Original Research Paper

Volume-9 | Issue-7 | July - 2019 | PRINT ISSN No. 2249 - 555X

Community Medicine

UTILIZATION OF FAMILY PLANNING METHODS IN RURAL HARYANA, INDIA

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ABSTRACT

INTRODUCTION: India was the first country to launch an official family planning programme in 1952 with the objective to balance the population growth along with the development of resources.

OBJECTIVE: to assess family planning methods utilization among eligible couples in rural community of Haryana. MATERIAL AND **METHODS:** A record based retrospective study was done to analyse the family planning methods utilization in rural community of Haryana. **RESULTS:** There are a total 17,255 eligible couple in the area. Couple protection rate is 62 percent and 38 percent are not using any method. 61 percent utilized permanent sterilization methods whereas only 39 percent utilized temporary methods of contraception. 60 percent couples undergone tubectomy and only 1 percent undergone vasectomy. Among temporary methods 17 percent utilized IUCDs, 14 percent conventional contraceptives and 8 percent oral contraceptive pills.

CONCLUSION: The contraceptive prevalence rate in this community is 62 percent which is comparable with CPR of Haryana as per NFHS 4. Utilization of family planning methods especially permanent methods is more among females than males. As birth order is increased from one to four and above acceptance towards permanent method has increased.

KEYWORDS : family planning, contraception

INTRODUCTION

India was the first country to launch an official family planning programme in 1952 with the objective to balance the population growth along with the development of resources. Today India is second most populous country of the world followed by China with the population of 1,364 million according to census 2011. It has been estimated that with current trends, the population of India will increase from 1.210 billion to 1.4 billion during period of 2011 to 2026, so there is urgent need of family planning on demographic, social and health grounds.1 The large scale promotion of intra-uterine devices in 1965, social marketing of condoms, the mass Vasectomy \camp approach in 1971-73 and India's first National Population Policy in 1976 which was later modified in 1977 and named family welfare programme had led to population control through various family planning programme. National Population Policy 2000 is latest in this series which provided a policy framework for achieving the dual objective of population stabilization through target free approach in administering family planning services and promoting commitment of government towards the provision of quality services, information and counselling to people in order to make voluntarily informed choices to avail reproductive health care services. Now Family planning is core element of Reproductive, Maternal, Neo-natal and Child Health intervention. In the 12th five-year Plan Period Family Planning has been given wide publicity to ensure universal access to health at all levels of the health sector[1]

Family Planning Scenario in India

According to NFHS-3 (2005-06)[2], in India the total fertility rate (TFR) was 2.5 whereas contraceptive Prevalence Rate was 54 percent (percentage of eligible couples protected by some method of contraception). Unmet Need was 21.3 percent (percentage of women who do not want to have next child but are not using any contraception). Female Sterilization rate was 34 percent. Male Sterilization was 1 percent whereas 4 percent females were using oral contraceptive pills, 2 percent females used Intra uterine contraceptive devices whereas 6 percent were conventional contraceptives users i.e. Condoms. 7 percent eligible couples were using any traditional family method whereas 46 percent were non-users of family methods. However more recent data of NFHS-4 (2015-16), the total number of family planning acceptors in India decreased by 2.56% between 2013-14 and 2014-15. The data revealed that condom is the most preferred method of family planning while sterilizations the least adopted means.[3]

Family Planning Scenario in Haryana

According to NFHS-4 (2015-16)[2], in Haryana the total fertility rate (TFR) is 2.1 percent, Contraceptive prevalence rate is 63.7 percent and Total unmet need is 9.3 percent which is much better than National average standards. Female Sterilization rate is 38.1 percent. Male sterilization is 0.6 percent. 2.7 percent females are using oral contraceptive pills, 5.7 percent are intra uterine devices users and 12 percent are conventional contraceptive users and 59.4 % are using modern methods of contraception. Recently focus is on home delivery of contraception through ASHA workers which has led to improved accessibility of family planning methods to eligible couples. ASHA's under their supervision provide information, services and contraceptives to them. The Indian Family Planning Programmes also provides compensation money to accepters of sterilization as well promoters of family planning programmes.

OBJECTIVE

An attempt has been made through this scientific paper to assess family planning methods utilization among eligible couples of rural community of Haryana.

MATERIAL AND METHODS

A record based retrospective study was done to analyse the family planning methods utilization in rural community of Haryana. The data was collected by analysing the record of last one year i.e from 2015-2016 from eligible couple registers maintained by lady health visitor at Community Health Centre Dhigal, District Jhajjar, Haryana. Data was analysed using simple proportion and percentages.

RESULTS

There are total 17,255 eligible couple in the area. Couple protection rate is 62 percent and 38 percent are not using any method (fig: 1). 61 percent utilized permanent sterilization whereas only 39 percent utilized temporary methods of contraception (fig: 2).With increase in birth order acceptance towards permanent methods has increased (fig: 3)

DISCUSSION

A record based retrospective study was done to assess the use of various family planning methods in an area. In present study couple protection rate is 62% which is higher than national average standards and also much higher than neighbouring state like Himachal Pradesh (57%)[3] reason could be more awareness regarding family planning methods among women through front line workers working in the area. In our study 60% women had undergone tubectomy, 17% had gone for intrauterine contraceptive devices**,** 14% of couples are using conventional contraceptive methods whereas only 1% men had undergone for terminal method i.e. vasectomy. Study conducted by Srivastava et al's had shown 34% had used condoms, 26% natural methods and only18 % oral pills. In our study 4.55% have had undergone tubectomy and 1.82% had adopted male sterilisation.[4] Singh et al in a study from Manipur conclude that 70% of the couples had adopted permanent family planning methods.[5] as birth order is

increasing from one to four and above, acceptance towards terminal method of sterilization i.e. tubectomy has increased. Similar finding reported by Singh et al in a study from Manipur conclude that 70% of the couples had adopted permanent family planning methods.[5]

CONCLUSION

The contraceptive prevalence rate in this community is 62 percent which is up to mark with state Haryana. Utilization of family planning is more among female that too towards permanent methods. As birth order is increased from one to four and above acceptance towards permanent method has increased. Contraceptive has been increasing in Haryana which will directly improve indicators like maternal mortality rate and infant mortality rate.

RECOMMENDATIONS

There is need to ensure quality care in Family Planning services through Quality Assurance Committees at state and district levels. Integration of more private and Non-Governmental Organizations in national family welfare programme to increase the provider based family planning services under Public Private Partnerships. There is need to increase male participation and promote non-scalpel vasectomy. There is need of demand of IEC (Information, Education, Communication) materials in form of posters, audio, videos in various health facilities. Strong political commitment and advocacy at highest level in order to achieve goals of family welfare.

Figures

Fig: 1 a pie diagram showing users and non-users

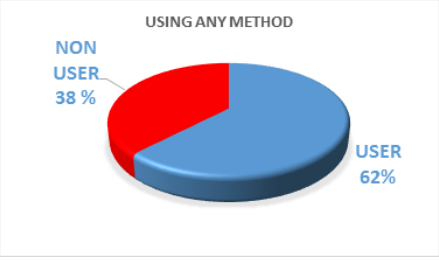


Fig 2: Pie diagram showing family planning methods

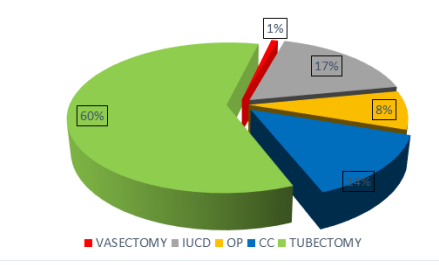
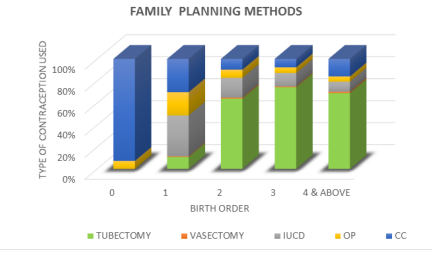


FIG: 3 A bar diagram showing family planning methods with birth order



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