Study on Factors Influencing the Current Use of Family Planning Methods in Bihar

By

Sakshi Kadre Sen

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation with title ***"A study on factors influencing use of family planning methods in Bihar"*** and submitted by **Dr. Sakshi Kadre** Enrollment no. 0814 under the supervision of **Dr. Sameer Phadnis** for award of MBA Hospital and Health Management of the University carried out during the period from _____to _____embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

Abstract

Background

India as the main country to present national family arranging program in year 1952. That was a noteworthy and vital move made by India. After that this program had changed as far as strategy and execution of program. The steady move from clinical way to deal with regenerative kid wellbeing approach and afterward to national populace strategy in 2000 had accompanied a positive result as far as diminished fertility rate. As indicated by enumeration 2011 All out ripeness pace of India diminished to 2.4 which was 3.6 in 1991. In 2017 the all out richness pace of India was 2.2 (Wikipedia) which is close by 2.1 (replacement level fertility).

Bihar stands second close to Uttar Pradesh as most jam-packed state in India. It circles territory of 173,877 km square. According to expressed in enumeration 2011, all out populace of Bihar was 104,099,452 in which 89% is provincial. Urbanization process is delayed in Bihar as contrast with different conditions of India. As far as instruction, Bihar is rearward particularly for ladies. Education rate for people was 77.8% and 49.6% separately (NFHS 2015-16).

Family planning is another matter of concern for such a status standing second as one of the most populous states. Fertility rate of Bihar is 3.4 which is higher than India's fertility rate (2.2). There are wide range of contraceptive methods but due to lack of awareness, education. Knowledge, cultural and religious belief, power of decision-making majority of eligible couple are not availing these methods which results in increasing population, unsafe abortions, teenage pregnancy, and many maternal, reproductive, and child health problem.

This study was conducted by using NFHS 4 (2015-16) data. NFHS stands for National Family Health Survey. NFHS is a large-scale survey having multiple rounds. Four questionnaires administered in NFHS namely Men's, Women's. Biomarker and household questionnaire. The nodal agency for NFHS 4 was IIPS designated by Ministry of Health and Family welfare. USAID was the funding agency for NFHS having support from UNICEF.

Methodology-

This study was based on the data of NFHS 4. In NFHS 4, different questionnaire was used to collect data. The study population was women in the age group of 15-49 years and men in the age of 15-54 years. Two stage sampling technique was used to select the sample in which primary sampling units are made in rural whereas Census Enumeration Block is used in urban in first stage. In next stage random sampling was done. Study type was demographic and health survey. Here in this study the cases were selected only for Bihar. Chi-square test was applied to evaluate the relation between choice of family planning method and demographic factors like Age group, educational level, religion and place of residence of women with age 15-49 years.

Conclusion-

This study concluded that demographic factors have influence on choice of family planning method and awareness and knowledge play vital role in availing any of the family planning method. Lack of knowledge, awareness, religious beliefs, level of education are some vital factors for improving uses of family planning method.

ACKNOWLEDGEMENT

I am appreciative to god-like for invigorating me to effectively complete my work and for continuing my endeavors which numerous a period oscillated.

I am profoundly obliged to **Dr. Sameer Phadnis,** Associate Professor IHMR University, Jaipur, a genuine guide and coach, without whose useful input and consistent help this undertaking would not have been a triumph. The significant counsel and proposals for the redresses, changes, and improvement enhanced the flawlessness in playing out my activity well.

I additionally recognize with profound feeling of veneration, the appreciation I feel towards my folks for remaining by me and keeping in confidence in the entirety of my choices. Can never express gratitude toward them enough for the steady quality and backing.

I broaden my appreciation towards **The IIHMR University, Jaipur** for allowing me the chance to leave on this venture.

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A study on evaluation of factors influencing the choices of Family Planning Methods in Bihar

INTRODUCTION –

India was the pioneer nation among all to have propelled a National Program for Family planning in 1952. With its memorable commencement in 1952, the Family planning experienced change as far as strategy and real program usage. One of the crucial trouble India face with is the increasing growth of population. Family planning is characterized as having the benefit and responsibility of the considerable number of couples and the individual to decide the quantity of kids they want and having the information, instruction and devices for this reason. Particularly, family planning is a prudent help that award, couples accomplishing their ideal number of kids and choosing the dispersing of pregnancies according to their financial accommodation and individual goal, and to guarantee that the births are at suitable spans for the wellbeing of mother and youngster.

At 3.4, Bihar reports India's maximal fruitfulness rate according to 2015-16 National Family Health Survey (NHFS-4). Barring Patna and Arwal, TFR is high in other 36 regions of Bihar. Specialists said that, this is basically in light of the fact that the state faces challenges as far as low use of contraceptives.

The purpose of family planning is thwarting pregnancy-related risks of prosperity in women and lessening the necessity for hazardous embryo expulsion and infant kid mortality. Family arranging doesn't mean controlling the amount of individuals in a family. Maternal prosperity, peril of pregnancy and even maternal passing by and large addition when births made at time spans than 2 years. In addition, revels considered at periodic stretches are not completely developed (low birth Weight babies), disability rate grows, care gets unsafe and infant youngster mortality upsurges in the mother's midsection.

Family planning may influence in more elevated levels of training, better work possibilities, more significant level of financial status and strengthening. Another objective of family planning administrations is to dodge undesirable pregnancies and important maternal just as baby mortalities, to give backing and advising to each family when they wish and to have the same number of kids as they request. Family arranging administrations upgrade abilities of the of relatives in dynamic and perceive the opportunity to settle on free choice about having infant.

RATIONALE

- As India currently having the population count of 1.38 billion, and Bihar comes under one of the most populated state of India. In this scenario Family Planning services is holding very vital place to avoid trouble of population explosion further.
- FP is among the basic health care services encircles all those procedures that allow individuals or couples to escape unwanted pregnancies, to adjust the period elapsing between 2 pregnancies and to determine when to have children and how many, in the light of their ages and socioeconomic conditions.
- The purpose of this study was to see the association between various sociodemographic factors that influences the current use of FP methods

.

RESEARCH QUESTIONS

- Does selected socio-demographic factors (Age, educational status, religion, place of residence) influence the use of family planning method**?**

Aim–

- To assess the influence of selected sociodemographic factors on current use of family planning method in Bihar.

Objectives

- To assess association between current use of family planning method and selected sociodemographic factors.
- To provide recommendations based on findings of the study.

Methodology

NFHS 4 data was used for this study. NFHS uses four questionnaires for data collection. These questionnaires were women's, men's, biomarker and household questionnaire. This study conducted with the use of data of women's questionnaire. Cases from Bihar state was selected and then recoding of some variables had done. The "current contraceptive use" variable was recoded into not using and using any of the family planning method. Chi square test was used to assess the association between selected sociodemographic factors and use of family planning method.

Study Design- Analysis of secondary data (NFHS 4)

Study population- Women in the age group of 15-49 years

Sample size- 109109

Sampling design- Two-stage sampling

Study area- Bihar

Data type- Secondary data

Data Collection- NFHS 4 (2015-16)

Data collection tool- Women questionnaire

Review of literature

STUDY 1			
1. Authors	**2. Location** **3. Year**	**4. Study participants** **5. Sample size** **6. Sampling technique** **7. Study design** **8. Data collection tool**	**9. Major Findings**
1. (Hetal T Koringa1, 2015) Hetal T Koringa1, Krupal J Joshi1, Jitesh P Mehta2	**2.** Jamnagar, Gujarat, India. **3.** 2015	**4.** Women of reproductive age (15–49 years) residing in urban slum areas **5.** 450 **6.** Cluster sampling **7.** Descriptive, epidemiological, and cross-sectional study **8.** Interview	**9.** Major part of the women (95.11%) knew about preventative strategies • Among both modern and customary strategies, female sterilization positioned first. • The acknowledgment pace of contraceptiv

			es was higher among women matured ≥30 years and high proficiency status of ladies, while disapproval pace of contraceptives was discovered a lot higher among ladies who had a low financial status and increasingly number of kids.
STUDY 2			
1. Authors	**2. Location** **3. Year**	**4. Study participants** **5. Sample size** **6. Sampling technique** **7. Study design** **8. Data collection tool**	**9. Major findings**
1. (Neeti Rustagi, 2010)Neeti Rustagi*, D.K. Taneja**, Ravneet Kaur*** and G.K. Ingle****	**2.** Delhi **3.** September 2008-February 2009	**4.** women in the reproductive age group who had two or more children **5.** 52	**9.** Most of the members (43/52) concurred that early marriag

		6. Not mentioned 7. Qualitative study 8. Focused group discussion and in-depth interview	e of little girls isn't fitting as it prompts a ton of challenges in overseeing family and youngsters. • Except two members, all the staying 50 ladies concurred that enormous family size is botherso me on the grounds that it prompts low quality of life, expande d uses and decay of ladies' wellbein g. • Thirteen ladies communicat ed that in spite of rehashed demands, they

			couldn't persuade their companions to routinely receive any contraception. • Many ladies (32) expressed that their spouses and other relatives (particularly relative) precluded them to utilize any family arranging technique as "individual issues and sick wellbeing ought not meddle with strict standards".
STUDY 3			
1. Authors	**2. Location** **3. Year**	**4. Study participants**	**9. Major findings**

		5. **Sample size** 6. **Sampling technique** 7. **Study design** 8. **Data collection tool**	
1. (OLAITAN, 2011)OLAITAN, Olukunmi Lanre	2. South west Nigeria 3. 2011	4. couples across Southwest Nigeria 5. 600 6. multistage sampling technique 7. descriptive study 8. Questionnaire	9. larger part of the respondents are female. Likewise, on the off chance that we see religion shrewd, at that point greater part of the respondents are Christians. • In this examination, it was seen that the financial status of the couples of Southwest Nigeria, their religions, their social standards and their instructive status didn't fundamentally impact their decision of family arranging. Be that as it may, there are noteworthy impacts in the contribution of accomplices on the decision of family arranging in Southwest Nigeria

STUDY 4

1. **Title of research article** 2. **Authors**	3. **Location** 4. **Year**	5. **Study participants** 6. **Sample size** 7. **Sampling technique**	10. **Major findings**

		8. Study design **9. Data collection tool**	
1. (Clara Ladi Ejembi, 2015)Clara Ladi Ejembi • Tukur Dahiru • Alhaji A. Aliyu	**2.** Nigeria **3.** 2015	**4.** Women age 15-49 who were married, fecund and did not desire a child within two years of the study **5.** 14,090 **6.** Cluster sampling **7.** Not mentioned **8.** 2013 NDHS (secondary data)	**9.** Individual and community characteristics were significant predictors of use of modern contraceptives in Nigeria and thus these factors should be taken into account in programming for family planning in the country.
STUDY 5			
1. Authors	**2. Location** **3. Year**	**4. Study participants** **5. Sample size** **6. Sampling technique** **7. Study design** **8. Data collection tool**	**9. Major findings**
1. (F Ramezani Tehrani, 2001)F Ramezani Tehrani	**2.** Tehran **3.** 2001	**4.** Women of reproductive age group **5.** 4177	**9.** The aftereffect of study uncovers that components like age,

F Khalaj Abadi Farahani, MS Hashemi		**6.** Not mentioned **7.** Not mentioned **8.** Questionnaire	ladies' instructive status, spouse's instructive status and past commonality with preventative assumes critical job in impacting prophylactic use.
STUDY 6			
1. Authors	**2. Location** **3. Year**	**4. Study participants** **5. Sample size** **6. Sampling technique** **7. Study design** **8. Data collection tool**	**9. Major findings**
1. (Sezer KISA1, 2013)Sezer KISA1,*, Simge ZEYNELOĞLU2, Leyla DELİBAŞ3	**2.** Southeastern Turkey **3.** 2013	**4.** Men aged 20–52 years whose wives were fertile, not menopausal, and had at least 1 child. **5.** 1352 **6.** Not mentioned	**9.** Men matured 40 years or more utilized family planning techniques more regularly than men in the age gathering of 20–29 years. The paces of family planning strategies being utilized by men in

		7. Descriptive and cross-sectional 8. Questionnaire	the age gathering of 20–29 years with at least 5 kids and by men who were 40 years of age and done with high salary levels were seen as high. The utilization of present day strategies expanded as both age and span of marriage expanded.

Results -

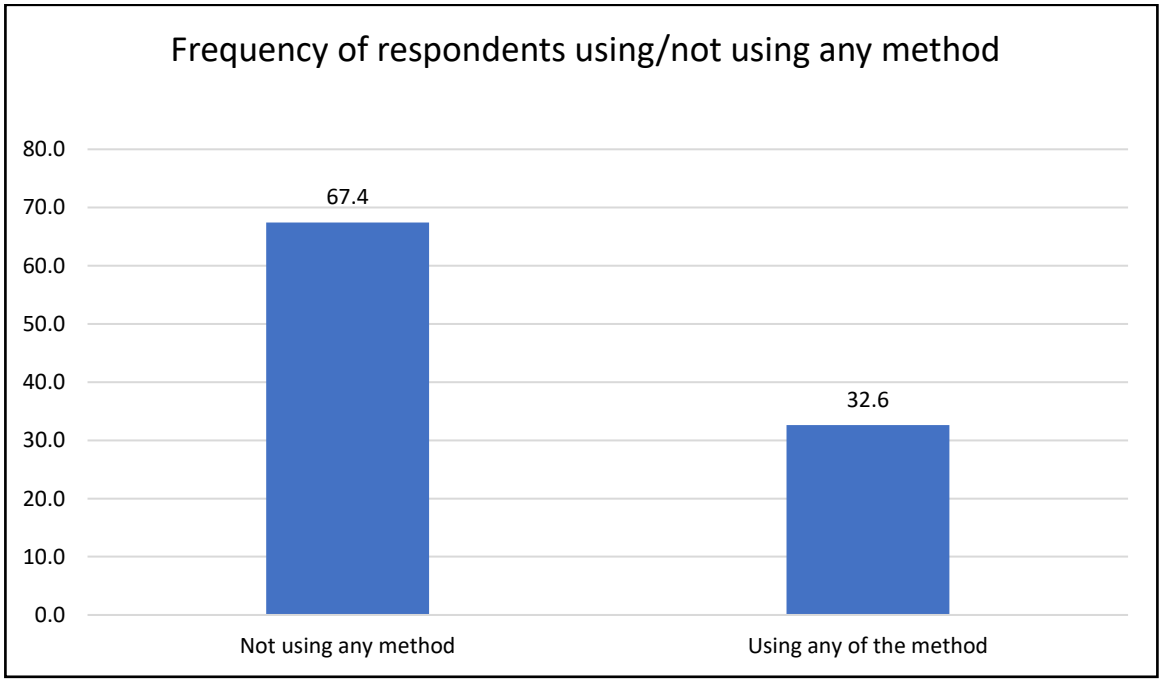

Fig.1 Frequency of respondents using/not using any method (N=109109)

Table 1- Age* Family planning method use/not use Crosstabulation

Above chart showing that majority (67.4%) of respondents were not using any method for family planning. But among the methods female sterilization had the maximum (29.2%) frequency among all other family planning methods.

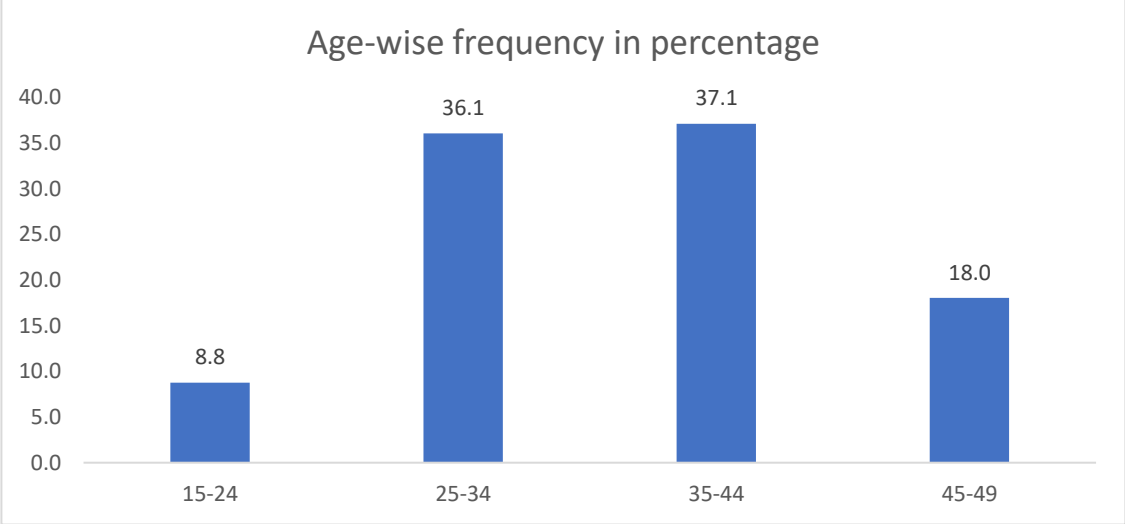

Fig.2 Age-wise frequency in percentage

(N=109109)

Age* Family planning method use/not use Crosstabulation				
Count				
		Family planning method use/not use		Total
		Not using any method	Using any of the method	
Age	15-24	8452	1125	9577
	25-34	26770	12594	39364
	35-44	24873	15616	40489
	45-49	13449	6230	19679
Total		73544	35565	109109

Chi-Square Tests for showing association of age and current use of family planning method			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2566.499[a]	3	0.000
Likelihood Ratio	2912.945	3	0.000
Linear-by-Linear Association	891.985	1	.000
N of Valid Cases	109109		
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 3121.70.			

Table 1- Age* Family planning method use/not use Crosstabulation

Table 2- Chi-Square Tests for showing association of age and use of family planning method

Education-

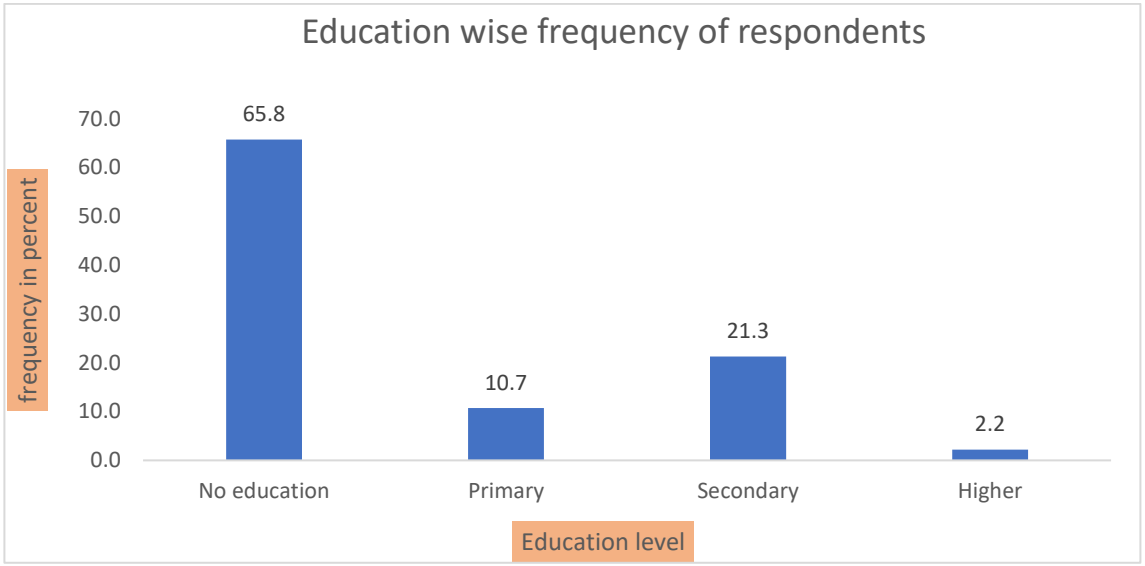

Figure 3- Education wise frequency of respondents (N=109109)

Count

		Family planning method current use/not use		
		Not using any method	Using any of the method	Total
Highest educational level	No education	49735	22006	71741
	Primary	7882	3824	11706
	Secondary	14403	8831	23234
	Higher	1524	904	2428
Total		73544	35565	109109

Table 3 Highest educational level * family planning method current use/not use Crosstabulation

Chi-Square Tests for showing association between educational status and use/ not use of family planning method

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	454.218[a]	3	.000
Likelihood Ratio	447.100	3	.000
Linear-by-Linear Association	427.242	1	.000
N of Valid Cases	109109		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 791.43.

Table 4 Chi-Square Tests for showing association between educational status and use/ not use of family planning method

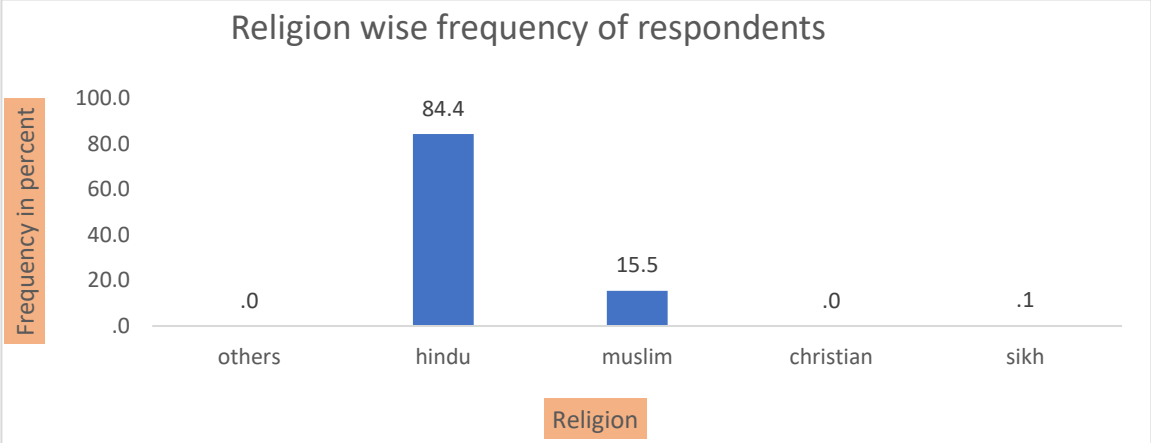

Figure 4- Religion wise frequency of respondents

Religion * Family planning method use/ not use Crosstabulation				
Count				
		Family planning method use/ not use		Total
		Not using any method	Using any of the method	
Religion	others	21	2	23
	Hindu	58886	33166	92052
	Muslim	14551	2384	16935
	Christian	24	12	36
	Sikh	62	1	63

Total	73544	35565	109109

Table 5- Religion * Family planning method use/ not use Crosstabulation

Fig.6

Chi-Square Tests for showing association between religion and use of Family planning method

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3170.871[a]	4	0.000
Likelihood Ratio	3595.000	4	0.000
Linear-by-Linear Association	3092.159	1	0.000
N of Valid Cases	109109		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.50.

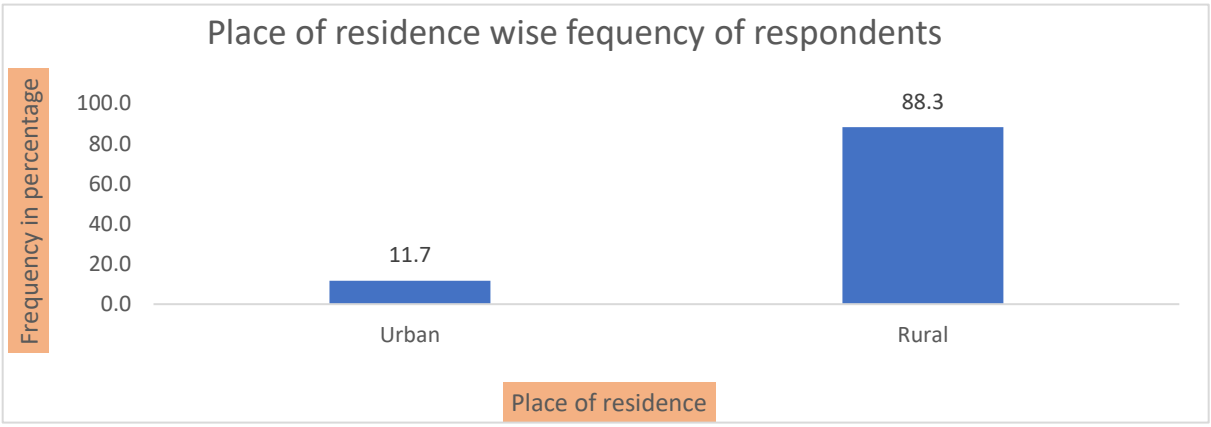

Figure 5- Place of residence wise frequency of respondents

Type of place of residence * family planning method use/not use **Crosstabulation**				
Count				
		Family planning method use/ not use		Total
		Not using any method	Using any of the method	
Type of place of residence	Urban	7439	5339	12778
	Rural	66105	30226	96331
Total		73544	35565	109109

Table 7 Type of place of residence * family planning method use/not use Crosstabulation

Table 6- Chi-Square Tests for showing association between religion and use of Family planning method

Chi-Square Tests for showing association between place of residence and use/not use of family planning method

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	555.965[a]	1	.000		
Continuity Correction[b]	555.491	1	.000		
Likelihood Ratio	536.877	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	555.959	1	.000		
N of Valid Cases	109109				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 4165.10.

b. Computed only for a 2x2 table

Table 8- Chi-Square Tests for showing association between place of residence and use/not use of family planning method

Univariate Analysis	Bi-variant analysis
AGE 15-24- 8.8% 25-34- 36.1% 35-44- 37.1% 45-49- 18.0%	Fig. Showing that age group 15-24 has the least percentage of using any of the contraceptive method and age group 35-44 has the highest percentage of using any of the method.
EDUCATION No education- 65.8% Primary- 10.7% Secondary- 21.3% Higher-2.2%	Fig. showing that with increasing education level, percentage of using any of the contraceptive method also increasing.
RELIGION Other-0.0% Hindu-84.4% Muslim- 15.5% Christian- 0.0% Sikh-0.1%	Fig. showing that Hindu and Christian religion has maximum percentage of using any of the contraceptive method whereas Sikh, other and Muslim religion has least percentage of using any of the method.
LOCALITY Urban-11.7% Rural- 88.3%	Fig. showing that 58% in urban and 69% in rural preference of the method of contraception.

Table 9- Univariate and Bi-variant analysis

Conclusion-

As Bihar is one of the slowly progressing state. The level of literacy, religious beliefs, age wise knowledge of family planning method and lack of aware for the same is main reason for high fertility rate in this state. So, we conducted a study to assess the influence of some factors on choice of using and not using any of the method for family planning. This study concluded that, some factors like age, locality, educational level and religion of individual influences their choice for family planning method to a certain extent. As findings showing that majority of respondents from younger age group 15-24) not uses any method, whereas as the percentage of elder age group using any of the method for family planning is more as compared to younger age group. Furthermore, with increasing level of education percentage of use of any method is also increasing. Religion wise finding revels that respondents from Hindu and Christian religion have more percentage of use of any of the method of family planning as compared to other religions. Respondents with rural as place of residence use any of the method more than respondents with urban place of residence.

Suggestions-

1. Couples should be inspired to meet the family planning service providers to advise the couples on different family planning decisions that will suitable for their economic status.
2. Societies and communities should also give advice to their people in neighborhood about importance of family planning.
3. Encouragement should also be given by religious leaders to their followers for the family planning method choices need as related to their holy book.
4. Couples who are not having family planning choice due to their cultural norms, they should be discouraged by community leaders.
5. Reproductive Health Centers should be introduced by Government, with the aim to provide family planning education to educated and non-educated couples.
6. Education about the effectiveness and advantages of family planning methods should also be given to couples by family planning service providers.

Bibliography

Clara Ladi Ejembi, T. D. (2015). Contextual Factors Influencing Modern contraceptive use in nigeria. *DEMOGRAPHIC and health surveys*, 1-44.

F Ramezani Tehrani, F. R. (2001). Factors influencing contraceptive use in Tehran. *Family Practice*, 204-208.

Hetal T Koringa1, K. J. (2015). A study on various factors affecting family planning practices among eligible couples in urban slums of municipal corporation area in Jamnagar, Gujarat, India. *International Journal of Medical Science and Public Health*, 1675-1680.

Neeti Rustagi, D. T. (2010). Factors affecting contraception among women in a minority community in Delhi: a Qualitative study. Health and Population Perspectives and Issues. *researchgate*, 10-15.

OLAITAN, O. L. (2011). Factors Influencing Choice of family planning among couples. *International Journal of Medicine and Medical Sciences* , 227-232.

Sezer KISA1, S. Z. (2013). Influence of age on the usage of family planning methods by Turkish married men living in southeastern Turkey. *researchgate*, 756-763.

References-

https://www.semanticscholar.org/paper

https://www.researchgate.net/publication/286440059

https://www.intechopen.com/books/family-planning

https://academicjournals.org/journal/IJMMS/article-full-text-pdf/9084A6C165

https://scholar.google.co.in/scholar?q=1.%09

http://rchiips.org/nfhs/

https://www.ncbi.nlm.nih.gov/pubmed/30024863#