**Summer Training at**
**National Health Mission, Gujarat**

# Study on Awareness and Acceptance of Injectable Contraceptives

**By**
**Vishnu Priya Yadav**

**Under the guidance of**
**Dr. Neetu Purohit**

**MBA Hospital & Health Management**
**2017-2019**

*Institute of Health Management Research*
**The IIHMR University, Jaipur**
**2018**

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

# CERTIFICATE

This is to certify that **Miss Vishnu Priya** has undergone summer training at **National Health Mission Gujarat** from 5th April 2018 to 2nd June 2018.

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Health Management.

I wish her success in all his future endeavors.

**Dr. Neetu Purohit**
**Associate Professor**
**IIHMR University, Jaipur**

for **Col.(Dr.) Ashok Kaushik**
**Dean (Academic & Student Affairs)**
**IIHMR University, Jaipur**

(Col (Dr) Pramod Kumar) 20.7.18.

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No.DPN/Health/NHM/ Certy/ /2018
Office of the Chief District Health Officer
District Panchayat, Anand.
Date:- 30/05/2018.

# To Whomsoever It May Concern

The certificate is awarded to

**Name: Vishnu priya**

In recognition of having successfully completed her

Summer training in the department of

**Name of Department- Family Planning**

and has successfully completed her Project on

**Title of the Project:- To study knowledge , attitude and practice of Injectable contraceptives among eligible couples as well as medical staff of Anand district of Gujarat**

**Duration of Study – 4th April to 1th june 2018**

**Organization- National Health Mission, Gujarat Dept.**

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavours.

**CHIEF DISTRICT HEALTH OFFICER,**

**ANAND , GUJARAT**

Chief District Health Officer
District Panchayat, Anand

**Date:-01/06/2018.**
**Place:-Anand**

# DISTRICT HEALTH OFFICE

## ANAND- GUJARAT

## ANAND DISTRICT, JILLA PANCHAYAT, HEALTH BRANCH

**Date - 01/06/2018**

**Letter of Recommendation**

**To Whomsoever It May concern**

With all due respect, I am writing this letter of recommendation for our intern **Vishnu priya yadav**, student at The IIHMR University, Jaipur in MBA Health and Hospital Management. She has worked as an intern under the project family planning (Injectable contraceptives) for two months (04/04/2018 - 01/06/2018). As a student she was very bright in studies and has proper knowledge of the related topics of health and management.

During her course of internship she was found to be very hard working, obedient and was ready to learn and take initiative. She has good leadership qualities and she made her best effort in making her internship report. Her report is of good use for our department also.

I wish her all the good luck and praises and hope to see her progress in coming future.

**Consultant**

**C.D.H.O, ANAND**

Chief District Health Officer
District Panchayat, Anand

## Acknowledgement

The summer training opportunity I had with National Health Mission Gujarat was an enriching experience, it was a great chance for learning and professional development. It helped me develop an ability to understand healthcare issues from various perspectives.

Bearing in mind the previous, I would like to take this opportunity to express my deepest gratitude and special thanks to my mentor, Dr. Neetu Purohit, Associate Professor, IIHMR University, Jaipur, for guiding and keeping me on the correct path throughout the two months of internship.

It is my radiant sentiment to place on record my best regards, deepest sense of gratitude and indebtedness to Dr. Gaurav Dahiya, Mission Director, and NHM Gujarat, for his immense support and faith and for allowing me to carry out the study with ease at his esteemed organisation during the internship.

I would like to gratefully acknowledge Dr. R.B. Patel, Chief District Health Officer, whose deep sharing, and cooperation has moved me many levels beyond our own thinking.

Furthermore, I would like to express my deepest thanks to Dr. Shalini Bhatia, A.D.H.O. for providing me with her experiences and all the required information that helped me with my study.

Special thanks to the State as well as District Program Managing Unit of Anand for supporting us through the whole project. Contribution of DPC of district was magnificent.

I perceive the opportunity as a big milestone in my professional development. I will strive to use the gained skills and acknowledgement on the best possible way, and will continue to work on their improvement, to attain the desired career objectives.

Sincerely,

Vishnupriya Yadav

## Contents

- **ABBREVIATION**

| | |
|---|---|
| **ADHO-** Additional district health officer | **MH**-Maternal Health |
| **ANM**-Auxiliary Nurse Midwife | **MO-** Medical Officer |
| **ARSH-** Adolescent Reproductive Sexual Health | **MMU**-Mobile Medical Unit |
| **ASHA**-Accredited Social Health Activist | **MPW**-Multi Purpose Worker |
| **AWW**-Anganwadi Worker | **MSS**-Mahila Swasthya Shivir |
| **BMO**-Block Medical Officer | **NPW-** Non-Pregnant Women |
| **BPMU**- Block Program Management Unit | **NRHM**-National Rural Health Mission |
| **CHC**-Community Health Centre | **NUHM-** National Urban Health Mission |
| **CDHO**-Chief District Health Officer | **PH**-Public Health |
| **DPC-** District program coordinator | **PHC**-Primary Health Centre |
| **DH**-District Hospital | **PIP**-Program Implementation Plan |
| **DPMU**- District Program Management Unit | **PW**-Pregnant Women |
| **FMIS**-Finance Management Information System | **RBSK**-Rashtriya Bal Swasthya Karyakram |
| **FP-** Family planning | **SDH**-Sub-District Hospital (Civil Hospital) |
| **FW**-Family Welfare | **SFM**-Senior Finance Manager |
| **HMIS**-Health Management Information System | **SHC**-Sub-Health Centre |
| **HPD**-High Priority District | **SMO**-Sector Medical Officer |
| **HR**-Human Resource | **SPM**-State Program Manager |
| **IEC**-Information Education Communication | **SPMU**- State Program Management Unit |
| **IRTS**-Integrated Referral Transport System | |
| **IT**-Information Technology | |
| **LHV**-Lady Health Visitor | |

- **ABOUT THE ORGANISATION**

**NATIONAL HEALTH MISSION**

National Rural Health Mission is now under the National Health Mission is an initiative undertaken by the Government of India to address the health needs of under- served rural areas, launched on 12th April 2005 by Hon'ble Indian Prime Minister Manmohan Singh, the NRHM was initially tasked with addressing the health needs of 18 states that had been identified as having weak public health indicators.

The Union Cabinet headed by Dr. Manmohan Singh vide its decision dated 1 may 2013, has approved the launch of National Urban Health Mission as a sub- mission of overarching National Health Mission with National Rural Health Mission being the other sub-mission of National Health Mission.

Some of the major initiatives under NHM are

Accredited Social Health Activist

Rogi Kalyan Samiti/ Hospital management society

United Grants to Sub-centres

Janani Suraksha Yojna

National Mobile Medical Unit

National Ambulance Services

Janani Shishu Suraksha Karyakram

Rashtriya Bal Swasthya Karyakram

Mother and Child Health Wings

Free Drug and Free Diagnostic Centre

District Hospital and Knowledge Centre

National Iron+ Initiative

TB Eradication Project

The thrust of mission is on establishing of fully functional, community owned, decentralised health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standard for all health facilities.

## National Health Mission, Gujarat

The National Health mission Gujarat was launched in April 2005. It has created wide network of health and medicine care facilities in the state to provide primary, secondary and tertiary health care at the door step of every citizen of Gujarat with prime focus on BPL families, marginalized population and weaker sections in rural and urban slum areas.

Under the Government of India's flagship NHM programme, NHM Gujarat aims to provide accessible, affordable, and quality healthcare to the people of the state.

Also in respect of family planning, NHM Gujarat's vision is to achieve the population stabilization in the state along with overall development of individual and mission of family planning programme is that all women and men (in reproductive age group) in state will have knowledge of and access to comprehensive range of family planning services, therefore enabling families to plan and space their children to improve the health of women and children.

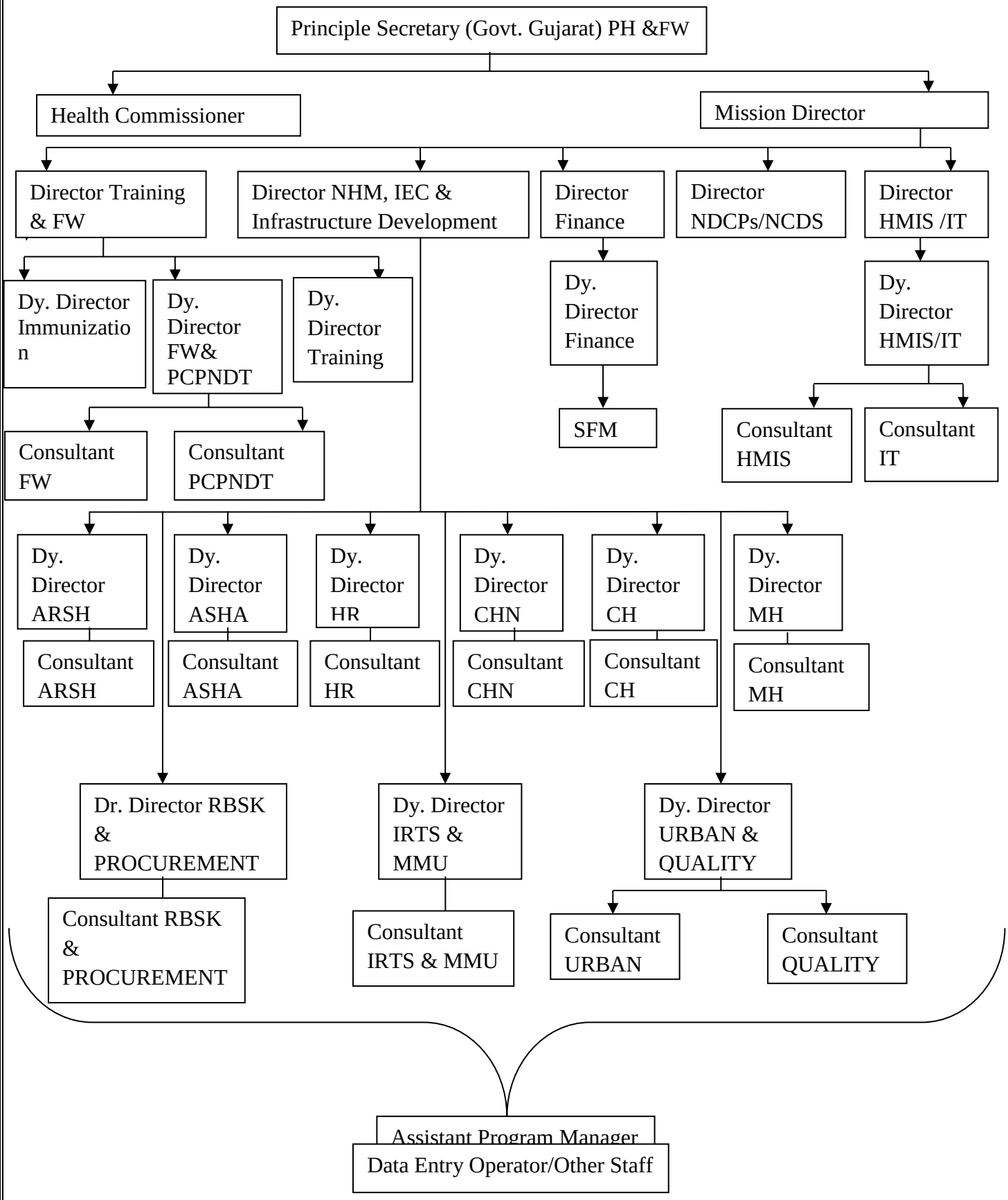
There are various goals to be achieved in family planning.

Immediate goals to address the unmet need for contraception and improve pregnancy planning and spacing and prevent unintended pregnancy.

The long term goal is to promote reproductive rights of people of state and to achieve a stable population by 2040, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.

They have well- planned objectives and strategies for family planning process. Objectives is to increase contraception prevalence rate of any modern contraception and decrease the total unmet needs for family planning and promoting spacing methods by improving contraceptive method mix as well as by increase male participation in family planning. Strategies they applied are by enhancing focus on spacing methods, by ensuring focus on post-partum family planning services, also by strengthening family planning program management at state and district level

- **STATE PROGRAM MANAGEMENT UNIT: ORGANOGRAM**



- **FAMILY PLANNING**

## 4.1 INTRODUCTION

*Consistent and coordinated effort of the Government of Gujarat has ensured that basic infrastructure and institutional mechanisms for health care delivery is prevalent across the State. Still there is scope for improving services for preventive health services.*

**Reproductive health**

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this freedom are;

1. The rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law.
2. The rights to access to appropriate health-care services that will enable women to safely go through pregnancy and childbirth and provide couples with the best chance of having healthy infant.

**Contraceptives**

The current trends in family planning in India shows high level of knowledge among eligible couples, yet the acceptance remains low, especially for spacing methods. Female sterilization remains the most widely used family planning method in spite of efforts to popularise male sterilization. The current unmet need for family planning (1998-1999) is about 158% of which the need for spacing is about 8.3% and for limiting births is 7.5% which needs to be met through programmatic interventions. Therefore, the trained family planning providers in both the public and private sectors need to be up-to-date with the recent developments in the contraceptive technology, so that they can provide high- quality family planning services to those who voluntarily want to accept contraception.

**Ever use of family planning methods**

Although nearly all currently married women know at least one method of contraception, only 55 percent have ever used a method, up from 47 per cent in NFHS-1 and 48.3 by 2000. 49 percent of currently married women have ever used a modern method, and 12 percent have ever used a traditional method.

Ever use of any method is higher in urban areas (67%) than in rural areas (51%)

Ever use of both modern methods and traditional methods is also higher in urban areas.

The most commonly used method is female sterilization, which has been adopted by 34.2 percent of currently married women, compared to 1.9 percent who have adopted male sterilization.

Six to eight percent have ever used each modern spacing methods.

Ever use of each method of family planning is higher in urban than in rural areas, except for ever use of male sterilization, which slows almost no variation by place of residence.

The increase in contraception use up to 35-39 years reflects a life- cycle effect, with women increasingly adopting contraception as their family goals are met.

**Current use**

The NFHS 2 data shows that current use of any methods is considerably higher in urban areas (58%) than in rural areas (45%).

Country-wide 89 percent of current users are using a modern method.

34.2 percent of currently married women are sterilized, accounting for 71 percent of total current contraceptive prevalence.

Only 1.9 percent of currently married women reported that their husbands are sterilized

Female sterilization and male sterilization together account for 75 percent of current contraceptive prevalence.

By residence, female and male sterilization together account for 65 percent of contraceptive prevalence in urban areas and 79 percent in rural areas.

Current use of all modern methods except ale sterilization is higher in urban areas than in rural areas and the gap for condom is especially wide

By age, current contraception use increases from 8 percent for women aged between15-19 to a peak of 67 percent for women aged between 35-39 and then decreases for older women. The pattern of variation by age is similar in urban areas and rural areas.

Less than 7 percent of currently married women are currently using any of the three spacing methods available through public systems.

**Injectable contraceptives**

About 12 million couples throughout the world now use injectable contraceptives. Progestin- only injectable are the most widely used. DMPA/ Antra (Depot Medroxyprogesterone acetate), provides three months of protection, and NET-EN (Norethidrone enanthate), provides protection for two months.

Throughout the world many women value injectable because they are highly effective, long lasting, reversible and convenient and can be used privately. Also, breastfeeding women who want to use a hormonal contraceptive can use progestin- only Antra.

The most widely used and extensively studied progestin- only preparations are the three- monthly Antra used by over 10 million women, it is highly effective, safe, reversible, and convenient.

Antra is currently approved and available in 106 countries. It has been approved in India by the Drug controller of India and is presently available through commercial channels, social marketing organisations and non- government organisations (NGO)

**Antra injection**

Equipment and supplies needed for the injection are-

One dose of antra (150mg)

An antiseptic and cotton wool

A 2 or 5 ml syringe and 21- 23 gauge intramuscular needle. Syringe and needle should be sterile, or subjected to high-level disinfection.

## 4.2 OBJECTIVES

4.2.1 To assess the awareness of injectable contraceptives among eligible women of the District.

4.2.2 To assess the acceptance of injectable contraceptives among eligible women.

4.2.3 To assess the awareness of injectable contraceptives among medical staff.

- **PROBLEM STATEMENT**

The study aimed to determine the acceptability of the injectable contraceptives under family planning methods among eligible women in Anand District

- **RESEARCH QUESTION**

6.1 Are people aware of injectable contraceptives?
6.2 In what percent health staff and general public is aware about injectable contraceptives
6.3 If they are not aware then what is the reason

- **OBJECTIVES OF STUDY**

- To study the awareness and acceptance of injectable contraceptive under Govt. of Gujarat among both health staff as well as the general public.

- **LIMITATION OF STUDY**

8.1 Only a single village was visited in a day.
8.2 There was difficulty in collection of information in those villages where ASHA of the village was absent.
8.3 Problem in getting information from general public.

- **HYPOTHESIS**

**NULL HYPOTHESIS –**

All eligible women of the district are aware about the injectable contraceptive and are ready to use.

**ALTERNATE HYPOTHESIS –**

All eligible women of the district are not aware about injectable contraceptive and are not ready to use.

- **RESEARCH METHODOLOGY**

**Research Design**

Observational descriptive study

**Study Area:**

The study was carried out in randomly selected PHC's (Virsad, Bakrol, Vadod, and Sarsa) sub centres (Mogar Hargud), CHC (Khambat), UHC (Anand) and general public(eligible women) of the district.

**Duration of the study**

2 months (from April, 3, 2018 to June, 2, 2018)

**Type of data collection**

Simple random sampling method

**Sample size:**

200 (including both medical staff as well as general public)

**Study Population:**

This study covered 120 eligible women ageing 18-49 years old and 80 medical staff as well as eligible women under both Rural and Urban area(PHC,CHC and UHC) either they are using any contraceptive methods or not

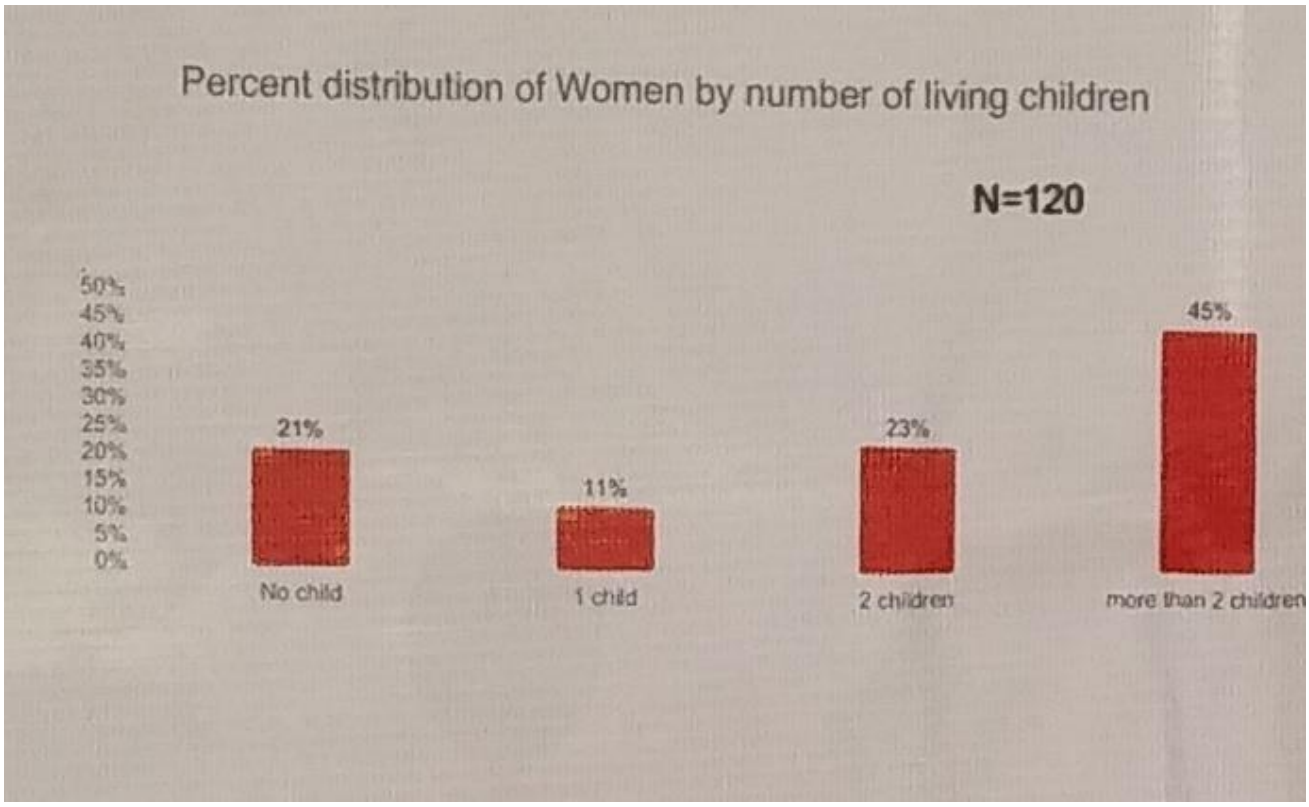
**Distribution of population**

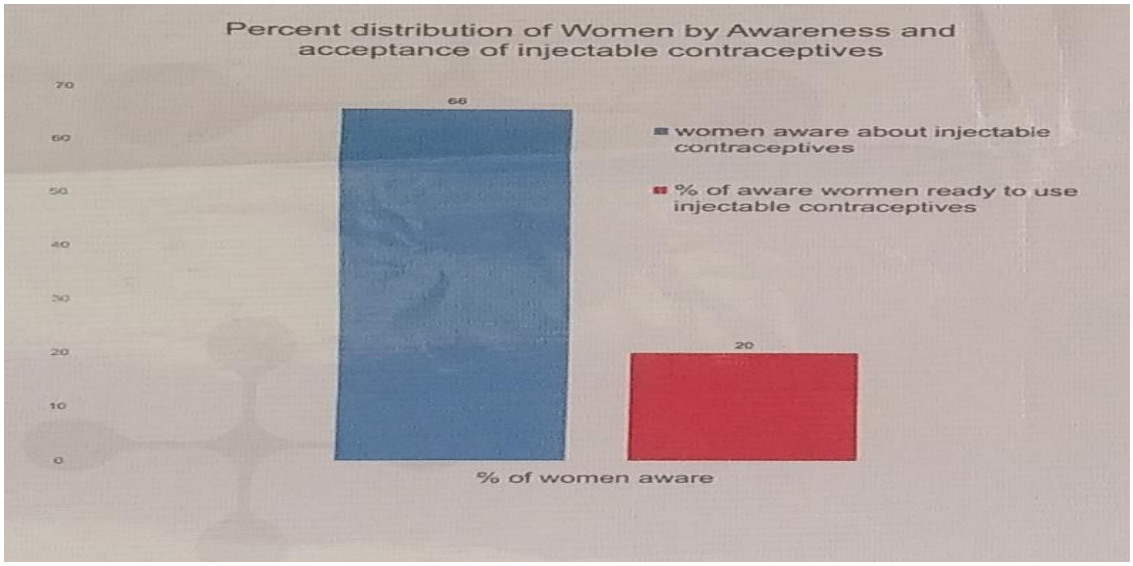
| **Area (PHC)** | **Number of respondent** |
|---|---|
| **Virsad** | **48** |
| **Vadod** | **49** |
| **Bakrol** | **30** |
| **Sarsa** | **27** |
| **Anand** | **14** |

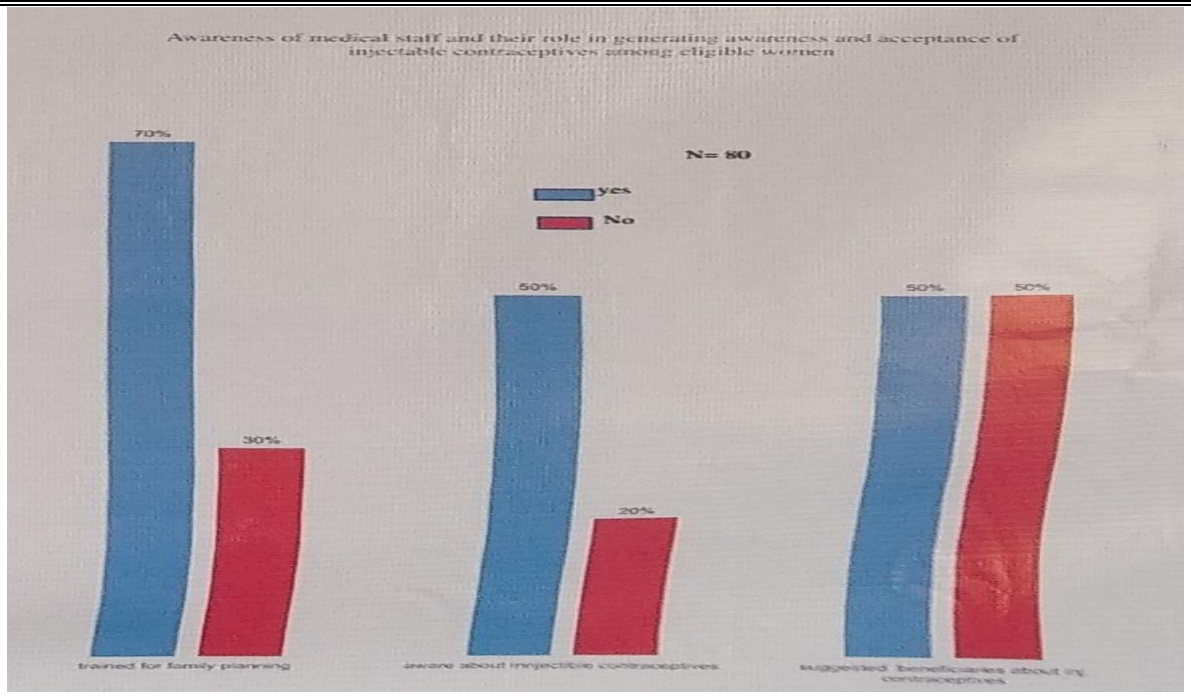
**Method of data collection**: -

Survey Method thorough the help of verbal questionnaire mentioned in check-list and In-Depth Interview.

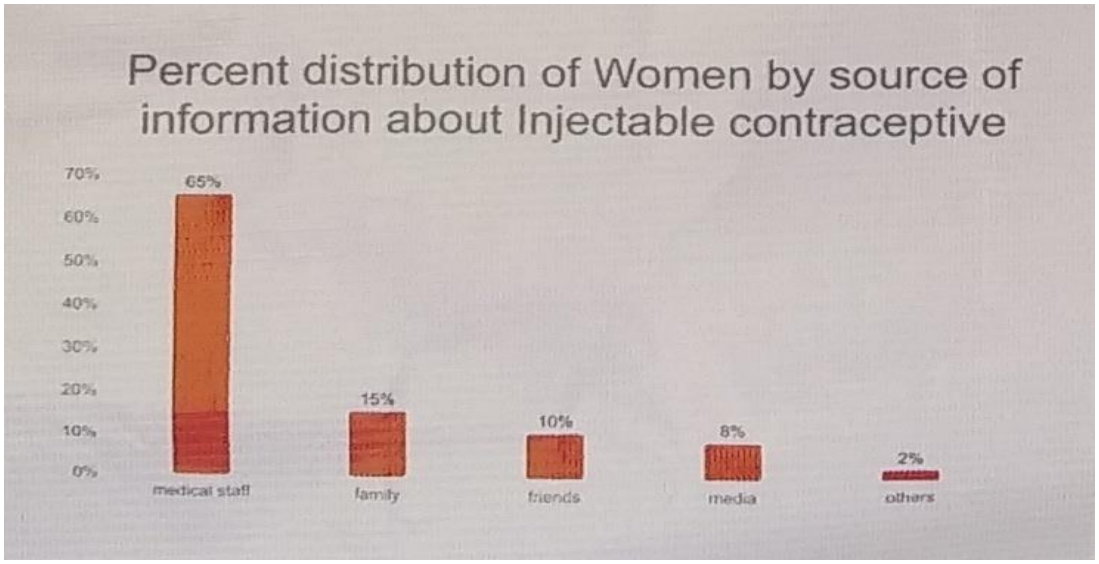
**ANALYSIS OF STUDY**




Awareness of medical staff and their role in generating awareness and acceptance of injectable contraceptives among eligible women
N= 80
yes
No
70%
30%
50%
20%
50%
50%
trained for family planning
aware about injectible contraceptives
suggested beneficiaries about inj contraceptives


50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
reasons for not using injectbale contraceptives
not aware
scared
bad past experience
poor financial condition


Percent distribution of Women by source of information about Injectable contraceptive
70%
60%
50%
40%
30%
20%
10%
0%
65%
15%
10%
8%
2%
medical staff
family
friends
media
others

**OBSERVATIONS (should I do SWOT analysis)**

| **STRENGTHS** | **WEAKNESS** |
|---|---|
| **1-**Flexibility in financial management and united fund utilization<br>**2-** Cooperative team | **1-** Low motivation among women and their families.<br>**2-** Lack of community and support of local leaders.<br>**3-** Lack of transport facility.<br>**4-** Lack of building and cold storage in village sub centre and PHC. |
| **OPPORTUNITIES**<br>**1-** Local health worker i.e. ASHA, Anganwadi workers availability in village.<br>**2-** **C**onnectivity to road enables to use services of distant facility. | **THREATS**<br>**1-** Lack of Infrastructure facility in SCs, PHCs, and CHCs.<br>**2-** Waiting time at facility.<br>**3-** low education level<br>**4-** Lack of transport facility in village. |

## SUGGESSTIONS

- It would be beneficial if the doctors will be given incentives for the injectable contraceptives.
- Communication directly affect the process of any program, so it would be good to reduce the communication gap between top management level and field workers for getting the positive results.
- Supervision is necessary to increase the effectiveness of ASHA's work. Along with supervision, both should be also provided good incentives based on the number of eligible couples surveyed.
- Awareness generation of injectable contraceptives can be done through Distribution of Pamphlet, Leaflets, and Flyers in the village by ASHA, Advertisement through Radio, TV etc.
- Camp organisation will be a good approach for the awareness generation and acceptance among eligible couples.
- A prior check of each centre where the camp was supposed to conduct to ensure the availability of all coordination.
- If ASHAs increase the awareness about the benefits of the camps and family planning problems among the eligible couples then it can be helpful to rise the number of visited eligible couples.
- A simple reporting format consisting information of total screened couples, and list of referred cases to block and district filled by MO team, will provide ease to data entry operator to fill huge data in short period of time. It would be beneficial if day by day entries will be done.

## 9 CONCLUSION

- Awareness about injectable contraceptives found in eligible women is approx. 55%.
- Out of 55% only 30% eligible women is ready to adopt injectable contraceptive.
- All the eligible women are not prepared for ANTRA reason being there bad past experience, poor financial condition and some are scared of putting injectable.
- The whole medical staff is not aware about the injectable contraceptive.

## 14. REFERENCES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## 15. ANNEXURE


1. www.censusindia.gov.in
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3. https://www.rcog.org.uk