterns Post Mission Parivar Vikas"	Journal of Family Welfare	To assess the patterns of contraceptive use following Mission Parivar Vikas.	The survey indicated an increase in the use of modern contraceptives, especially in female sterilization and injectable contraceptives.
Choudhary, V., & Mehta, K.	"Mission Parivar Vikas and Its Impact on Family Planning Trends in India"	Demographic Research	To explore the impact of Mission Parivar Vikas on family planning trends in India.	The research also showed an increase in the use of modern contraceptive methods and improvement in family planning services in districts with high focus.
Rao, N., & Iyer, P.	"A Comparative Study of Family Planning Practices Before and After Mission Parivar Vikas"	Indian Journal of Community Medicine	To compare family planning practices before and after the introduction of Mission Parivar Vikas.	The study found significant improvements in the use of modern contraceptives and a decline in unmet needs for family planning post-Mission Parivar Vikas.
Kumar, P., & Sinha, A.	"Impact of Government Initiatives on Family Planning in India"	Health Policy and Planning	To analyze the impact of various government initiatives, including Mission Parivar Vikas, on family planning practices.	The research highlighted that initiatives like Mission Parivar Vikas have successfully increased awareness and utilization of family planning methods, particularly among women in low-income groups.

Chapter 3: Methodology

The chapter includes the research question and objective of the study. It also includes the study design, area, population considered, duration of the study, data collection methods, and Operational definition.

Research Question

1. Has the interventions of MPV affected contraceptive use among women of reproductive age group?

Objective

1. To assess the use of contraceptive methods in MPV and non-MPV states.

Study Design

This analytical study is based on the extracted secondary data from two rounds of the National Family Health Survey (NFHS) conducted in 146 districts of 7 states Assam (2 districts), Bihar (35 district), Chhattisgarh (2 district), Jharkhand (9 district), Madhya Pradesh(2district), Rajasthan(13district), Uttar Pradesh (59 district): NFHS-4 (2015-16) and NFHS-5 (2019-20) and non-MPV districts. The NFHS is a large-scale survey providing comprehensive data on various health indicators, including contraceptive use, collected from a representative sample of households across India.

Using NFHS secondary data for our study is strategic and reliable due to its comprehensive, high-quality nature, covering a wide range of health and demographic indicators across India. Leveraging data from NFHS-4 (2015-16) and NFHS-5 (2019-21) allows us to conduct robust longitudinal analyses, tracking changes in contraceptive use and method mix over time. The data's public availability ensures accessibility and cost-effectiveness, avoiding extensive primary data collection. Rigorous data collection methods and large sample sizes enhance accuracy and statistical power. The credibility of NFHS data is widely recognized by policymakers, researchers, and international organizations due to its consistent methodology and reputable institutions. Utilizing NFHS data ensures our analysis of Mission Parivar Vikas's impact on family planning methods is accurate and comprehensive, providing valuable insights for improving reproductive health outcomes in India.

Study Population:

Inclusion Criteria: Married women of reproductive age 15-49 years.

Exclusion Criteria: Unmarried, divorced, or separated women of reproductive age 15 -49 years.

Duration of study: 15th March to 28th June

Operational Definition:

- **Contraceptive Prevalence Rate (CPR)** -The % of women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time, often reported in three ways:
 - a. among all women ages 15-49;
 - b. among women ages 15-49 who are married or in-union
 - c. among sexually active unmarried women ages 15-49.

- **Modern Contraceptive Prevalence Rate**- The %age of women aged 15-49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.
Modern methods Include male and female sterilization, injectables, intrauterine devices (IUDs/ PPIUDs), contraceptive pills, implants, female and male condoms, diaphragm, foam/jelly, the standard day's method, the lactational amenorrhea method, emergency contraception

- **Method Mix:** The % distribution of contraceptive users (or of first-time users) by method in a defined period.

- **Unmet need for Family Planning**- The number or % of women currently married or in a union who are fecund and who desire to either terminate or postpone childbearing, but who are not currently using a contraceptive method
The total number of women with an unmet need for family planning (FP) consists of two groups of women:
 - those with an unmet need for limiting, and
 - those with an unmet need for spacing.

Chapter 4: Result

The demographics variables are divided into:

- Mean age of the females included (SD)
- Mean age at first birth (SD)
- Mean number of children ever born (SD)
- Mean number of living children (SD)
- Type of Residence
- Education Status
- Wealth Quantile
- Religion

The Family Planning indicators are divided into:

- Awareness of any method.
- Ever used any method
- Correct Knowledge of the Fertile Period
- Modern Contraceptive Prevalence rate
- Current Use of Family Planning Method
- Unmet need
- Decision maker for using contraceptive
- Exposure to family planning messages.
- Met with the service provider in the last 3 months.

Demographic Indicators

	MPV States		Non - MPV States	
	NFHS 4 (N=14360)	NFHS 5 (N=12012)	NFHS 4(N=36407)	NFHS 5 (N=33647)
Mean age of the females included (SD)	8.3	8.4	7.9	7.9
Mean age at first birth (SD)	4.2	3.4	4.1	4.0
Mean number of children ever born (SD)	2.0	1.8	1.5	1.3
Mean number of living children (SD)	1.7	1.6	1.3	1.2

Table 4.1 shows the demographic indicators of MPV and Non -MPV states

The table contrasts some of the key demographic and reproductive health indicators between MPV and non-MPV states for NFHS 4 and NFHS 5. Although there is a slight increase in the mean female age in both sets of states, showing an aging population, the mean age of first birth has dropped in MPV states but remained stable in non-MPV states. The MPV and non-MPV states indicate a decline in the mean number of children ever born and the mean number of living children—a trend toward smaller family sizes. These changes reflect shifts in reproductive behaviors and demographic patterns; likely to be a consequence of increased family planning practice, higher education, and women's workforce participation.

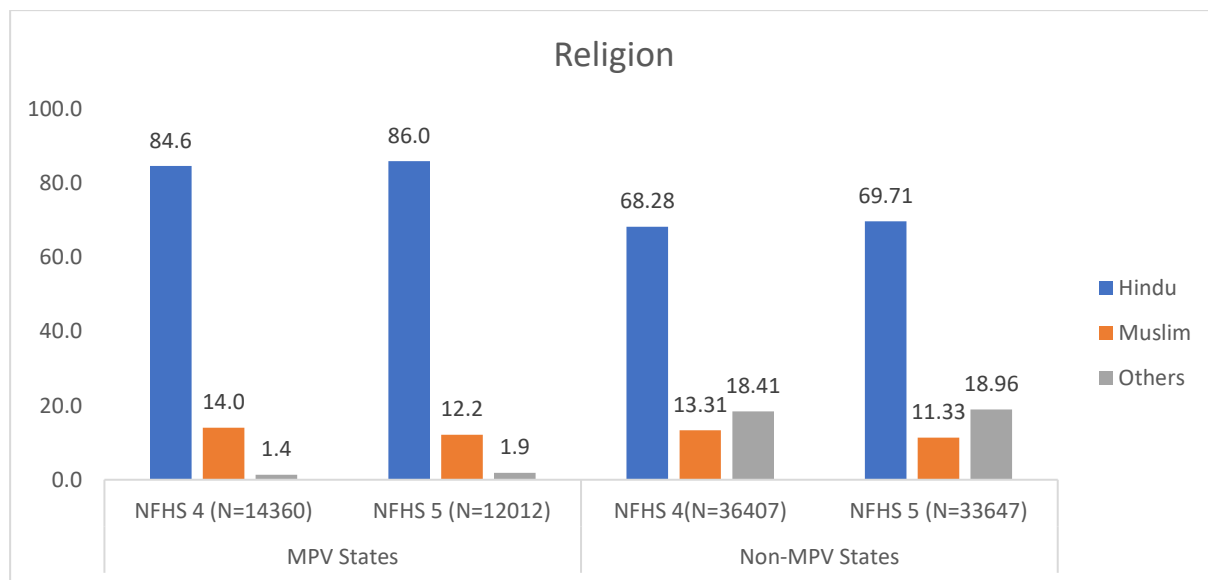
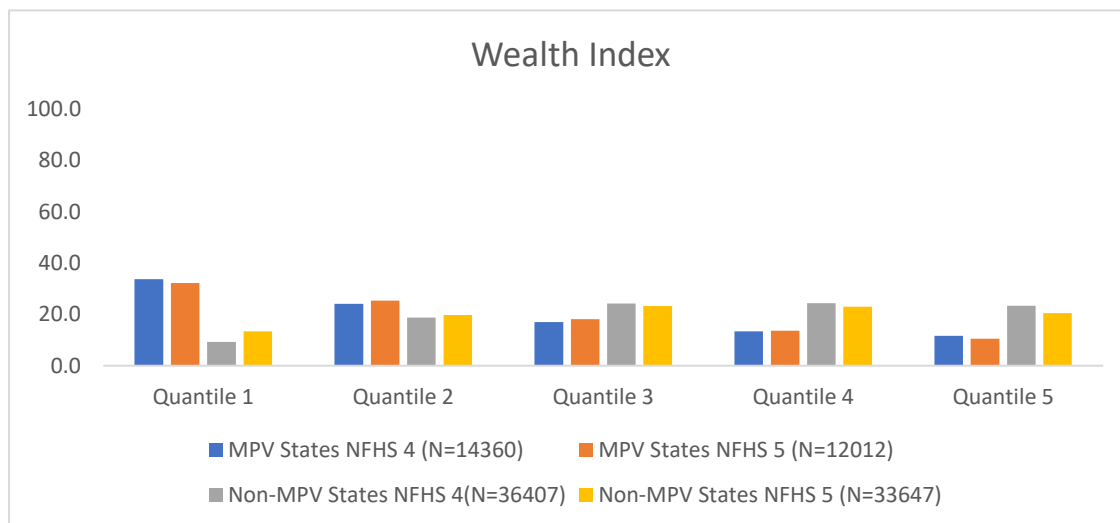


Fig 4.1 shows the demographic indicator of religion

The graph depicts the religious composition of MPV and non-MPV states from NFHS 4 to NFHS 5. In MPV states, the proportion of Hindus increased from 84.6 % to 86 % and that of the Muslims decreased from 14 % to 12.2%. In non-MPV states, the Hindu population increased from 68.28 % to 69.71%, while that of the Muslims decreased from 13.31% to 11.33%. The proportion of persons following other religions increased from 1.4 % to 1.9% in MPV states and remained more or less stable, with a minor increase from 18.41 % to 18.96 % in Non - MPV states..



Fig

4.2 shows the demographic indicator of the Wealth index

The graph shows the %age distribution of the wealth quintile share in MPV and non-MPV states across NFHS 4 and NFHS 5. In MPV states, the %age share of the poorest quintile, Quantile 1, has marginally come down from 33.7 % in NFHS-4 to 32.3 % in NFHS-5. In non-MPV states, it increased from 9.26 % to 13.43 % during the same period. Across the middle richness quintiles—represented here by Quantile 2 and Quantile 3—changes were minor in MPV and Non-MPV states, with slight depletion in MPV states and fairly stable %ages in non-MPV states. The richest quintile, represented by Quantile 5, went down from 11.7% to 10.5% in the MPV states and from 23.43% to 20.46% in the non-MPV states.

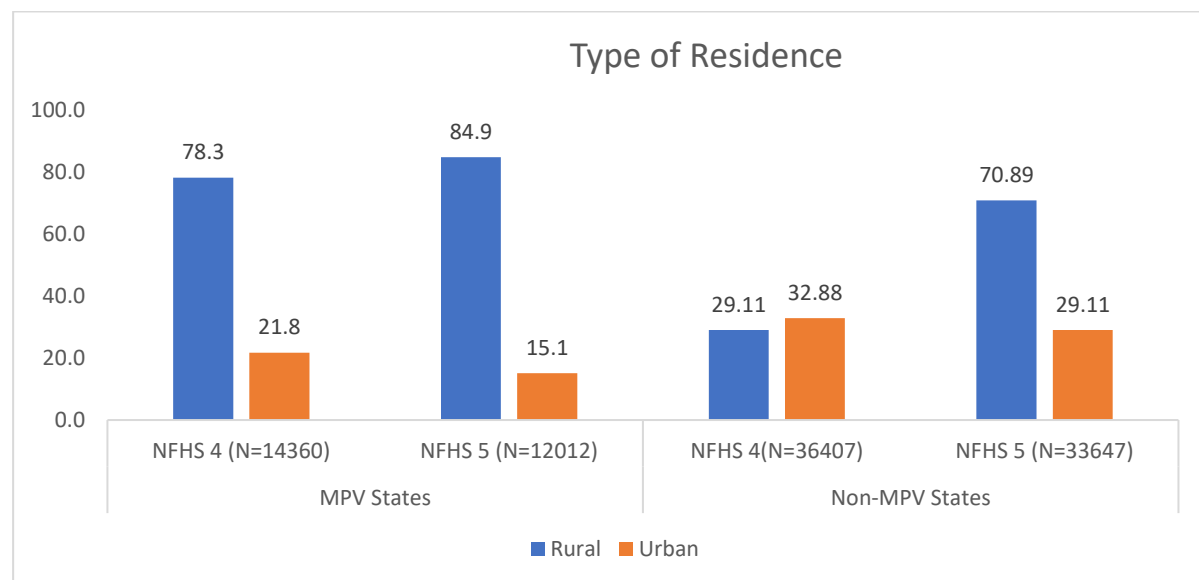


Fig 4.3 shows the demographic indicator of type of residence

Comparing the rural-urban distribution of the population in MPV and Non-MPV states between NFHS 4 and NFHS 5, according to the table, the proportion of the rural population in MPV states has increased from 78.3% in NFHS 4 to 84.9 % in NFHS 5, with a corresponding decrease of the urban population from 21.8 % to 15.1 %. In the non-PV states, however, the rural population increased considerably from 29.11 % to 70.89 %, with a corresponding decrease in the urban population from 32.88 % to 29.11 %. Thus, this is indicative of a substantial shift towards more rural demography in both MPV and non-MPV states in the given survey periods.

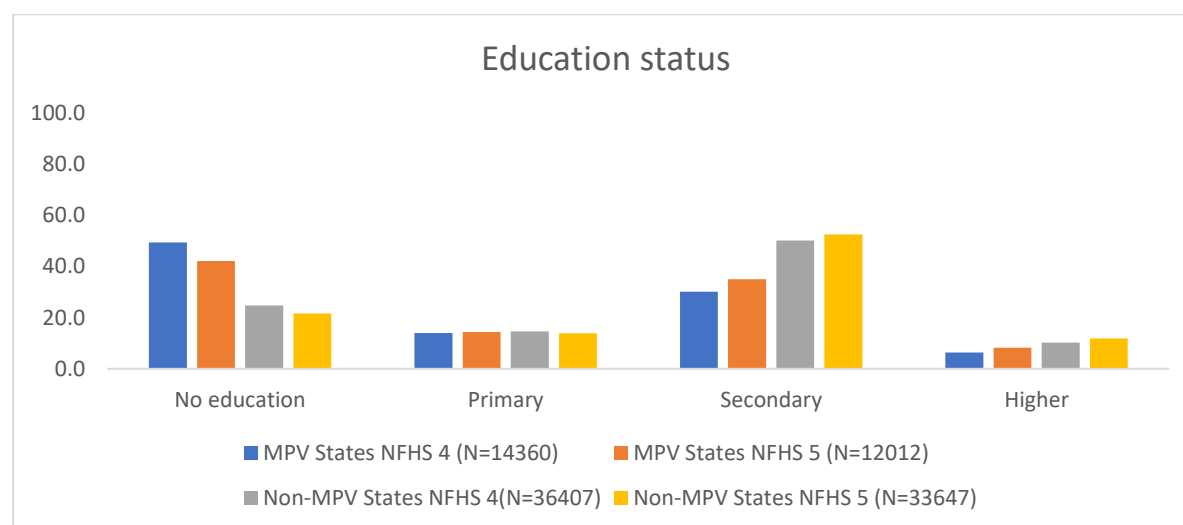


Fig. 4.4 shows the demographic indicator of Education Status

The graph indicates the system of dispersion of the educational status from NFHS 4 to NFHS 5 in MPV and non-MPV states. In MPV states, the % of age with no education dropped from 49.5% to 42.2%, those who have education at the secondary level grew from 30.2% to 35%, and those in the higher education category rose to 8.3% from 6.3%. In the non-MPV states of Uttar Pradesh, the proportion of individuals with no education declined from 24.82 % to 21.6 %, and people having secondary education increased from 50.23 % to 52.59 %, while higher-level education increased from 10.29 % to 11.94 %.

Family Planning Indicators

Awareness of any Method: It refers to the knowledge or awareness that individuals, particularly women of reproductive age, have about various contraceptive methods. This includes both modern and traditional methods of contraception.

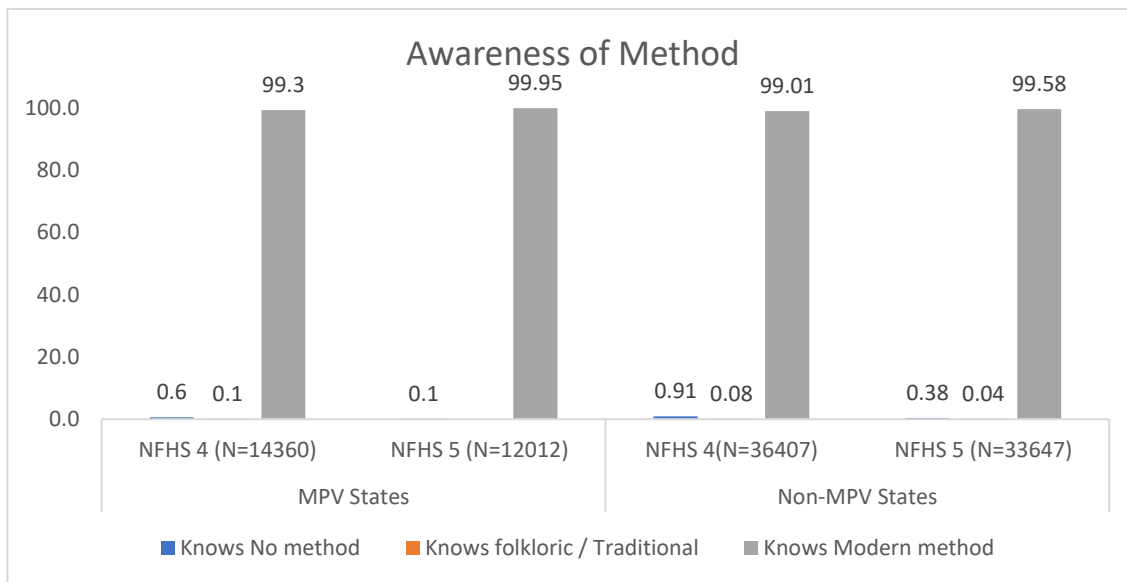


Fig. 4.5 shows the Awareness of family planning method

Awareness of contraceptive methods among MPV and Non-PMV States: NFHS 4 compared to NFHS 5 In MPV states, the awareness about modern contraceptive methods is almost universal and has increased from 99.3 percent in NFHS 4 to 99.95 percent in NFHS 5. The awareness about traditional/folkloric methods is very low. The %age of persons who know no method decreased from 0.6 per cent to 0.1 per cent. Similarly, in non-MPV states, awareness about modern methods has remained very high at 99.58 %, up from 99.01 %, while the %age of those unaware of any method declined from 0.91 to 0.38 %. The awareness of traditional methods is very low. A clear case in point, health data show how the learning of modern contraceptive methods has been a widely spread and increasing phenomenon in MPV.

Ever – Used any Method - It refers to assessing individuals' or couples' current or past utilization of contraception or family planning methods.

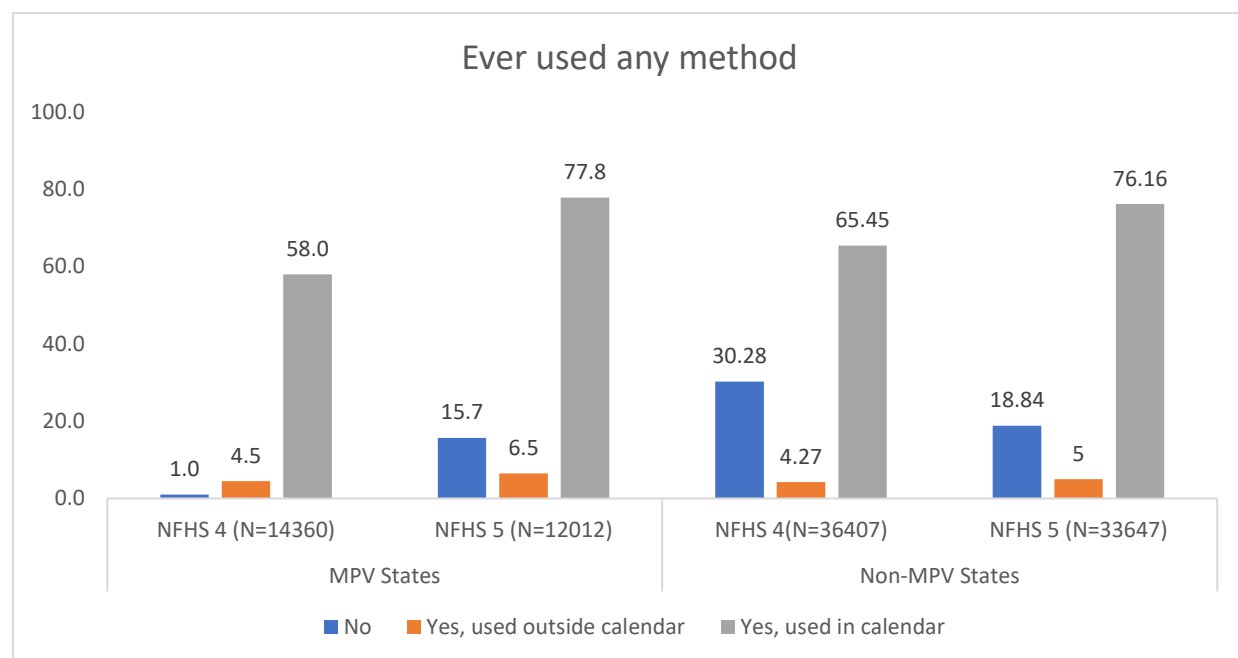


Fig. 4.6 shows the Ever -used any method

The table compares the usage of certain methods between MPV (Mission Parivar Vikas) and non-MPV states across two survey periods, NFHS 4 and NFHS 5. In MPV states, the use within a calendar has significantly increased from 58.0% in NFHS 4 to 77.8% in NFHS 5, while in non-MPV states, it increased from 65.45% to 76.16%. Conversely, the proportion of respondents who did not use these methods has decreased in both MPV (from 1.0% to 15.7%) and non-MPV states (from 30.28% to 18.84%).

Correct Knowledge of fertile period- It refers to understanding the timeframe during a woman's menstrual cycle when she is most likely to conceive. This period typically spans several days

around ovulation, which is when an egg is released from the ovary and is available for fertilization. Having correct knowledge involves knowing the approximate timing of ovulation within the menstrual cycle and recognizing the days leading up to and following ovulation as the fertile window.

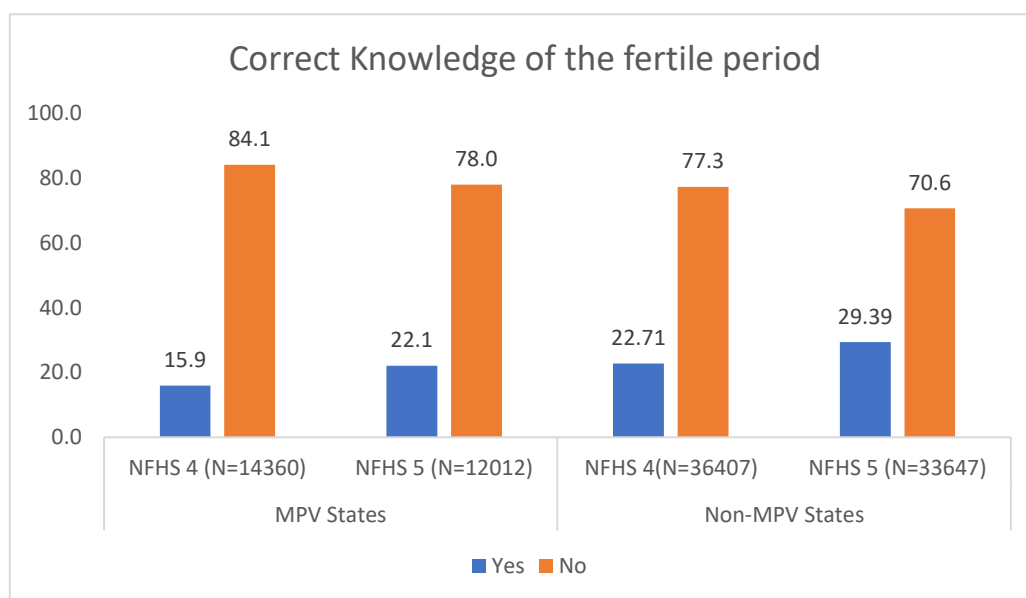


Fig. 4.7 shows the correct knowledge of the fertile period

The graph depicts the response regarding the knowledge about the fertile period. Now, in MPV states, NFHS 4 it was 15.9 % whereas in NFHS 5, it has increased to 22.1 %, showing that women do know about the fertile period; very necessary in the stage of reproductive age. Whereas in non-MPV states in NFHS 4, it is 22.71 %, increasing to 22.39 % in NFHS 5; it does show that there might be awareness and increase in education among women.

Modern Contraceptive Prevalence Rate -- The %age of women aged 15-49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.

Modern methods Include male and female sterilization, injectables, intrauterine devices (IUDs/ PPIUDs), contraceptive pills, implants, female and male condoms, diaphragm, foam/jelly, the standard day's method, the lactational amenorrhea method, and emergency contraception

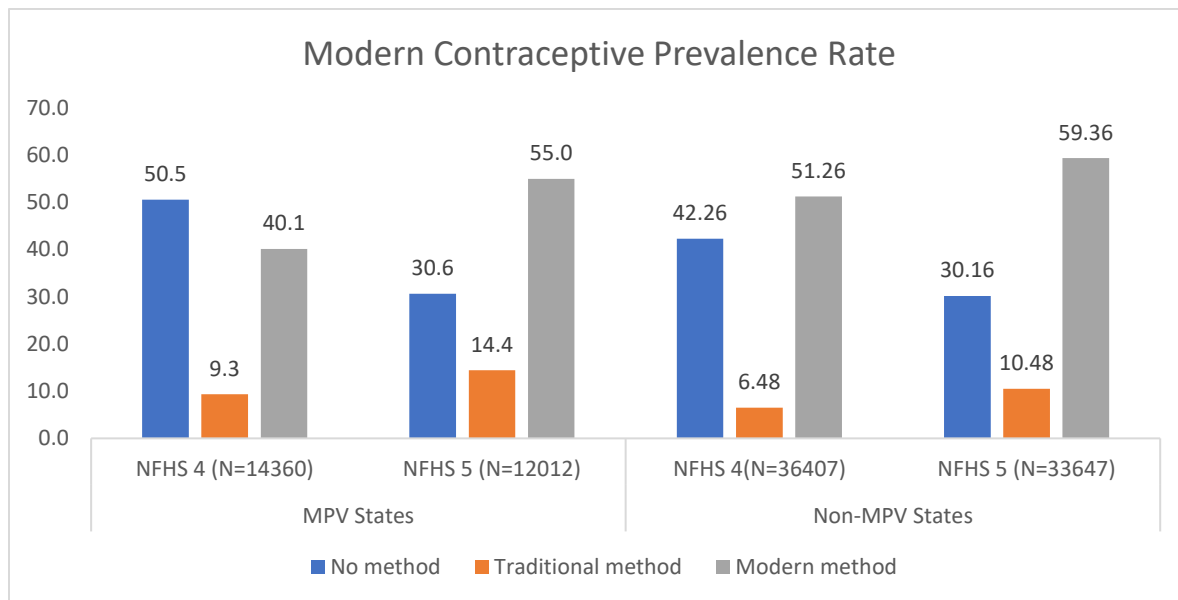


Fig. 4.8 shows the Modern Contraceptive Prevalence Rate

This graph shows the Modern Contraceptive Prevalence Rate (MCPR), categorizing respondents into three groups based on their contraceptive use. Firstly, 50.5% reported using no contraceptive method, indicating a significant portion without current protection against pregnancy. Secondly, 9.3% used traditional contraceptive methods, which typically include methods like withdrawal or periodic abstinence. Lastly, 40.1% utilized modern contraceptive methods such as birth control pills, condoms, or intrauterine devices (IUDs), showing a substantial number relying on more effective contemporary options for family planning.

In Non -MPV states there is a decrease in modern contraceptive methods as compared to MPV states which may be due to the awareness, knowledge, availability, or accessibility of these methods in these states.

Current use of Family Planning methods- It refers to the %age or number of individuals actively using contraception or other family planning methods. This metric helps assess the prevalence and effectiveness of contraceptive practices within a population.

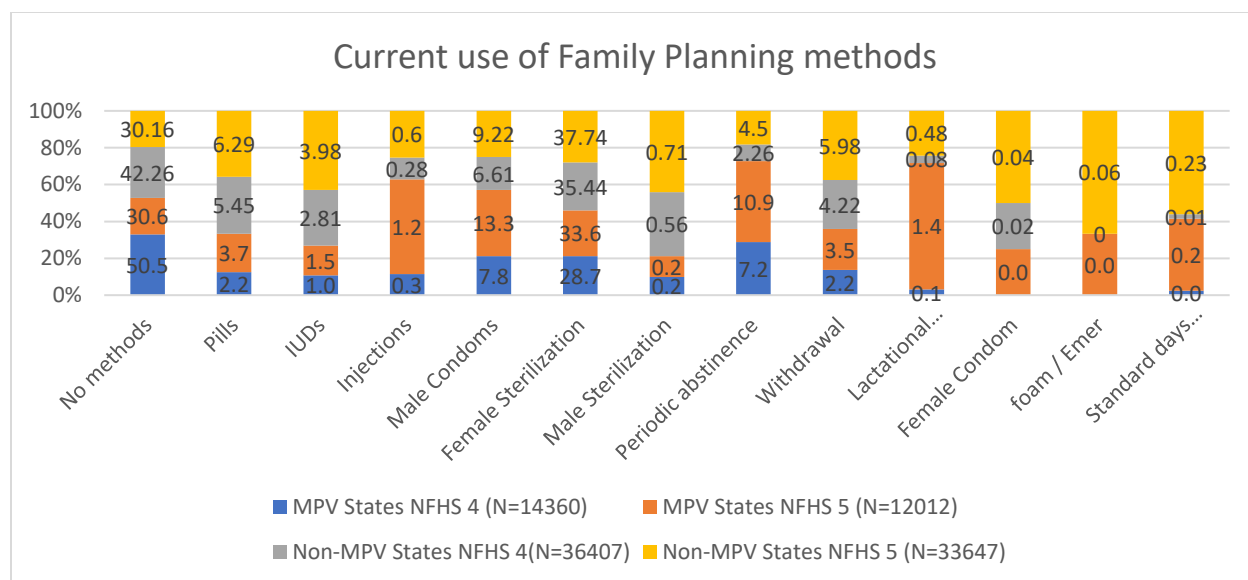


Fig 4.9 shows the current use of family planning methods

The graph shows a detailed breakdown of current usage rates for various family planning methods among respondents. The largest group, with 50.5% reported using no contraceptive methods, highlighted a significant portion of the population without current protection against pregnancy in MPV states of NFHS 4 which in NFHS 5 has decreased to 30.6%. Among those using methods, female sterilization was the most prevalent at 28.7% in NFHS 4 MPV states, followed by male condoms at 7.8% and pills at 2.2% has been increased to 33.6% female sterilization, 13.3% male condom and pills usage up to 3.7% in MPV states. Other methods like IUDs, injections, and periodic abstinence also showed varying levels of adoption.

In non - MPV states also there was a slight increase which is 0.84% in the usage of pills which is lesser than in MPV states while female sterilization has also increased up to a certain level only.

Unmet Need-The number or % of women currently married or in union who are fecund and who desire to either terminate or postpone childbearing, but who are not currently using a contraceptive method.

The total number of women with an unmet need for family planning (FP) consists of two groups of women:

- those with an unmet need for limiting, and
- those with an unmet need for spacing

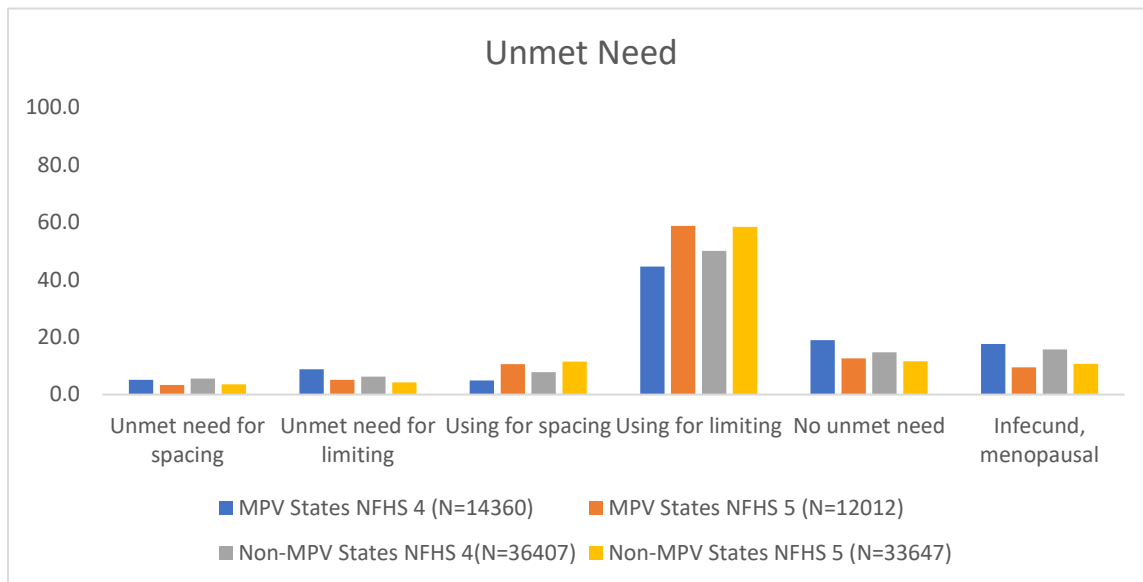


Fig 4.10 shows the Unmet need

The graph shows the detailed distribution of unmet needs for family planning among respondents, categorized into different groups based on their current contraceptive use and reproductive intentions.

Between NFHS 4 and NFHS 5, there appears to be a shift in contraceptive use and unmet needs. NFHS 5 data might indicate improvements in family planning practices, potentially showing lower levels of unmet need for both spacing and limiting births compared to NFHS 4. This improvement could reflect enhanced access to family planning services and increased awareness over the survey periods.

In MPV states, where access to healthcare facilities and family planning services is typically better, the prevalence of using contraception for limiting births could be higher compared to non-MPV states. This suggests a higher adoption rate of effective contraception methods due to improved infrastructure and awareness. Conversely, non-PV states might exhibit higher levels of unmet need for both spacing and limiting births, indicating disparities in access to family planning resources and healthcare services between urban and rural areas or less populous states.

Decision maker for using contraceptives- It refers to identifying the primary individual within a household or partnership responsible for making decisions regarding family planning and reproductive health choices. This indicator is crucial for assessing decision-making dynamics.

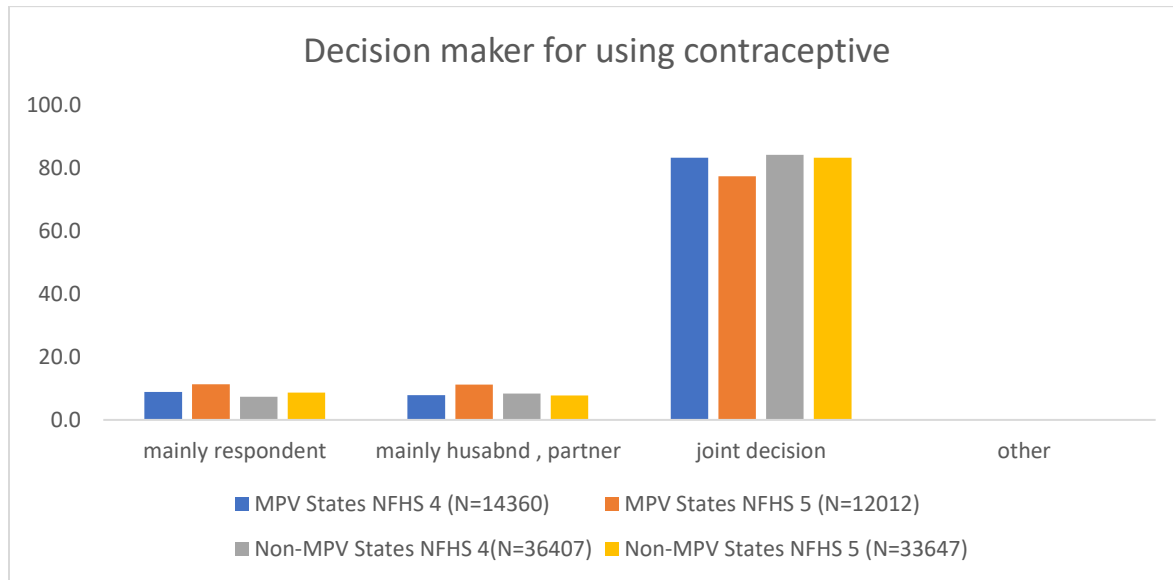


Fig. 4.11 shows the decision maker for using contraceptive

The graph shows the decision-making for contraception, across both NFHS 4 (around 2015-16) and NFHS 5 (around 2019-20), as well as distinguishing between MPV (Most Populous Villages) and non - MPV states, it is evident that joint decision-making is prevalent. In NFHS 4, 83.2% of respondents reported making decisions jointly with their partners, followed by 8.9% where decisions were mainly made by the respondent and 7.8% by the husband or partner. Similar trends are likely observed in NFHS 5, reflecting continuity in shared decision-making practices over time with possible minor shifts due to evolving social dynamics and healthcare policies. In MPV states, where access to resources is generally better, joint decision-making (84.17%) may be more common compared to non - MPV states (77.4%), which could indicate greater communication and partnership in family planning decisions.

Exposure to Family Planning messages- This indicator helps us know the reach of the activities that are done to provide awareness and knowledge among women.

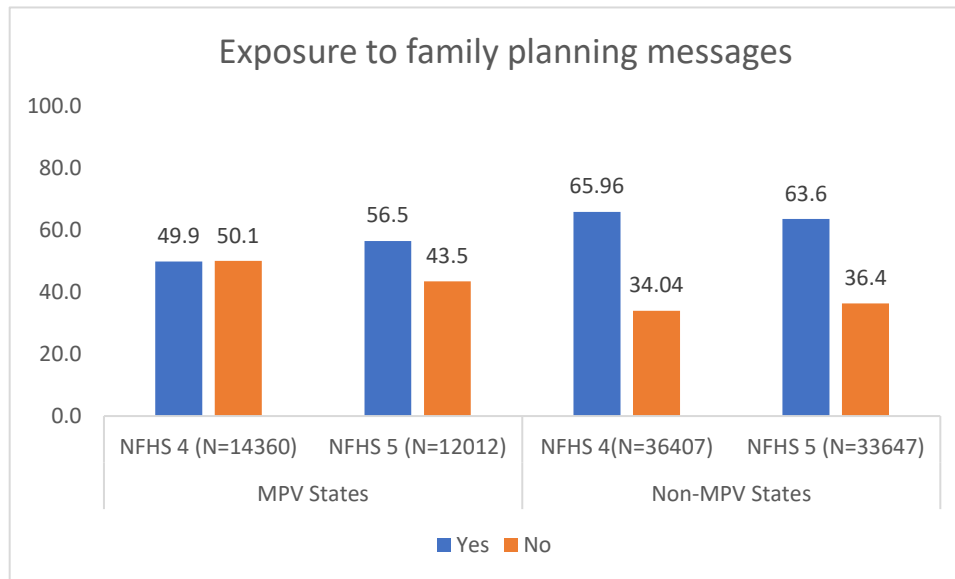


Fig. 4.12 shows the exposure to family planning

The graph indicates notable differences across 4 and NFHS 5, as well as between MPV and non - MPV states. In NFHS 4, 49.9% of respondents reported exposure to family planning messages, while in NFHS 5, this %age increased to 56.5%, suggesting a potential rise in awareness campaigns and outreach efforts over time. In MPV states, where access to information and services tends to be better, a higher proportion (65.96% in NFHS 4 and 63.6% in NFHS 5) reported exposure to family planning messages compared to non-MPV states (34.04% in NFHS 4 and 36.4% in NFHS 5).

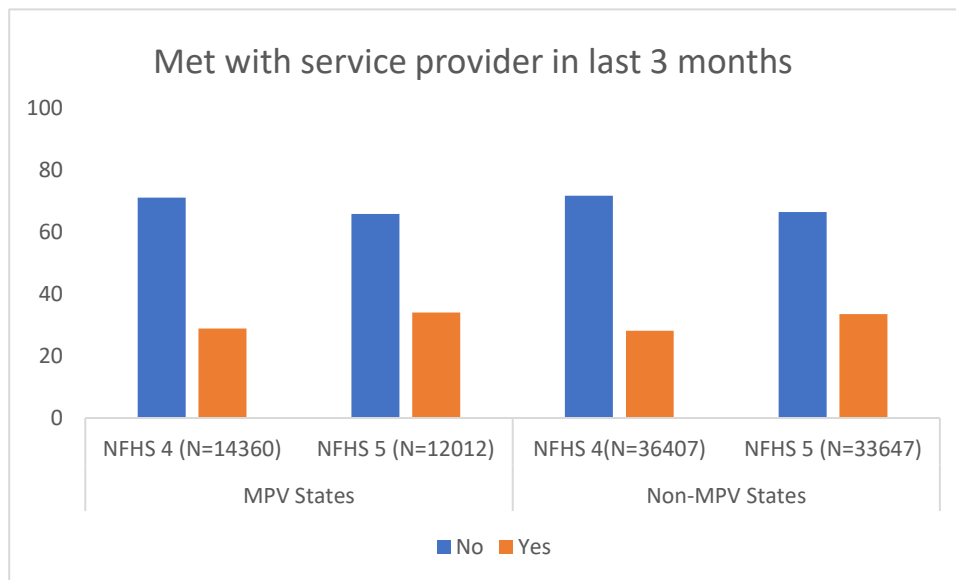


Fig. 4.13 shows the meeting with the service provider in the last 3 months

The graph on meeting with a service provider in the last 3 months shows slight increases from NFHS 4 (28.89%) to NFHS 5 (34.09%), indicating improved engagement with healthcare services over time. In MPV states, where access is typically better, a higher proportion reported meeting with a service provider (28.2% in NFHS 4 and 33.5% in NFHS 5) compared to non-MPV states (28.2% in NFHS 4 and 33.5% in NFHS 5).

Chapter 5: Discussion

Family planning is also a very important factor that will ensure health, socio-economic development, and demographic stability. Indeed, interventions such as Mission Parivar Vikas have been implemented with the objectives of enhancing contraceptive use and reducing unmet need across heterogeneous demographics in India. In fact, the contraceptive prevalence rate among currently married women aged 15-49 increased at a reasonably fast pace: from 54% in NFHS-4 to 67% in NFHS-5, according to my thesis findings after analyzing the data for NFHS-5 and MPV evaluations. This increase is due largely to female sterilization, underlining its dominant role vis-à-vis efforts made toward diversification.

MPV, launched in 2016, focused on increasing accessibility, provider training, and public awareness about family planning services in districts with high fertility. My findings are commensurate with the program's positive effect on contraceptive use dynamics in the shift observed toward modern methods such as injectables and pills. The data shows that, in comparison with non-MPV districts, MPV areas have recorded a 15% increase in MCPR.

The challenges remain: cultural barriers, limited method mix persist in various countries; biases among healthcare providers continue. In light of this, my thesis reiterates that the appropriate way forward will ensure that there is a continued promotion of broader method mix, enhanced community engagement, and improvement in the quality of counseling by the FLHWs. This finding is in agreement with broader research that shows that while MPV has overcome the biggest hurdle, it still requires highly multifaceted barriers to sustain these gains, and to make its impact felt across all socio-economic strata.

Chapter 6: Conclusion

The effectiveness of MPV in promoting family planning in India is evident through measurable outcomes. It has contributed to a notable shift in contraceptive use patterns, with increased adoption of modern methods such as injectables and pills. Despite these gains, challenges remain, including persistent barriers like cultural stigmas, provider biases, and limited method diversity. The dominance of female sterilization underscores the need for broader contraceptive method mix promotion under MPV.

Chapter:7 References

1. [National Family Health Survey \(NFHS-5\) \(rchiips.org\)](http://rchiips.org)
2. [UNFPA India | Analytical Paper Series - Impact of the Mission Parivar Vikas Programme: Evidence from National Family Health Surveys](#)
3. [Impact of India's Mission Parivar Vikas on fertility rates and family planning \(ideasforindia.in\)](http://ideasforindia.in)
4. [Impact of India's Mission Parivar Vikas on fertility rates and family planning \(ideasforindia.in\)](http://ideasforindia.in)
5. [Evidence-for-Strengthening-the-Health-System-towards-Provision-of-Choice-Based-Family-Planning-Services.pdf \(ipasdevelopmentfoundation.org\)](http://ipasdevelopmentfoundation.org)
6. [WOMEN'S EMPOWERMENT AND FAMILY PLANNING: A REVIEW OF THE LITERATURE - PMC \(nih.gov\)](#)
7. [Microsoft Word - MPV word V2.docx \(nhm.gov.in\)](http://nhm.gov.in)
8. [Fertility Awareness-Based Methods for Family Planning: A Literature Review - PubMed \(nih.gov\)](#)
9. https://india.unfpa.org/sites/default/files/pubpdf/analytical_series_4_impact_of_the_mission_parivar_vikas_programme_-_evidence_from_national_family_health_surveys.pdf
10. <https://www.ideasforindia.in/topics/human-development/impact-of-india-s-mission-parivar-vikas-on-fertility-rates-and-family-planning.html>