The International Journal of Engineering
And Science (IJES)
||Volume|| 2 ||Issue|| 1 ||Pages|| 299-302 ||2013||
ISSN: 2319 – 1813 ISBN: 2319 – 1805

Status Of User's Perspective On The Quality Family Planning Services And Care In Doiwala Block, Dehradun District Of Uttarakhand

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Abstract

The Family Planning Program has been implemented in India since 1951, however, lack of inappropriate and inadequate dissemination of information and pre and post services of family planning always affects the period of continuation of temporary family planning methods for longer period. The study investigates the status of user's perspective of quality family planning services and care in Doiwala block of Dehradun district of the Uttarakhand state. The relevant information was collected largely by quantitative and qualitative research approach. The total number of married women was 298 from all five PHCs in Doiwala block, the survey was conducted in the month of October and November 2012. The study revealed that 66.9% of married women were using spacing or permanent method of contraceptives. The source of method was public hospital (95.5%) and 4.5% received from private hospital. Among the 298 interviewed married women only 51.7% received basket of choice at the time of contraceptive acceptance. The number of studies pointed out that women who know about all available contraceptive methods and their side effects can make better choices and continue temporary methods for longer duration as well as have minimum rate of early dropout of temporary contraceptives. However among the 298 interviewed women more than fifty percent of mother provided baskets of choice for the selection of contraceptive acceptance while 73.8% womenreceived follow up services from health providers.The study pointed out that if health providers ensure delivery of quality counseling, pre checkup or examination, information about side effects and adequate follow up services of ongoing family planning services, the dropout rate or discontinuation of contraceptive not only reduces but it also helps married women to continue temporary family planning methods for longer period.

Keywords -*contraceptive, temporary, discontinuation*

Date of Submission: 12, January, 2012 ⟺ Date of Publication: 30, January 2013

I. Introduction

The Family Planning Program has been implemented in India since 1951 to reduce the overburden of unwanted and unplanned pregnancies [1]. Even before independence, a committee known as the Bhore Committee was set up in 1946 to look into matters related to health and family planning programs in the country, though records show that birth control clinics have been functioning in the country since 1930[2]. After analyzing reports the Government of India launched a nation-wide family planning program 1952, making it the first third world country to do so [3]. The decade of the sixties was mostly a preparatory phase with the establishment of clinics and the distribution of educational material, training and research. A number of times population policies, goals, programs have been set up and management processes have been changed and revised [4]. The major national policy shift occurred in 1994, after the Cairo conference, where a "Target-Free Approach," was announced in 1996 [5]. This approach eliminated nationwide mandated targets for contraceptive acceptance, but continues to allow for locally determined targets at the community level, where grassroots workers were assigned targets for their service areas after assessing the needs of clients [6]. The National Population Policy, 2000 affirms the commitment of the government towards voluntary and informed choice and the consent of citizens while supporting availing reproductive health care services and the continuation of the target free approach in administering family planning services. NPP-2000 addresses the need to bring down the total fertility rate (TFR) to a replacement level of Total Fertility rate 2. 1 and the Crude Birth Rate (CBR) of 21 per thousand of the population by 2012. Similarly, most of the Indian states have also formulated their own population policies taking care of the framework of the NPP-2000 and are trying their best to achieve the

first step in this direction, which is the goal of replacement fertility.Peter Fajans and FirmanLubisf, (1994) suggests that unless the quality of services at the public sector is not improved to the optimum level, acceptance and continuation of contraception to the desired level may not be achieved. This paper basically focused on the status of user's perspectives on quality family planning services such as user's status of checkups, side effects, follow up services and choice of users about modern contraceptive according to their parity. The purpose of study is to understand the perspective of married women on the quality family planning services and care in the selected area of Dehradun district in Uttarakhand. It will help to health professionals and providers to understand the various components of quality aspects and its importance in family planning programme.

II. Methodology And Data Collection

The relevant information was collected largely by quantitative and qualitative research approach. The survey was conducted in five Primary Health Centers (PHCs) of Doiwala block in Dehradun District of Uttarakhand state. The total number of eligible couple was 298 from all five PHCs; the survey was conducted in the month of between October and November in 2012.

Distribution married women PHCs Wise		
Name of PHC	No of married women	% of married women
Chidderwala	59	19.8
Balawala	60	20.1
Doodhli	60	20.1
Raiwala	59	19.8
Bhaniyawala	60	20.1
Total	298	

A brief guideline prepared and was used during investigation. The questionnaire was developed by a team which included a public health expert, a gynecologist and an experienced social scientist. Field investigators collected data using the standardized tools by visiting the households. Identification of eligible couple was done by house-to-house visits by the ASHAs workers, in each of the village of the all the PHCs. The study cases were selected randomly ensuring representation of all the sections of society. At village level, most current users were selected in priority for the study. For the qualitative data, the personal interviews of health providers and other stakeholders as well as community level focus group discussion of married women were conducted through a pre designed and pre tested semi –structured checklists. The quantitative information was analyzed using SPSS-PC version 19.

III. Findings

Overall the Contraceptive Prevalence Rate including permanent, spacing and barrier method was 66.9 percent. Only 29.2% of these couples (29.2% including 1 % vasectomy acceptors) had utilized a permanent method - mainly female sterilization. Among the 199 current contraceptive users, 58.8% were using temporary methods in which 41.6% of condom, 14.4% of OCP, 2.7 were IUDs. Among the current users of married women around three forth of the married women (76.2%) had received counseling and 47.7% received checkup services at the first time of contraceptive acceptance. 86.9% women were expressed that they were satisfied with the method, provider behaviour and availability of services.

% of distribution Married women using contraceptives		
Indicators	No of married women	% of married women
% of married women using contraceptive	199	66.9
% of married women using contraceptive from less than one year	64	32.5
% of married women using contraceptive from more than one year	135	68.5
% of non-users	99	43.1

The source of method was Government hospital (95.5%) and 4.5% received from private hospital. Among the 298 interviewed married women only 51.7% were provided basket of choice at the time of contraceptive acceptance, while 73.8% were visited health providers for follow up services. In case of providers, 40.9% married women visited ASHAs, 26.5 were visited ANMs and only 7.4% visited medical officers however 25.2% of married women had not visited any health providers. Among the 298 married women maximum number (34.2%) visited sub centers, 33.2% received at home and only 7% received services at primary and community health centre levels.

% of distribution married women using various services at the time of acceptance of contraceptive services		
Indicators	No of Married women	% of Married women
% of married women received counseling facility	227	76.2
% of married women received cheek up services	142	47.2
% of married women provided basket of choice	154	51.7
% of married women received follow up services after acceptance of contraceptive	220	73.8
% of married women satisfied with services	259	86.9

There were only 36.8% using any family planning method for postponing the first conception after marriage. A large majority of married women who have one child used temporary methods of family planning (70.5%) and their first choice was condom (79.1%). The study also showed that married women have their desired family prefer permanent methods (80.6 %). In addition the study also pointed out that maximum number (70.3%) of married women prefer to use condom and IUDs (4.9%) between first and second parity however maximum number of OCP users were found between three and froth parity. In addition all of these maximum number vasectomy and tubectomy were preferred, after the completion of desired family.Among the 298 married women only 43.1 % never used any modern methods of family planning. Among the interviewed married women 98.5% have knowledge at least one modern method of family planning available in the national programme and 94.3% mentioned the service source where it would be available. The study also indicate that, those eligible couple did not have any child were using modern contraceptive methods only 36.8%, those have only female child were using 68% however those married women have only male were using more than 80%.

IV. Discussion

The National Health & Family Survey-3 (2005-06) revealed that knowledge of contraception is almost universal in Uttarakhand. The government family planning programme promotes four temporary methods: the pill, the IUD, condoms and emergency pills. Among 199 current users of family planning methods, study revealed that 58.8% of interviewed married women using temporary methods and 41.2% used permanent methods. It also found that in temporary methods 71.6% used condom, 24.4%used OCP and 14% used IUDs.Women who know about all available contraceptives methods and their side effects can make better choices about what method they prefer (James Shelton, 2001). During the National Family Health Survey -3 found that more than one-third (37%) of modern contraceptive users were told about the side effects of their method when they started using it. However among the 199 users of contraceptive interviewed married women more than fifty percent were reported for side effects of their methods when they started using it.Among the 298 interviewed married women 76.2% received counseling services, 51.7% received basket of choice and only 47.2 received pre checkups services at the time of acceptance of contraceptive. However, only 73.8% married women received follow-up services. The NFHS-3 also pointed out that in one-year the discontinuation rate for family planning in Uttarakhand (28%) is about the same as the rate in India as a whole (27%). Among 227 married women who received only counseling services discontinuation rate was 23% while who received counseling and basket of choice, the dropout rate was 19.8%. However, married women who received counseling, basket of choice, pre checkup and follow up services the dropout rate was only 11.3%.

In case of spacing methods study also observed that women must be aware of the methods available, must know where supplies of these methods can be obtained and they must know how to use the methods they choose. Lack of this knowledge is strongly associated with unmet need for contraception [10]. The current study concludes that knowledge barriers are relatively insignificant in the rural areas of Uttarakhand, as nearly three-quarters of the non-users were aware of at least one modern method of family planning and at least one source where it could be obtained.The key findings of provider's and married women group discussions were revealed that social cultural and religious unacceptability of contraception did not emerge as an important obstacle to using a contraceptive method in selected area. Majority of the respondents (non-users) wanted to adopt a contraceptive method only after achieving desired family size. It is encouraging to note that most of the women had accessed contraceptive services from the Government health posts and lack of accessibility as a reason for not availing services was mentioned by only 10.1% of married women. To enhance the use of spacing methods, there is a need to explore the possibility of utilizing private practitioners and personnel from Indian System of Medicine.

The conclusion of focus group discussions among the various stakeholders were that husbands being the decision-makers in the rural areas, their approval was strongly associated with contraceptive use among married women. However, male is not practically the integer part of family planning program across the selected areas. It also revealed that whole family planning programme carried out by female workers and professionals such as ASHAs, AWWs, ANMs and lady medical officers (occasionally male surgeon) etc. The result of this is overall family planning program is focused on female, even female family planning counselors are also not comfortable to discuss and expressed all sorts of information in front eligible couple; they always prefer to talk with women rather than couple. The knowledge among the married women about the contraceptives, availability of family planning services and attitude of providers are the three key components of family planning programme which always affects the outcomes of the interventions. The study pointed out that knowledge about name of contraceptives and its source of availability is extremely good among the married women however information about side effects, importance of follow

up and lack of confidence for the selection of contraceptive as their own choice were below the desire optimum level (42.1%)

V. Conclusion

Among 227 married women who received only counseling services discontinuation rate was 23% while who received counseling and basket of choice, the dropout rate was 19.8%. However, married women who received counseling, basket of choice, pre checkup and follow up services the dropout rate was only 11.3%.The conclusion of study revealed that if health providers ensure delivery of quality counseling, pre checkup or examination, information about side effects and after adequate follow up services its ongoing family planning services, the dropout rate or discontinuation of contraceptive were not only reduce but it also helps married women to continue temporary family planning methods for longer period. This will have significant effect to postponed the birth of first child, maintained the required interval between two births and also helps married women to enjoy fearless marriage life. Improving quality in family planning services can help nation to reduce the percentage of unwanted and unplanned pregnancies among the married women which can contribute significantly in the reduction of both morbidity and mortality of married women across the country.

VI. Acknowledgements

We would like to thanks the team members of Population Foundation (PFI), New Delhi, India for technical inputs and financial support; as well as the entire project team of Quality Family Planning Program at RDI-HIHT.

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Since 1994 he worked with number of organizations, working in the health and development sector at state, national and International level.He has worked on many research studies and some of these have been published. He is called in various forums and committee as an expert on public health and on issues related to health policy planning and programme interventions.

At present, he is working as Dy. Manager with Rural Development Institute, Himalayan Institute Hospital Trust (HIHT) and leading Backward Region Grant Fund Project supported by Government of India in Tehri district of Uttarakhand in India