Summer Training at
State Health Society, Bihar

Study on Assessing Knowledge Attitude and Practices About Contraception Among Married Women in SDH, Danapur A Report

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
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IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Mr. Vikash Anand** has undergone summer training at **State Health Society, Bihar** from 3rd April to 01st June 2018.

The candidate himself completed the project assigned to him during summer training. His 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 Hospital and Health management.

I wish him success in all his future endeavors.

June 29, 2018

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Vikash Anand** *is a Student of MBA Hospital and Health Management of Institute of Health Management Research (IIHMR), Jaipur. He has worked as an intern at State Health Society Bihar, Patna for his summer internship program as part of course curriculum from* **02nd April** *to* **01st June, 2018.** *He has also submitted the dissertation to State Health Society, Bihar, Patna.*

He is hard working and sincere towards his work. He has completed all the assigned tasks at the State Health Society, Bihar. I wish him all the very best for his future endeavors.

(Lokesh Kumar Singh)
Executive Director
State Health Society, Bihar

12/9/18

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Contents

Abbreviations

SHSB	State Health Society, Bihar
NGO	Non Government Organization
PPP	Public Private Partnership
SIHFW	State Institute of Health and Family Welfare
NVBDCP	National Vector Borne Disease Control Programme
SRU	State RMNCH+A Unit
RMNCH+A	Reproductive Maternal Neonatal Child Health and Adolescent Health
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
JSY	Janani Surakasha Yojana
JSSY	Janani Shishu Suraksha Karyakram
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
MDR	Maternal Death Review
FRU	First Referral Unit
IMR	Infant Mortality Rate
U5MR	Under 5 Mortality Rate
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
SNCU	Special New Born Care Unit
NRC	Nutrition and Rehabilitation Center

NDD	National Deworming Day
HBNC	Home Based New Born Care
TFR	Total Fertility Rate
SRS	Sample Registration System
NFHS	National Family Health Survey
CBR	Crude Birth Rate
GMSD	Government Medical Store Depot
AVDS	Alternate Vaccine Delivery System
SVS	State Vaccine Store
RVS	Regional Vaccine Store
DVS	District Vaccine Store
BVS	Block Vaccine Store
IMNCI	Integrated Management of Newborn and Childhood Illness
IYCF	Infant Young Child Feeding
NIPI	National Iron Plus Initiative
INAP	India Newborn Action Plan
NSSK	Navjaat Shishu Suraksha Karyakram
JSSK	Janani Shishu Suraksha Karyakram
IDCF	Integrated Diarrhoea Control Fortnight Programme
PCP	Pneumonia Control Programme
NUHM	National Urban Health Mission

WIF	Walk In Freezer
WIC	Walk In Cooler
DF	Deep Freezer
ILR	Ice Lined Refrigerator
RBSK	Rashtriya Bal Swasthya Karyakram
VHND	Village Health Sanitation and Nutrition Day
RKSK	Rashtriya Kishore Swasthya Karyakram
NTCP	National Tobacco Control Programme
SDH	Sub-Divisional Hospital Danapur
PGE	Peer Group Educators
SBA	Skilled Attendants at Birth
NCD	Non Communicable Disease
RCH	Reproductive and Child Health
CDN	Community Development for Nutrition
WASH	Water, Sanitation and Hygiene
ASHA	Accredited Social Health Activist
MTP	Medical Termination of Pregnancy
ANM	Auxiliary Nurse Midwife
NHM	National Health Mission
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission

PHC	Primary Health Center
PCPNDT	Pre Conception and Pre – natal Diagnostic Technique

OBJECTIVES OF SUMMER TRAINING:

- To scan the internal environment of the organization.
- To gain knowledge about the health care services offered by the government under NHM.
- To study the different departments of the State Health Society in terms of its infrastructure , human resource , programmes undergoing and outcome of respective cells.
- To study the relationship and co-ordination between different ministries and stakeholders.
- To involve myself in a task or activity assigned by the organization and provide valuable inputs according to the need of organization.

About The Organization

INTRODUCTION

Summer training is an integral part of Post graduate course in Health Management. As a part of the curriculum, students are required to undergo 2 months training with reputed organization to learn management related issues and areas. The main purpose of the training is to get exposure to functioning of organization.

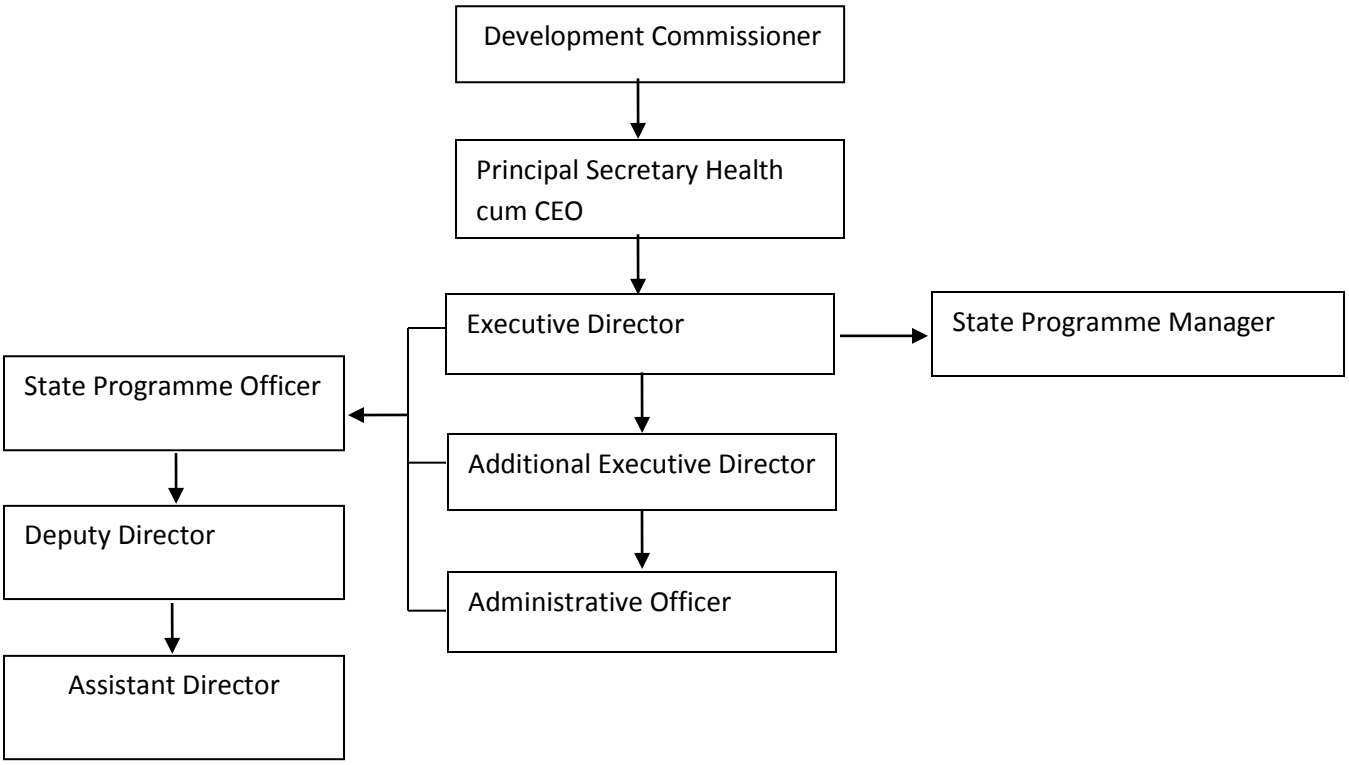
State Health Society, Bihar has been established to guide its functionaries towards receiving, managing (including disbursement to implementing agencies eg. Directorate, Medical and Public Health District Societies, NGOs etc.) and accounts for the fund received from the Ministry of Health and Family Welfare, Govt. of India.

Its resource manages NGO/PPP components of NRHM in the state including execution of contracts, disbursement of funds and monitoring of performance. Bihar government has decided that SHSB will function as a resource centre for the department of Health and Family Welfare in Policy/Situational analysis and policy development.

It organizes trainings, meetings, conferences, policy review studies/surveys, workshops and interstate exchange visits etc. to improve the implementation of NRHM in Bihar.

Due to these distinguishing features I chose to work in State Health Society, Bihar.

State Health Society, Bihar follows the following hierarchy:



OBSERVATIONAL LEARNINGS:

Maternal Health

India has reported approximately quarter of maternal deaths, since the beginning of safe motherhood initiative. India targets to achieve MMR less than 100 per 100,000 live births. In Bihar MMR is 100 per 100,000 live births (MDG Goal). Country's diverse geography, socio-economic and cultural status is a great barrier in reducing MMR.

Maternal Health encompasses the entire period, since conception up to 42 days after parturition. It is divided into 3 phases: *Ante Partum,*Intra Partum,*Post Partum. Various initiatives taken by Government are:

*JSY (Janani Surakasha Yojana)/ JSSY (Janani Shishu Suraksha Karyakram)

*PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan)

*Maternal Death Review

*FRU Operationalization

Child Health

Child Health program is an important component of health development. In last 5 years Infant Mortality Rate, (IMR in 2011=44 and in 2016= 42, according to SRS) and Under 5 Mortality Rate (U5MR) has decreased (U5MR in 2010=64 and in 2014= 53, according to SRS). With government initiatives Child Health has been improved. Government works at both facility and community level.

At facility level there are;

- NBCC (New Born Care Corner),

- NBSU (New Born Stabilization Unit),
- SNCU (Special New Born Care Unit),

At Community Level there are;

- NRC (Nutrition and Rehabilitation Center)
- NDD (National Deworming Day)
- HBNC (Home Based New Born Care)

At all these levels all the programmes are being undertaken such as IMNCI, IYCF, NIPI, INAP, IDCF, NSSK, JSSK, Pneumonia Control Programme, which are discussed further.

Family Planning

Family Planning is the key priority area of the Government and it has been vigorously pursued through the National Rural Health Mission launched in the year 2005 in line with the policy framework for population stabilization as envisaged in the National Population Policy 2000. The main objectives of National Population Policy are:

- To address unmet needs for contraception
- Achieving a stable population by 2045

at a level consistent with the requirements of sustainable economic growth, social development and environmental protection. As a result of various initiatives taken by Government, the country's Total Fertility Rate (TFR) has declined from 2.7 in 2006 to 2.2in 2016 (NFHS – IV). Crude Birth Rate has declined from 23.8 in 2005 to 20.8 in 2015 (SRS, 2015).

The objectives of Family Planning are:

- Population control
- Reduce MMR

- Reduce IMR
- Marriage of Girls at 18 and Boys at 21
- 1st Child after 2 years of marriage
- Gap between two children -3 years
- Opting limiting method after completion of family.

Immunisation

Every year approximately 32 lakh women and 30 lakh new born are benefited by Routine Immunisation. Under this programme children are immunized against various fatal diseases such as Polio, Measles, T.B, T.T, Pneumonia, Haemophillus Influenza Type B, Hepatitis B, Japanese Encephalitis etc. Bihar has the best Pulse Polio Programme in the World .

The Vaccines are collected from the GMSD. Then the Vaccines are stored at various Cold Chain Points (SVS, RVS, DVS, and BVS). The Vaccines are transported through :

- Refrigerator Vaccine Van
- Insulated Vaccine Van

At various Cold Chain Points, the equipments used to maintain the temperature for Vaccines are WIF, WIC, DF, and ILR. From the BVS the Vaccines are carried by Courier or Alternate Vaccine Delivery System (AVDS) in the Cold Box (which can maintain temperature for 10 -12 hrs) to the Session Site .

NUHM

National Urban Health Mission (NUHM) is a sub-mission of National Health Mission (NHM). It focuses not only on health related services but also on nutrition, sanitation ,

community development, women empowerment, poverty eradication etc. NUHM was launched in 2013, but this became functional in the Financial Year- 2014-15 .

The need of NUHM arose from the fact that as the state was developing, more and more number of people starting migrating from rural to urban areas. This Mission focuses on the development of urban slums. The Programme provides Health Care Services for

- Maternal Health
- Child Health
- Counseling
- Referral Services
- Immunisation Programmes
- Family Planning
- NCD Screening Services
- Health Services at community level
- Free medicines and consumable.

Urban ASHAs community level social health activists and are key role players in motivating and educating people regarding the need and availability of Health Care Services provided at UPHCs. There are in total 336 Urban ASHA selected in Bihar .

At Ward level there are MAS and its members are from the community itself. They work on preventive and promotive Health Care .

In order to make UPHCs efficient, 243 Staff Nurses have been selected and they have been given training for the purpose.

Quality Assurance Training is given to Medical Officer In charge of UPHC and District level Managers .

Special Outreach Camps are organized to benefit the underserved distant population. Till date 186 such Camps have been organized.

De-Addiction

1st April 2016, the Govt. of Bihar decided to ban country made liquor. But from 5th April 2016 the **Government** decided – Total Alcohol Prohibition, which came in effect from that day itself .

The biggest problem which the state realized was withdrawal from De-addiction. To treat withdrawal symptoms – Doctors, psychiatrists, counselors are required. Sometimes withdrawal from addiction also causes Medical Emergencies. Keeping these requirements in mind the Government decided to set up a 10 bedded De-addiction Center in every District Hospital. De – addiction Center is also available in Psychiatry Dept. of Medical Colleges .

Problem areas are:

- Lack of Human Resource,
- Government Officers already working for some other Programmes are to be deputed for this Programme .
- Counselors appointed for De – addiction Centers are the Counselors who are already trained for counseling for Family Planning Programmes.
- There is lack of Staff Nurses, Ward Attendants etc .

Government decided that all De – addiction Programmes including Tobacco Control Programme will be under 1 State Programme Officer (SPO).

There are Trained Medical Officers as Nodal Officers of respective De – addiction Centers along with District level Nodal Officers for National Tobacco Control Programme (NTCP) .

Government wants to introduce treatment for other Substance abuse also. For that Doctors are being given training.

At present there are 39 De – addiction Centers established in state, 1 at each District/Sadar Hospitals and 3 at PMCH, NMCH and DMCH.

There are 645 beds in total at all De – addiction Centers .

RBSK & VHND

The Ministry of Health and Family Welfare, Government of India, under the National Health Mission has launched Rashtriya Bal Swasthya Karyakram (RBSK), an innovative and ambitious initiative, which includes

- Child Health Screening
- Early Intervention Services
- Systematic approach to Early Identification and a Link to care, support and treatment.

Child Health Screening and Early Intervention services, includes early detection and management of a set of 30 health conditions prevalent in children of less than 18 years of age. These conditions are broadly categorized as :

1. Defects at Birth
2. Deficiency Conditions
3. Diseases in Children
4. Developmental Delays including Disabilities – 4Ds.

RBSK corresponds to RMNCH+A, i.e, Reproductive, Maternal, New Born, Child and Adolescent Health strategy. It aims to provide continuation of care from Birth to throughout Childhood .

RKSK & Nursing

The Ministry of Health and Family Welfare has launched a health programme for adolescents, in the age group of 10 – 19 years. Rashtriya Kishore Swasthya Karyakram (RKSK) was launched on 7TH January 2014 .

The key principle of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnership with other sectors and stakeholders.

It introduces community based interventions through Peer Educators, and is underpinned by collaborations with other Ministries and State Government.

Its objectives are:

- Improve Nutrition
- Improve Sexual and Reproductive Health
- Enhance Mental Health
- Prevent Injuries and Violence
- Prevent Substance Misuse

Activities undergoing RKSK

1. Facility Based

In Bihar it includes YUVA Clinics in all High Priority Districts at PHC, DH, Medical Colleges and Adolescent and Reproductive Health services which is available at every PHC/DH/Medical College .

2. Community Based

It includes Adolescent Friendly Health Clubs, PGE (Peer Group Educators), Menstrual Hygiene Programme, Distribution of Iron Folic Acid Tablets.

Under this programme, also training to Medical Officers and ANM are given.

Nursing Department works for strengthening Pre – service Nursing Education .

SIHFW

State Institute of Health and Family Welfare (SIHFW) is a associated with the Government of Bihar for providing Training for various programmes. SIHFW has a good infrastructure .

- It is providing Training and Research with Internet facility.
- There is Hostel and Mess facility with Drinking water and RO facility.
- Full time Director is in position since 6th February 2008.
- A good rapport has been established between SIHFW and NIHFW.
- There is a good Library present .
- Following Trainings are given at SIHFW:
    i. Skilled Attendants at Birth (SBA)
    ii. IMNCI for Aanganwadi Workers
    iii. IMNCI Supervisor Training
    iv. MAMTA TOT (Training of Trainer)
    v. Professional Development Course for MOI
    vi. TOT for IUD insertion
    vii. AYUSH Medical Officer TOT
    viii. AYUSH Medical Officer Yoga Foundation Course
    ix. PCPNDT Act 1994
    x. Immunization Training (MOIC)
    xi. ARSH
    xii. Mini lap
    xiii. Vitamin A
    xiv. Pedagogy
    xv. Disaster Management
    xvi. Measles TOT
    xvii. Child Health Supervisor Training
    xviii. RI TOT
    xix. Orientation of monitors for training programmes under NRHM
    xx. TOT for Food and Nutrition Extension

xxi. CD 10 Training for Regional Office of MoHFW, GoI

xxii. ASHA TOT

xxiii. IMNCI Review Meeting

Quality Assurance

In the year 2005, National Rural Health Mission (NRHM) was launched with a goal "to improve the availability of and access to quality health care for people, especially for those residing in rural areas, the poor, women and children.

After the Mission was launched there was rapid expansion of infrastructure, skilled Human Resource, programme implementation, increased budgetary allocation and improved financial management. Despite all the efforts of Government the services were lacking in Quality somewhere .

Poor quality services may discourage patients taking benefit of the available facilities. Ensuring quality of services will result in improved patient/ client level outcomes at the facility level .

Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable.

PCPNDT

The act provides for the prohibition of sex selection, before or after conception and for regulation of pre – natal diagnostic techniques for the purpose of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto .

1. This Act is applicable to whole of India except for the state of Jammu &Kashmir.

This Act includes:

Regulation of Genetic Counseling Centers, Genetic Laboratories and Genetic Clinics

1. Regulation of Pre – Natal diagnostic techniques
2. Written consent of pregnant woman and prohibition of communicating the sex of foetus.
3. Determination of sex prohibited: no person shall, by whatever means, cause or allow to be caused selection of sex before or after conception.
4. Prohibition of advertisement relating to Pre – Natal determination of sex and punishment for contravention.

SRU

State RMNH+A Unit (SRU) Bihar, RMNCH+A approach has been launched in 2013 and it essentially look to address major causes of Infant Mortality Rate and Maternal Mortality Rate as well as delay in accessing and utilizing health care and services .

The RMNCH+A strategic approach has been developed to provide an understanding of 'continuum of care' to ensure equal focus on the various stages of life. Priority interventions for each thematic area have been included in this to ensure that the linkages between them are contextualized to the same and consecutive life stage. It has introduced initiatives like :

- National Iron Plus Initiative
- Comprehensive Screening and Early Intervention for defects at birth, diseases and deficiencies.

The RMNCH+A appropriately directs the state to focus their efforts on the most vulnerable population and disadvantaged groups in the country. It also emphasizes the

need to reinforce efforts in those poor performing districts that has already been identified as High Priority Districts.

UNFPA

UNFPA supports reproductive health for women and youth in more than 150 countries. It is the leading UN agency for delivering a world and where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled. It provides support for :

- Reproductive health care for women and youth.
- Health of pregnant women who face life threatening complications each year.
- Reliable access to modern contraceptives.
- Training of thousands of health workers to ensure that atleast 80% of births are attended by Skilled Birth Attendants.
- Prevention of Gender Based Violence.
- Prevention of teenage pregnancies, complications of which are a leading cause of death among girls 15 – 19 years old.
- Efforts to end child marriage.
- Efforts to end Dowry system.
- Delivery of safe birth supplies, dignity kits and other life saving materials to survivors of conflict and natural disaster.
- Census, data collection and analysis, which are essential for developing planning.

A programme TARANG, an adolescent education programme is also an initiative of UNFPA in Bihar, to sensitize school going children regarding adolescent issues and how to deal with them .

They basically work on policy advocacy and do piloting, for which sometimes they even provide fund to the government.

In Bihar they are working with the help of development partners which are listed below :

- C3/CEDPA
- BVHA
- SEVA
- AKF
- IDF
- CARE INDIA
- ADRI

UNICEF

UNICEF (United Nations Children's Fund), has been working with the Government of India for past 70 years. The organization works for Child Development. But for the development of a child it is important to take care of the health of the one who is bearing or going to bear that child. Keeping this in view The Organization has started focusing on RMNCH+A (Reproductive Maternal Neonatal and Child Health + Adolescent Health). UNICEF's primary focus is on New Borns .

In Bihar UNICEF has been allocated 2 districts:

i. Gaya
ii. Purnea

It works in 5 areas:

1. RCH (Reproductive and Child Health)
2. CDN (Community Development for Nutrition)
3. Education
4. Child Protection
5. WASH (Water, Sanitation and Hygiene)

The organization supports the Government by helping building capacity and also sometimes financially. UNICEF has its own Master Trainers who provides training to MOICs (Medical Officer In Charge), Medical Staff and ASHAs .

UNICEF also helps the Government by making Pilot Projects, such that it is easy for the government to adopt it and also provides fund for it.

It supports SHSB in improving full Immunisation Coverage

It supports SHSB for expansion of Cold Chain Points

It does Quarterly Review of EVM (Effective Vaccine Management) implementation plan and support SHSB for quality implementation of EVM IP (Effective Vaccine Management Improvement Plans) .

Supports Government for Japanese Encephalitis and Acute Encephalitis Syndrome.

Vector Control

Directorate of National Vector Borne Disease Control Programme (NVBDCP). It is the central nodal agency for prevention and control of the vector borne diseases, i.e, Malaria, Kalazar, Dengue, Chickungunya, Japanese Encephalitis and Acute Encephalitis Syndrome. It is the National level technical nodal office equipped with Technical Experts in the field of Public Health, Entomology, Toxicology and Parasitology aspects of disease. It is also responsible for budgeting and planning the logistics pertaining to central sector. Monitoring of implementation through regular reports and returns of MIS (Management Information System) is done. The Directorate carries out evaluation of programme implementation from time to time. The resource gap is also assessed so as to provide an equitable support according to the magnitude of the problem .

JE Programmes are being carried out in 15 GOM (Group of Ministers) districts and 6 Medical Colleges of Bihar. Malaria Programmes are being carried out at every District Hospital/ Sadar Hospital, Primary Health Center and Health Sub Centers. There are 7 High Risk Districts :

1. Gaya
2. Aurangabad

3. Rohtas
4. Kaimur
5. Nawada
6. Jammui
7. Munger

80 – 90% of Cases of Kalazar in India is reported from 33 districts of Bihar. The Sentinal sites for Dengue and Chikungunya are:

- Patna Medical College and Hospital (PMCH), Patna
- Nalanda Medical College and Hospital (NMCH), Patna
- ANM Medical College and Hospital (ANMMCH), Gaya
- Sri Krishna Medical College and Hospital (SMCH), Muzaffarpur
- Darbhanga Medical College and Hospital (DMCH)
- Jawahar Lal Nehru Medical College and Hospital, Bhagalpur
- Rajendra Institute of Medical Sciences (RMI MS), Patna

Technical Malathion and Synthetic Pyrethirod fogging is done as a preventive measure to protect against Vector Borne Diseases.

Ipas

Ipas is a Global Non Government Organisation, founded in 1973, aiming to end preventable deaths and disabilities from unsafe abortions. Through local, national and global partnerships Ipas works to ensure that women can obtain safe, respectful and comprehensive abortion care including counseling and contraception to prevent future unintended pregnancies .

In India it provides services in 3 states, Bihar, Jharkhand and Maharashtra. In Bihar Ipas is since 2002. It provides the following services:

- Safe abortion services (as per MTP Act)
- Comprehensive contraception

- Develops Training Centre
- YUKTI Yojana
- Advocacy
- Community Engagement

JANANI

Janani is a non – profit organisation that provides Family Planning services and comprehensive abortion care services in the states of Bihar, Jharkhand and Madhya Pradesh .

Janani is affiliated to DKT – international, a non – profiting organisation based in Washington D.C. with 22 programmes across 22 countries. It is one of the largest and most cost effective sales marketing organizations in the world . Their objective is to identify persons with unmet need for limiting and spacing and provide them appropriate Family Planning services. Provide backup for contraceptive failure through comprehensive abortion care. It provides services and also products through "Surya Clinic." There are 28 Surya clinics in India, 4 in MP, 18 in Bihar and 6 in Jharkhand .

PHC Phulwari Visit

OPD of PHC Phulwari is 250 – 300 patients per day. PHC is provides services for:

- Normal Delivery
- Immunization
- Treatment for Malaria
- Treatment for Kalazar
- Training to ANM
- Pulse Polio Programme
- Epidemiological Services

The PHC comprises of:

- 1 Gynaecologist
- 3 Medical Officers, out of which 2 are Males and 1 is Female.
- 1 AYUSH Medical Officer
- 45 ANMs
- 1 Health Executer
- 1 Clerk
- 2 Cold Chain Handler

At the PHC, Family Planning operations are carried out everyday .

ASSESSING KNOWLEDGE ATTITUDE AND PRACTICES ABOUT CONTRACEPTION AMONG MARRIED WOMEN IN SUB-DIVISIONAL HOSPITAL DANAPUR

ABSTRACT

Background: India's projected population will be 1.53 Billion by the year 2050. Every fifth birth in the world is an Indian, and 50% percent of the Indian population are of reproductive age. Objective of present work was to study the knowledge, attitude and practice of contraception among married women .

Methods: A cross-sectional study was carried out in Sub-divisional Hospital Danapur Patna from 28th May 2018 to 31st May 2018. In depth interview was conducted with 30 currently married women. Data were collected on age, parity, literacy level, knowledge about various contraception, women practicing contraception and reasons for non-use of contraception .

Results: In this study, 100% of married women were aware of family planning methods, among which the best known was IUCD (93.3 %). Most respondents obtained information from Television (96.6%). All respondents agreed that contraception was beneficial and would recommend it to their families. The most prevalent reason for not wanting to use contraception in the future was the desire to have a child (66.6%) .

Conclusion: More than half of the respondents knew, agreed and would like to recommend contraception. Primary health care providers play a major role in improving women's knowledge of family planning .

INTRODUCTION

Family planning refers to the planning of when to have children and the use of birth control. It allows individuals and couples to anticipate and have their desired number of children, and to achieve healthy spacing and timing of their births. Family planning is achieved through use of contraceptive methods .

Other techniques commonly used include:

- sexuality education
- prevention and management of sexually transmitted infections
- pre-conception counseling and management
- Infertility management.

Benefits of family planning:

- Healthy spacing of pregnancies - ill-timed pregnancies and births are strong contributing factors to infant mortality rates.
- Well-being: Promoting family planning and ensuring access to different contraceptive methods for women and couples is vital to ensuring women's well-being.
- Prevention of HIV and AIDS.

  Empowering people and enhancing education: Family planning helps people make informed choices about their sexual and reproductive health

Contraception:

Modern forms include oral contraceptive pills, Implant, Injectable, Vaginal ring, Diaphragm, IUDs, Male and Female condom and Male and Female sterilisation .

LITERATURE REVIEW

Current population of India is 1.33 billion, approximately equivalent to 17.86% of the total world population. Rapid population growth is a burden on the resources of many developing countries. Considering the high decadal growth rate of 17.64, the country's population is slated to surpass China by 2028 as per United Nations Development Program. Though India is the 1st country to launch Family Planning program in 1951, still the total unmet need for contraception at national level has been 20.5% (Source: DLHS 3, 2007-08). Limiting population growth should be an important component of country's overall developmental goal so as to improve the living standards and the quality of life of people of the country. This strategy is enhanced by the availability of effective contraceptive methods since the 1960s. At 2012 London summit, GOI made a commitment to increase access to family planning services to 48 million additional users by the year 2020. These reversible spacing methods lead to reduction in unwanted , closely spaced and mistimed pregnancies and this moreover helped in avoiding pregnancies with higher risks and reduced chances of unsafe abortions .

Use of contraceptives also protects women from sexually transmitted diseases including HIV, Syphilis etc. Despite there being a wide availability of various types of contraceptives, the rate of population growth and unplanned pregnancies is still high and thus needs to be controlled. WHO report on Family Planning, 2012, states that, India contributes to 20% maternal deaths worldwide. Family planning can prevent more than 30% of maternal deaths and 10% child mortality if couples spaced their pregnancies more than two years apart . A study done by UNFPA has estimated that if the current unmet need for family planning could be fulfilled within the next five years, the country can prevent 35,000 maternal deaths and 12 lacs infant deaths .

In this article review, the aim is to assess the awareness regarding the contraception in Bihar .

RESEARCH QUESTION

1. Do women have correct knowledge regarding contraceptives?
2. Is there any misconception regarding contraception?
3. Are women currently practicing any contraceptives?

OBJECTIVES

- To assess the knowledge, attitude and practices about contraception among married women in the reproductive age group in Sub divisional hospital, Danapur, Patna

METHODOLOGY

This is a Cross sectional study conducted from 28th May 2018 to 31st May 2018 in Sub-divisional Hospital, Danapur Patna.

Ethical Consideration: Verbally informed consent was taken from all respondents who were enrolled in the study .

Respondents were interviewed according to a detailed pre- structured questionnaire in which included demographic details like age, educational status, area of residence, along with years of marriage, number of children, unwanted pregnancy and knowledge about various contraception methods, the knowledge, attitude and practices of contraception usage and reasons for not practicing contraceptive. Analysis of data was done . A total of 30 women were interviewed who had come to the health care facility for unrelated reasons .

Inclusion criteria: All currently married women who are in a stable sexual relationship and had not attained menopause yet .

Exclusion criteria:
Patients who refused to take part in the study.
Widow women
Women who have attained menopause
Study design: Cross-sectional study.
Study setting: Study has been conducted in Sub –divisional Hospital, Danapur Patna
Study Duration: 2 months**.**
Study participants: Married women of reproductive age-group (15-49 years)
Sample size: The study was conducted with 30 married women of reproductive age.
Sampling: Convenience sampling.
Study Tool: In Depth Interview with structured questionnaire.
Data collection: I have approached the community through Hospital manager and Family planning counsellor. In depth interview was conducted with 30 currently married women.

FINDINGS

Table 1: Socio Demographic Characteristics of respondents

Characteristics	**n (%)**
Age (years)	
<20	**3(10)**
20-24	**11(36.66)**
25-29	**8(26.66)**
30-34	**3(10)**
35-39	**3(10)**
>40	**2(6.66)**
Last Education level	
Illiterate	**7(23.33)**
Up to 5th Class	**5(16.66)**
Up to 8th Class	**6(20)**
10th Passed	**5(16.66)**
12th Passed	**4(13.33)**
Graduate	**3(10)**
Occupation	
Housewife	**24 (80)**
Working woman	**3 (10)**
Health worker	**3 (10)**
Any other	
Religion	
Hindu	**29(96.66)**
Muslim	**1(3.33)**
Any other	
Marital Status	
Single	
Married	**30 (100)**
Divorced	

Age at marriage (years)	
<15	**1 (3.33)**
15-19	**23 (76.66)**
20-24	**6 (20)**
25-29	
30-34	
>35	
Number of Pregnancy	**29 (96.66)**
Number of Children living	**28 (93.33)**

Table 1 depicts the socio-demographic characteristics of respondents. Age varied from 18 to 44 years. The most frequently encountered age group was 20 to 24 years (36.66%). Most of them are Hindus (96.6%). Most of the women (23.33%) are illiterate. About 24(80%) are house-wives and all of them (100%) are married. Most of them are married between 15-19 years (76.66) .

Table -2: Knowledge and Awareness regarding Contraception (n=30)

	n(%)
Heard about family planning	**30 (100)**
Methods of contraception known*(n=30)	
Condom	**27 (90)**
Pills	**26 (86.66)**
Injection	**21 (70)**
IUCD	**28 (93.33)**
Tubectomy	**28 (93.33)**
Vasectomy	**26 (86.66)**
*Source of availability of the contraception**(n=30)	
Primary Health Centre	**19(63.33)**
Hospital	**14(46.66)**
Pharmacies	**4 (13.33)**
Doctor	**5 (16.66)**
Others	**1 (3.33)**
*Source of contraceptive information**(n=30)	
TV	**29 (96.66)**
Radio	**9 (30)**
Newspaper	**11 (36.66)**
Family	**12 (40)**

Friends	**8 (26.66)**
NGOs	
Health Professional	**4 (13.33)**
Others	
*Contraceptive measures not interfere Breastfeeding**(n=30)	
Sterilization	**2 (6.66)**
IUCD	**3(10)**
Injecting 3 months (progestin)	**11(36.66)**
Mini pill	**9(30)**
Condom	**3(10)**
Do not know	**6(10)**
*****Multiple responses were allowed.	

Table- 2 shows that all 30 respondents (100%) were aware of at least one family planning method. The best known method of contraception was IUCD (93.33%) and Tubectomy (93.33%) followed by Condom (90%), Pills (86.66%) and Vasectomy (86.66%). In every age group, the most popular method was IUCD and Tubectomy. Meanwhile, the least known method was Injection (70%) .

When these 30 respondents who had heard about family planning were asked about the source of contraceptive information, most of them obtained information from Television (96.66%). Primary health centers (63.33) were the most popular places to access contraception services.The respondent choose Injection (36.66%) as contraception not interfering during breastfeeding, followed by mini pill (30%) .

Table -3: Attitude towards Family Planning

	n(%)
Use of contraception to control birth interval	**22(73.33)**
Feels difficulty to get information about contraception	**3(10)**
Feels difficulty to access contraceptive services	**1(3.33)**
Willing to use the contraception after postpartum	**30(100)**
Use of contraception is beneficial	**30(100)**
Would encourage practice of contraception to family	**30(100)**
*Discussion about methods of contraception** (n=30)	
Husband	**24(80)**
Health professional	**6(20)**
Family	**7(23.33)**

Friends	**3(10)**
Others	
*****Multiple responses were allowed	

Table-3 indicates that a good number of respondents had a positive attitude toward family planning. All respondents said that benefits of contraception outweigh negative effects (100%), and they knew that contraception was essential to control the birth interval (73.33%) . Furthermore, 100% of them agreed to recommend use of contraception to other family members. Only 10% of respondents felt difficulty to get information about contraception and access to contraceptive service (3.33%). Despite positive attitude towards contraception in a study, its use could be limited by the attitude of the husband, as most respondents discussed about methods of contraception with their husbands (80%) .

Table -4: Practices of contraception (n=30)

	n(%)
History of using contraception	**15(50)**
Willing to use contraception in the future(n=30)	**27(90)**
Contraception in the past used*(n=15)	
Pill	**3(10)**
Condom	**7(23.33)**
Injection	**1(3.33)**
IUCD	**8(26.66)**
No answer	
*Reasons for using contraception**(n=27)	
Improvement of maternal and child health	**30(100)**
Spacing birth	
Prevention of unwanted pregnancy	**18(60)**
Prevention of sexually transmitted infection	
Socioeconomic	**16(53.33)**
Recommend by health workers	**7(23.33)**
Others	
Influencing factors for choosing contraceptive method (n=30)*	
Cheap	
Minimal side-effects	
Looking at advertisement	**1(3.33)**
Approval by husband	**26(86.66)**
Suggestion from family/ friends	**3(10)**
Others	
Contraception used after post partum	
Pills	**1(3.33)**

Condoms	**1(3.33)**
Injection	**1(3.33)**
Calender	
IUCD	**16(53.33)**
Sterilization	**7(23.33)**
Not decided	**4(13.33)**
Reasons for not wanting to use contraception(n=30)*	
Still want to have a child	**20(66.66)**
Lack of information regarding contraception	**6(20)**
Prohibited by family	**6(20)**
Prohibited by husband	**2(6.66)**
Against religion beliefs	
Husband has used contraception	**5(16.66)**
Husband works far away	**2(6.66)**
Having used natural contraception	
Others	
*****Multiple responses were allowed	

Table-4 indicates that only 15 respondents (50%) had ever used a form of contraception. Of the contraception methods used, IUCD (26.66%) was the most frequently used, followed by condom (23.33%) and pill (10%). Among all respondents, 90% would like to use contraception in the future. From 27 respondents who would like to use contraception in future, improving maternal and child health (100%) is the main reason for use, followed by prevention from unwanted pregnancy (60%). Most respondents choose the method of contraception by taking husband approval (86.66%) and suggestion from family/friends (10%). Most of the women not wanting to use contraception in future were because they desired to have a child (66.66%) and lack of information regarding contraception (20%) .

RESULTS

- In this study, all 30 respondents (100%) had heard about contraception and three most popular methods were IUCD (93.3%), Tubectomy (93.33%) and Condom (90%) .
- Most of the respondents who had heard about contraception obtained information from Television (96.6%) followed by family members (40%) .
- Most respondents answered primary health centers (63.3%) as place to access contraceptive services. Therefore, primary health care providers have major duty to improve women knowledge of family planning and thus must enhance their knowledge and skills and be reinforced to deliver the correct advice about contraception
- In this study, women have positive attitude towards contraception, whereas all respondents i.e. 100% agreed that use of contraception is beneficial. Also, among 73.3% of them stated that contraception can be used to control birth interval .
- Another positive attitude was seen as all 30 respondents mentioned that they would like to use contraception after labor. This would necessarily encourage women to practice family planning using contraceptive methods .
- Although 100% respondents reported knowledge of at least one method of contraception, contraceptive usage in this study is only 50%. The most common reason for not using contraception was desire to have a child (66.6%). Other reasons for not approving contraception were lack of information regarding contraception (20%) and opposition by family (20%) and husband (6.6%). In this study, husband (80%) were the most popular persons to discuss the method of contraception with .
- The factor which influencing the choice of contraceptive methods was approval from husband (86.6%) .

SUGGESTIONS

- There is a need to involve men into the family planning program as the data shows that maximum women choice were influenced by their husband approval .
- Television plays an important role in spreading awareness about the use of contraceptives among women.
- Capacity building of primary health care providers should be done because women receives services related to contraception from them.

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