

# Monika Report

*by* Monika P

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**STATE HEALTH SOCIETY, BHOPAL. (MP)**  
**NATIONAL HEALTH MISSION**

**Title of the study: “Post Natal Contraception & Family  
Planning Trend in District Hospital of Khargone District,  
Madhya Pradesh”**

By

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Enroll No. PG/16/026

Under the guidance of

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## Abbreviations

<b>CMHO</b>	<b>Chief Medical Health Officer</b>
<b>AWW</b>	<b>Anganwadi Worker</b>
<b>AWH</b>	<b>Anganwadi Helper</b>
<b>ASHA</b>	<b>Accredited Social Health Activist</b>
<b>MIS</b>	<b>Management Information System</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>DH</b>	<b>District Hospital</b>
<b>SHGs</b>	<b>Self Help Groups</b>
<b>CHC</b>	<b>Community Health Centre</b>
<b>FRU</b>	<b>First Referral Unit</b>
<b>MMR</b>	<b>Maternal Mortality Ratio</b>
<b>NHM</b>	<b>National Health Mission</b>
<b>CDPO</b>	<b>Child Development Programme Officer</b>
<b>DHO</b>	<b>District Health Officer</b>
<b>DPM</b>	<b>District Programme Manager</b>
<b>MoHFW</b>	<b>Ministry of Health and Family Welfare</b>
<b>IEC</b>	<b>Information Education Communication</b>
<b>NSV</b>	<b>No-scalpel vasectomy</b>
<b>LSCSTT</b>	<b>Lower segment caesarian section</b>
<b>CTT</b>	<b>Culdoscopic Tubectomy</b>
<b>LTT</b>	<b>Laparoscopic Tubectomy</b>
<b>ANMs</b>	<b>Auxiliary Nurse midwives</b>
<b>Mos</b>	<b>Medical Officers</b>
<b>BRG</b>	<b>Block Resource Group</b>

## *CHAPTER 1*



# **ORGANIZATION PROFILE**

## **NAIONAL HEALTH MISSION STATE HEALTH SOCIETY, MADHYA PRADESH**

### **Introduction**

#### **National Rural Health mission**

Those national country wellbeing mission (NRHM) might have been started Toward the Hon'ble leader for 12th april 2005, will give acceptable accessible, moderate and nature health awareness of the country population, particularly those powerless Assemblies.

The enter Characteristics so as will attain those objectives of the mission incorporate settling on people in general wellbeing conveyance framework fully utilitarian Furthermore responsible of the community, mankind's assets management, Group involvement, decentralization, thorough screening & assessment against standards, joining about wellbeing What's more related projects structure town level upwards, innovations What's more adaptable financing Also also intercessions for moving forward those wellbeing indictors.

### **The National Health Mission-**

The individuals national nat wellbeing mission (NRHM) may have been began at the Hon'ble pioneers for 12th april 2005, will provide for adequate accessible, direct Furthermore nature wellbeing attention to those organizations in the nation population, especially the individuals powerless Assemblies.

Those enter aspects thereabouts as will accomplish the individuals targets of the mission fuse settling looking into people as a rule wellbeing movement skeleton completely utilitarian Besides answerable of the community, mankind's possessions management, aggregation involvement, decentralization, careful screening & evaluation against standards, joining something like wellbeing In addition related undertakings structure town level upwards, innovations In addition versatile financing likewise also intercessions to pushing ahead the individuals wellbeing indictors.

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#### **Mission**

Improved health status and quality of life of rural population on sustainable development measure with unequivocal and explicit emphasis.

### **Vision of NHM-**

“Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health”.

## Objectives:

Fundamental targets for execution for NRHM are:

- To decrease baby death rate also maternal mortality.
- To guarantee populace adjustment will keep Furthermore control about transmittable and non-communicable sicknesses should overhaul AYUSH (Aurvedic Yoga Unani Siddh Furthermore Homopath) for advancement of solid life style. Enter execution Indicators (to make attained toward 2012).
- To decrease maternal mortality (MMR) should 258/ lac live births.
- To decrease baby death rate (IMR) to 36/1000 births.
- To decrease downright fruitfulness rate (TFR) with 2. 8. Intestinal sickness mortal sin decrease rate toward 60%.
- Kala-azar mortal sin diminishment rate Eventually Tom's perusing 100%.
- Filaria/Microfilaria diminishment Eventually Tom's perusing 80%
- Tuberculosis spots <sup>12</sup> series- 85% cure rate & 70% identification for new sputum smear certain instances.
- Upgrading every one group keeping wellbeing Centres (CHCs) will Indian state funded wellbeing Standard (IPHS).
- To guarantee that more than 90% families expend iodized salt.
- To guarantee accessibility from claiming AYUSH Eventually Tom's perusing guaranteeing that at every square grade wellbeing focal point (PHC), in any event 2 medicinal Officers(MOs), a standout amongst them AYUSH practitioner, need aid accessible constantly.
- Sheltered drinking water and sanitation offices on more terrific over 60% about towns.



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### **Core Values-**

- Safeguard the health of the poor, vulnerable and disadvantaged, & move towards a right based approach to health through entitlements and service guarantees.
- Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.
- Build environment with trust between people and providers of health services.
- Empower community to become active participants in the process of attainment of highest possible levels of health.
- Institutionalize transparency and accountability in all processes and mechanisms.
- Improve efficiency to optimize use of available resources.

### **Goals of NHM-**

1. Diminish MMR with 1/1000 live births.
2. Decrease IMR will 25/1000 carry on with births.
3. Lessen TFR will 2.1.
4. Counteractive action Furthermore diminishment for sickliness to ladies age-old 15–49 A long time.
5. Keep furthermore diminishes mortal sin & horribleness starting with communicable, non- communicable; wounds What's more rising ailments.
6. Decrease family unit out-of-pocket use ahead downright human services consumption.
7. Lessen yearly occurrence Furthermore mortal sin starting with tuberculosis by half.
8. Diminish predominance from claiming leprosy will <1/10000 populace Also occurrence should zero on the whole regions.
9. Yearly intestinal sickness frequency with a chance to be <1/1000.
10. Under 1% microfilaria pervasiveness on the whole regions.
11. Kala-azar disposal by 2015, <1 instance for every 10000 number on the whole squares.

## CHAPTER 2

### State profile

Madhya Pradesh may be that second biggest <sup>13</sup> in the republic of India, with almost 6% of the country's populace & remains during 25th position in the level from claiming ability. Those thicknesses from claiming populace may be 196, with 22.27% from claiming tribal number. The state is portrayed toward geographical, social also social varieties. Those states will be "around those secondary concentrate states of the country, due to poor human improvement index, literacy, base facilities, accessibility about wellbeing manpower, and wellbeing conclusions. Those greater part from claiming tribal groups proceed with should a chance to be powerless Actually today in examination of the general number and this may be reflected in the socio-investment substances What's more issues of these Assemblies for example, territory alienation, indebtedness, hardship about woodland rights, which is further exacerbated by low education and high roller drop-out rates What's more of great destitution.

Madhya Pradesh is located in national map as geographical heart of India. Madhya Pradesh will be a mixture for Different castes Also groups. It may be those second biggest state about India Eventually Tom's perusing region which 9.5% about zone of the nation over. Those states need very nearly 6 % for national populace. Populace development rate of the state may be 24. 34 while national Normal may be 21. 34%.

### **Important statistics of MP-**

	India	Madhya Pradesh
Area ( in thousand square kilometers )	3287	308
Population 2011 Census (000)	1210193	72627
Total	623724	37612
Males	586469	35015
Females		
population growth rate ( Decade 2001-2011)	17.6	20.3
Total Child Population (0-6 Age		10,809,395
Male		5,636,172
Female		5,173,223
Density/km2	382	236
Sex ratio (female \1000 male)	940	931
Percentage rural population	66.8	72.4

**Table 1**

### **Health profile of Madhya Pradesh State as compared to India figures**

Indicators	MP	India
Crude Birth Rate (SRS 2013)	26.3	21.4
Crude Death Rate (SRS 2013)	8	7
Infant Mortality Rate( SRS 2013)	54	40
Maternal Mortality Rate (SRS 2010-12)	230	178
Crude fertility rate ( SRS 2013, AHS 2012-13)	2.9	

### **Health Infrastructure of Madhya Pradesh**

S. No	Institute	Position as on 31/1/2015
	District Hospital	51
	Total number of beds	13700
	Civil Hospital	66
	Total number of beds	4467
	Primary Health Centre	1171
	Total number of beds	7026
	Sub Health Centre	9192
	Total number of beds	400 (approx.)
	Civil dispensary( Urban)	92
	Urban Family welfare center	96
	T. B. Hospitals (Bhopal, Indore , Gwalior, Chaterpur, Ujjain, Sagor, Ratlam, Chindwada)	08
	Chest center (Indore)	01
	Poly clinic	06
	Trauma Centre( Shivpuri, Ujjain, shahdol, Ratlam, Guna, Seoni, Narsinghpur, Sagore )	08
	Gram Arogya Kendra	50,000

**1**

#### **Population of India and Madhya Pradesh since 1901 to 2011**

Year	India	Madhya Pradesh	Year	India	Madhya Pradesh
1901	23,83,96,327	1,26,79,214	1961	43,92,34,771	2,32,17,910
1911	25,20,93,390	1,42,49,382	1971	54,81,59,652	3,00,16,625
1921	25,13,21,213	1,39,06,774	1981	68,33,29,097	3,81,68,507
1931	27,89,77,238	1,53,26,879	1991	84,64,21,039	4,85,66,242
1941	31,86,60,580	1,71,75,722	2001	1,02,87,37,436	6,03,48,023
1951	36,10,88,090	1,86,14,931	2011	1,21,01,93,422	7,25,97,565

### SOCIO-DEMOGRAPHIC PROFILE

10	INDICATORS	M.P.	India
	Area (In sq. km)	3,08,245 (9.38% of India's total area)	32,87,263
	Population (Census 2001)	6,03,85,118 (5.88% of India's population)	1,027,015,247
5	Population growth rate (1991-2001)	24.34	21.34
	Population density	196	
	Literacy	64.11	
23	Male Literacy	76.80	
5	Female Literacy	50.28	
	Sex ratio (Females per 1000 Males)	920	933
	Urban population	26.67%	27.78%
	Scheduled Castes	74, 78,000 (15.4%)	16, 65, 76,000 (16.20%)
	Scheduled Tribes	96, 82,000 (19.94%)	8, 31, 88,235 (8.10%)
	Maternal Mortality Rate (SRS 1998)	498	407
	Infant mortality rate (SRS 2004)	79/1000	64/1000 (SRS 2004)
	Total Fertility Rate (NFHS-II)	3.3	2.9

## CHAPTER 3

### PROJECT REPORT

#### **Title of the study: “Post Natal Contraception & Family Planning Trend in District Hospital of Khargone District, Madhya Pradesh”**

##### ❖ *INTRODUCTION*

Khargone already known as West Nimar will be a district from asserting Madhya Pradesh state to central india. The district lies On Nimar area, besides is and just Indore division. Under indore Khargone town might be those home office from asserting this area. The district will be disconnected fewer than 5 sub-divisions, which require help additionally divided under 9 tehsils.

##### Introduction

Family planning administrations characterized as "instructive, extensive medicinal or social exercises which empower people, including minors, to decide uninhibitedly the number and dividing of their kids and to choose the methods by which this might be accomplished". Family planning may include thought of the quantity of youngsters a lady wishes to have, including the decision to have no kids, and the age at which she wishes to have them. These issues are impacted by outside components, for example, conjugal circumstance, profession contemplations, monetary position, and any inabilities that may influence their capacity to have kids and raise them, other than numerous different contemplations. In the event that sexually dynamic, family planning may include the utilization of contraception and different methods to control the planning of multiplication. Different procedures generally

utilized incorporate sexuality instruction, counteractive action and administration of sexually transmitted diseases, pre-origination advising and administration, and barrenness administration. Family arranging as characterized by the United Nations and the World Health Organization includes administrations paving the way to origination and does not advance fetus removal as a family planning strategy, despite the fact that levels of prophylactic utilize diminish the requirement for premature birth. Family arranging (FP) is one of the significant parts of regenerative wellbeing and its objective is to avoid undesirable pregnancies and direct needed pregnancies, along these lines guaranteeing the strength of moms and kids. It additionally goes for controlling the populace keeping in mind the end goal to keep up the fundamental harmony amongst improvement and the earth.

**Factors that influence population growth:** It can be categories into following:-

- a) **Unmet need of Family Planning:** -This incorporates those at present married women, who wish with stop kid bearing alternately sit tight for following two alternately that's only the tip of the iceberg a considerable length of time to those next kid birth, Be that not utilizing At whatever preventative system. Downright unmet have about family arranging will be 21. 3% (DLHSIII) clinched alongside our nation over.
- b) **Age at Marriage and first childbirth:-** Over India 22.1% of those young ladies get wedded beneath those period of 18 a considerable length of time Also out of the aggregate conveyances 5. 6% need aid around young people i. E. 1519 A long time.
- c) **Spacing between Births:** -Healthy spacing of 3 years improves the chances of survival of infants and also helps in reducing the impact of population momentum on population growth. In India, <sup>4</sup> spacing between two childbirths is less than the recommended period of 3 years in 59.3% of births, SRS 2013 data shows.



➤ **Current Family Planning Efforts (under the National Family Welfare Programme) :-**

Those techniques accessible presently on India might make comprehensively isolated under two categories:

**1. Spacing Methods:** These are the reversible methods of contraception.

**A) Oral Contraceptive Pills**

- These would hormonal pills which must a chance to be taken Eventually Tom's perusing a woman, preferably in an altered time, every day.

**B) Condoms**

- The cast "Nirodh" is accessible chargeless of amount at government bloom accessories and supplied at doorstep by ASHAs for basal cost.

**C) Intra-Uterine Contraceptive Devices (IUCD)**

- Copper holding IUCDs need aid an exceptionally successful technique for in length term conception dividing.
- If not be utilized toward ladies for uterine anomalies alternately ladies for animated PID alternately the individuals who would toward expanded hazard about STI/RTI (women for numerous partners).
- **Two types:**
  - Cu IUCD 380A (10 yrs.)
  - Cu IUCD 375 (5 yrs.)
- New approach of method delivery- postpartum IUCD insertion by specially trained providers to tap the opportunities offered by institutional deliveries.



2. **Permanent Methods:** These are the methods adopted by couples.

**A) Female Sterilisation-**

- **Minilap:** Minilaparotomy includes settling on a little entry point in the abdomen. Those fallopian tubes need aid brought of the entry point with be slice or blocked.
- **Laparoscopic:** laparoscopy includes inserting in length dainty tube with a lens over it under the abdomen through an little entry point. This laparoscope empowers the specialist should see Also piece alternately slice the fallopian tubes in the abdomen.

**B) Male Sterilisation-**

- little entry point in the scrotum, the supplier locates every of the 2 tubes that carries sperm of the penis (vas deferens) and cuts alternately obstructs it Toward cutting Furthermore tying it shut or Toward applying heat alternately power (cautery). However, those few necessities to utilize an elective system for contraception for main three months after disinfection till no sperms need aid distinguished previously, semen. Two systems constantly utilized Previously in India:

- Conventional

- Non- Scalpel Vasectomy – no incision, best puncture Also Consequently no stitches.

**C) Emergency Contraceptive Pill (ECP) :**

- To be expended over cases from claiming crisis emerging out from claiming unplanned/unprotected intercourse.
- 72 hours of the sexual act and ought to further bolstering never to be acknowledged a supplanting for a standard preventative.

**Regional variations**

- China's family arranging strategy constrained couples with have close to particular case kid. Start Previously, 1979 Furthermore being authoritatively phased out in 2015, [59] the approach might have been instated to control the fast number Growth that might

have been happening in the country at that period. For those fast changes to population, china might have been confronting a number impacts, including neediness What's more homelessness. Similarly as a Creating nation, those chinese legislature might have been worried that a continuation of the fast number Growth that required been happening might ruin their advancement Similarly as a country.

- In the Philippines, those mindful parenthood and regenerative wellbeing gesture of 2012 certifications widespread entry should systems ahead contraception, ripeness control, sexual education, Also maternal forethought. Same time there will be all assention something like its procurements for maternal and tyke health, there may be extraordinary civil argument for its mandatary that the philippine administration and the private segment will store Also attempt broad circulation about family arranging units for example, such that condoms, conception prevention pills, What's more IUDs, as those legislature proceeds will spread majority of the data with respect to their use through know human services focuses.

### ❖ RATIONALE

- Madhya Pradesh needs number for 7. 27 Crores, a expand from figure about 6. 03 crore over 2001 enumeration. Aggregate populace about Madhya Pradesh Concerning illustration for every Statistics 2011 is 72,626,809. It's profoundly important with control the populace by utilizing distinctive system for family arranging.
- There is prove from examines led in various parts of the world that advancing the different Family planning Techniques particularly after 6months of conveyance enhances preventive conduct and learning of moms about Family planning. This in the end prompts change in Exclusive Breast Feeding which is Natural Family Planning method (LAM).

## CHAPTER 4

### • REVIEW OF LITERATURES

1. An exploration article titled "The impact of contraception, abortion, and common family arranging around separation rates Concerning illustration discovered in the 2006-2010 national study of crew Growth" by Fehring RJ (Linacre Quarterly. 2015 Aug; 82(3):273-82) the reason for this examine might have been on figure out those impact of contraception, abortion, and common family arranging (NFP) on separate rates of us ladies of regenerative cell period. The variables about fact that religion Furthermore recurrence about church participation were also incorporated in the dissection. Those study included 5,530 regenerative agdistis ladies in the (2006-2010) national overview about gang development who demonstrate that they were at any point hitched. "around the ladies who ever utilized NFP best 9. 6 percent were right now separated compared for those 14. 4 percent who were right now separated Around the ladies who never utilized NFP ( $\chi^2 = 5.34$ ,  $p < 0.021$ ). Chances proportion Investigation shown that at any point Hosting an abortion, sterilization, or routines of contraception expanded the probability about separation - dependent upon two times. Recurrence for chapel participation diminished the danger from claiming separate. In spite of the fact that there may be lesquerella separation Around NFP clients those motivation behind could be expected will their religiosity. Lay Outline: suppliers of common family arranging (NFP) every now and again notice that couples who act NFP have fewer divorces contrasted with couples who use contraception. Confirmation for this remark is powerless. This study used extensive information situated for 5,530 regenerative agdistis ladies will figure out the impact that contraception, sterilization, abortion, Furthermore NFP need with respect to separate rates. Around those ladies members who at any point utilized NFP best 9. 6 percent were presently separated compared for the 14. 4 percent who utilized strategies for contraception, sanitization or abortion as a family arranging

technique? Recurrence of church participation also lessened those probability of separation

2. An investigation Toward Rizvi A; Mohan U; Singh SK; Singh VK (Indian diary about group keeping wellbeing. 2013Jan-Mar; 25(1):6-11) entitled "Assessment for information about contraceptives and its act "around hitched ladies Previously, urban slums of lucknow locale. Not large portions investigations bring been led in regards to preventative hones in the slums from claiming lucknow. This contemplate will make supportive in the surveying the present situation about pervasiveness about preventative utilization Furthermore Different bio-social qualities that might influence the preventative utilization Eventually Tom's perusing those ladies residing Previously, urban slums of lucknow. Objectives: with assess the information about contraceptives and its polishes "around wedded ladies in urban slums about lucknow locale. Methodology: this might have been a spellbinding cross-sectional ponder. In view of thirty bunch inspecting technique, thirty urban slums were chosen. Downright 600 hitched ladies of regenerative cell age class (15-49 years) were interviewed in the period about you quit offering on that one quite a while starting with admirable 2010 with admirable 2011. Information might have been gathered through preformed What's more pretested plan Furthermore examination might have been carried utilizing chi squared test Also different logistic relapse through SPSS 17. 0 programming. Results: it might have been found that 99. 2 percent hitched ladies required those information for contraceptives Yet its utilize might have been just 46. 7 percent. The greater part regularly utilized preventative might have been condom. "Around ladies who needed ever utilized contraceptives, regarding 56. 3 percent ladies were present clients. Dread of side effects/ wellbeing worry might have been the primary purpose behind discontinuing preventative utilize. Conclusions: if learning from claiming contraceptives Around ladies residing clinched alongside urban slums of lucknow might have been great however preventative utilization might have been significantly slacking behind.

3. An investigation Eventually Tom's perusing Chhugani M; Jha P; Caine KL (Indian diary for Group wellbeing. 2013 Jan-Mar; 25(1):82-85) constantly on couples ought to have the capacity choose know what number of Youngsters on need Also At will bring them. Nurture speak to those discriminating join between those wellbeing framework Furthermore communities, offering family arranging systems What's more data that might help ladies the long run What's more space their pregnancies. This majority of the data will be regularly a is concerned of life and demise for ladies What's more Youngsters. Those planet wellbeing association (WHO) prescribes an interim for 24 months between labor What's more ensuing pregnancy so as to decrease the danger from claiming unfriendly maternal, perinatal, What's more newborn child conclusions. Despite the vitality about conception dividing for maternal Furthermore kid health, dividing routines are underutilized Previously, india. Same time 38% about wedded ladies from claiming regenerative agdistis use sterilization, just 10% use an advanced conception dividing strategy. Eight percent utilize an accepted technique for example, such that rhythms, what's more 44% utilize no technique. In 13% from claiming ladies have an unmet require crewing planning, half of which is for conception dividing. This information recommends an possibility request to extra conception dividing decisions.
4. Mubanga (2000) started that what number of youngsters forestall unintended pregnancies. It covers areas as varied as when and why to get pregnant, the number of children that are wanted, what to do when an unintended pregnancy occurs, and the types of family planning methods to use to delay, space, or avoid a pregnancy (modern contraceptives as well as traditional methods). Family planning is the planning of when to have children, and the use of birth control and other techniques to implement such plans. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management (Fisher, 1991). Family planning is sometimes used as a synonym for the use of birth control, though it often includes more. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy.

Family planning services are defined as educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved (MoH, 1999)

## CHAPTER 5

- **SPECIFIC OBJECTIVES**

- To assess the status of Post Natal Contraception & Family Planning Trend in District Hospital of Khargone District, Madhya Pradesh
- To cite recommendations with respect to the findings of the study, to bridge the identified gap.

## CHAPTER 6

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- **METHODOLOGY**

- ✓ **Study Design:** Cross-sectional study
- ✓ **Study Period:** One Month
- ✓ **Study Population:** 50
- ✓ **Study Area:** The study has been conducted in District Hospital of Khorghone district, Madhya Pradesh.
- ✓ **Tools and techniques:-**The data collection technique would be survey-based, using the 'Post Natal Contraception and Family Planning' related questionnaire
- ✓ **Data Collection:** - Primary and Secondary both. Visiting Patient and their relatives of eligible respondents and conducting personal interactions.
- ✓ **Plan of data analysis:-**The collected data will be compiled and analysed using various functions in Microsoft Office Excel software. Bar Charts and Pie Graphs will be used.

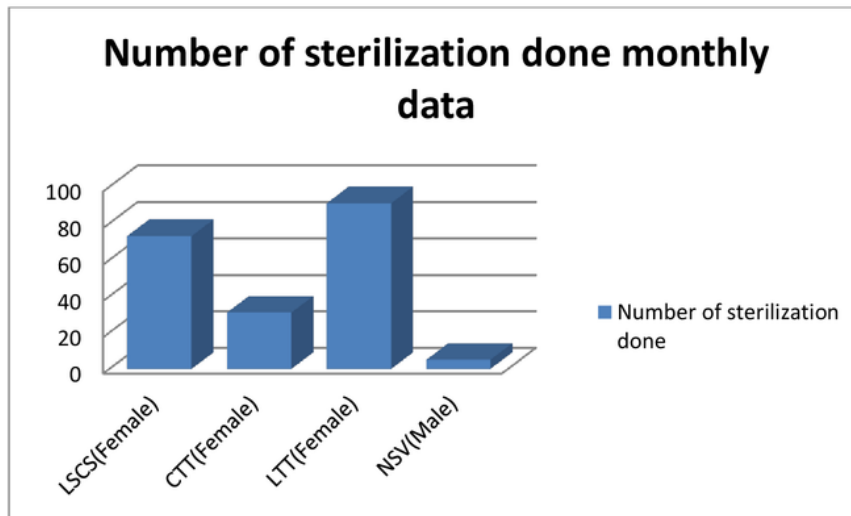
- **LIMITATIONS**

- The sample size for this study is small because there were very few no. of families with 6-8 months year old child in the District Hospital and near Blocks.
- Time was a major constraint in the study.
- The study was limited to a confined area District Hospital and near Blocks

## CHAPTER 7

### ❖ FINDINGS

STERILIZATION	Number of sterilization done
LSCS(Female)	73
CTT(Female)	31
LTT(Female)	91
NSV(Male)	5





### Data related to family planning inspiration goal

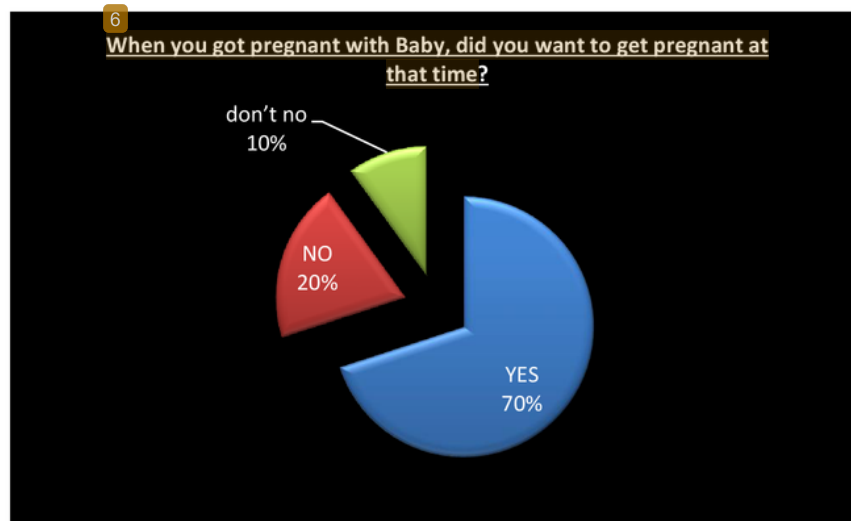
	Male inspired				Post Partum Inspired				Female Inspired					Total Inspired			
			Registered information(April 2017- March 2018)				Registered informatio n(April 2017- March 2018)				Registered Annual informa tion (April 2017- March 2018)					Registered Annual informa tion(Apr il 2017- March 2018)	
Name of Blocks/Tehsils	Annual Goal/Ta rget	Monthly achieve ment	March 2018)	Perce ntage	Annual Goal/Ta rget	Monthly achieve ment	March 2018)	Percenta ge	Annual Goal/Ta rget	Monthly achieve ment	March 2018)	Percent age	Annual Goal/Ta rget	Monthly achieve ment	March 2018)	Percenta ge	
Kharghone	115	3	7	6.09	199	38	346	173.87	1026	101	593	57.8	1140	142	946	82.98	
Barwaha	302	2	23	7.61	529	6	44	8.32	2721	68	1578	58	3023	76	1645	54.42	
Bhagwanpur	168	0	0	0	295	4	25	8.47	1515	25	1306	86.21	1683	29	1331	79.08	
Bhikangaon	165	0	0	0	289	5	48	16.61	1488	27	1141	76.68	1653	32	1189	71.92	
Gogaon	104	2	6	5.77	183	7	66	36.07	942	41	581	61.65	1046	50	653	62.4	
Kasrawad	205	0	5	2.44	358	14	95	26.54	1842	51	954	51.78	2047	65	1054	51.49	
Maheshwar	196	1	11	5.61	343	7	56	16.33	1764	21	1025	58.11	1960	29	1092	55.71	
Yun	96	0	6	6.25	169	6	68	40.24	866	26	538	62.12	943	32	612	64.9	
Segaon	71	0	0	0	124	2	23	18.55	639	11	488	76.33	710	13	511	71.93	
Jhiranya	178	0	0	0	311	1	13	4.18	1597	4	1206	75.52	1775	5	1219	68.68	
Total	1600	8	58	3.62	2800	90	784	28	14400	375	9410	65.35	16000	473	10252	64.08	

Name of Blocks/Tehsils	Copper-T															
	IUCD				PPIUCD				CC Users				Oral Pills Users			
	Annual Goal/Target	Monthly achievement	Registered information (April 2017-March 2018)	Percentage	Annual Goal/Target	Monthly achievement	Registered information (April 2017-March 2018)	Percentage	Annual Goal/Target	Monthly achievement	Registered Annual information (April 2017-March 2018)	Percentage	Annual Goal/Target	Monthly achievement	Registered information (April 2017-March 2018)	Percentage
Kharghone	1104	4	142	12.86	641	81	1102	171.92	1977	246	1510	76.38	1960	101	1124	57.35
Barwaha	2929	15	419	14.31	1701	73	700	41.15	5243	263	1373	26.19	5196	248	1282	24.67
Bhagwanpur	1630	35	964	59.14	947	41	519	54.8	2919	112	457	15.66	2893	12	391	13.52
Bhikangaon	1601	1	278	17.36	930	73	404	43.44	2867	97	1137	39.66	2841	41	682	24.01
Gogaon	1013	23	479	47.29	588	36	559	95.07	1814	56	182	10.03	1798	224	770	42.83
Kasrawad	1983	33	647	32.63	1152	46	523	45.4	3551	77	844	23.77	3519	44	1850	52.57
Maheshwar	1900	3	42	2.21	1102	61	336	30.49	3399	76	467	13.74	3368	124	1333	39.58
Yun	934	19	224	23.98	542	30	397	73.25	1672	31	211	12.62	1656	71	818	49.4
Segaon	688	14	130	18.9	399	39	455	114.04	1232	86	640	51.95	1221	26	620	50.78
Jhiranya	1718	133	975	56.75	998	7	168	16.83	3076	22	118	3.84	3048	55	487	15.98
Total	15500	280	4300	27.74	9000	487	5163	57.37	27750	1066	6939	25.01	27500	946	9357	34.03

**6**  
**Table 1: When you got pregnant with Baby, did you want to get pregnant at that time?**

Criteria	Frequency	Percentage
YES	35	70%
NO	10	20%
DON'T NO	5	10%

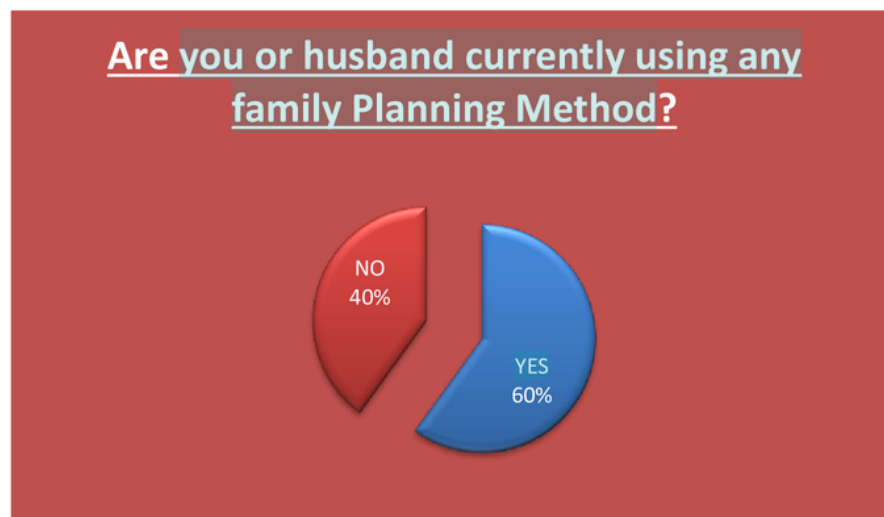
**Graph1 : When you got pregnant with Baby, did you want to get pregnant at that time?**



**Table 2: Are you or husband currently using any family Planning Method?**

Criteria	Frequency	Percentage
YES	30	60%
NO	20	40%

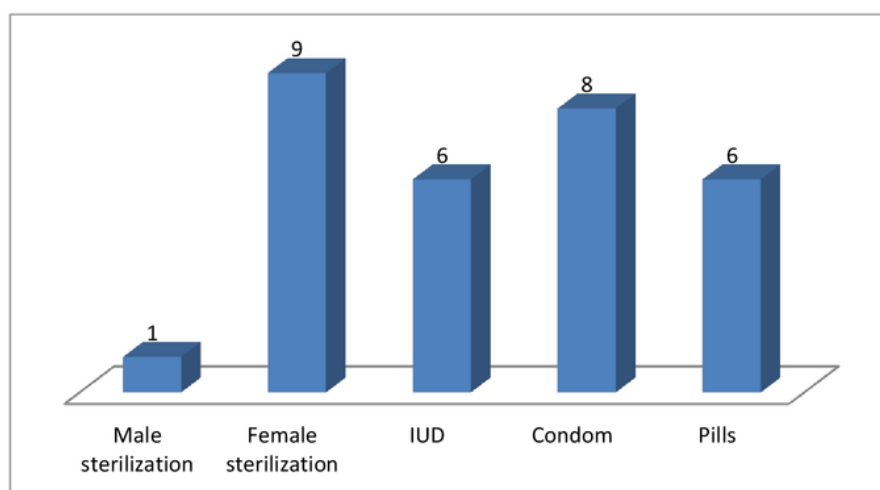
**Graph 2: Are you or husband currently using any family Planning Method?**



**Table 3:Which method are you using currently?**

Criteria	Frequency	Percentage
Male Sterilization	1	4
Female Sterilization	9	30
IUCD	6	20
Condom	8	26
Pills	6	20

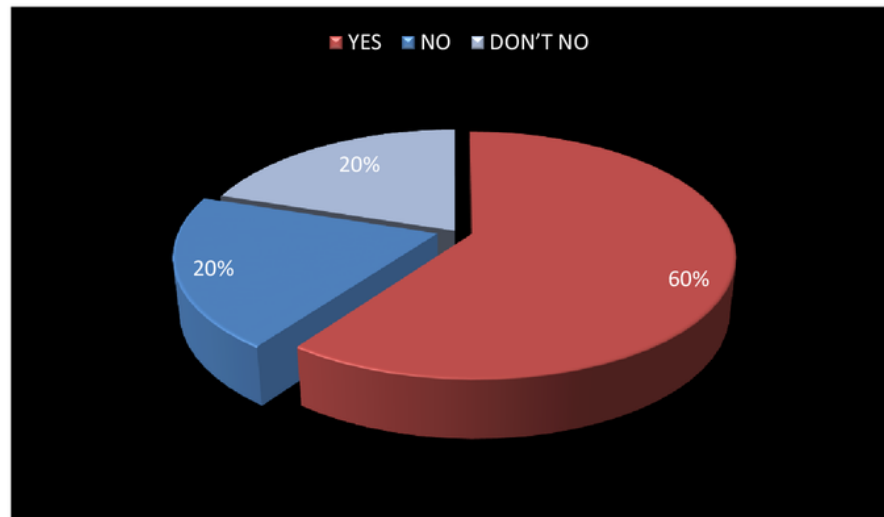
**Grapg3: Which method are vou using currently?**



**Table 3:Would you like to have another child?**

Criteria	Frequency	Percentage
YES	30	60%
NO	10	20%
Don't	10	20%

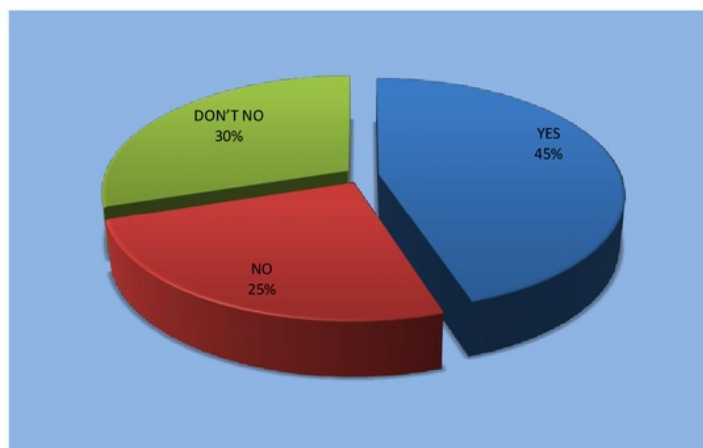
**Graph 3: Would you like to have another child?**



**Table 4:Do you intend to use any method of family planning to delay or prevent the next pregnancy?**

Criteria	Frequency	Percentage
YES	9	45%
NO	5	25%
Don't	6	30%

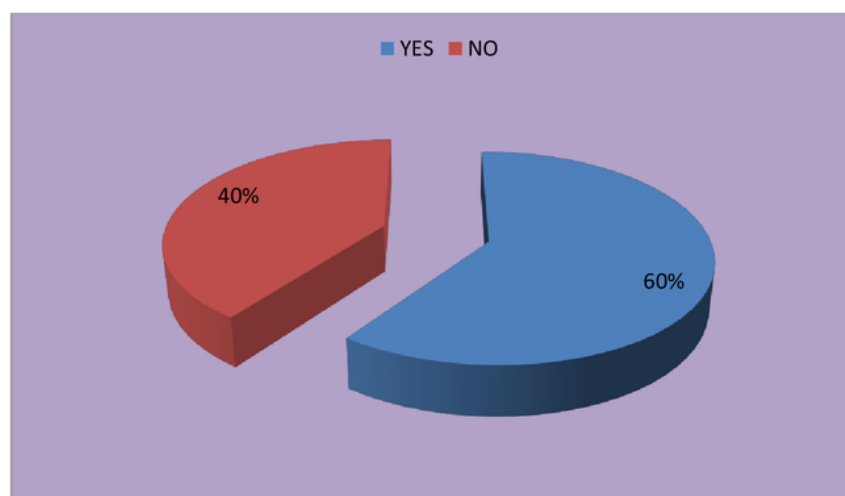
**Graph 4: Do you intend to use any method of family planning to delay or prevent the next pregnancy?**



**Table 5: Have you ever used IUCD/PPIUCD?**

Criteria	Frequency	Percentage
YES	30	60%
NO	20	40%

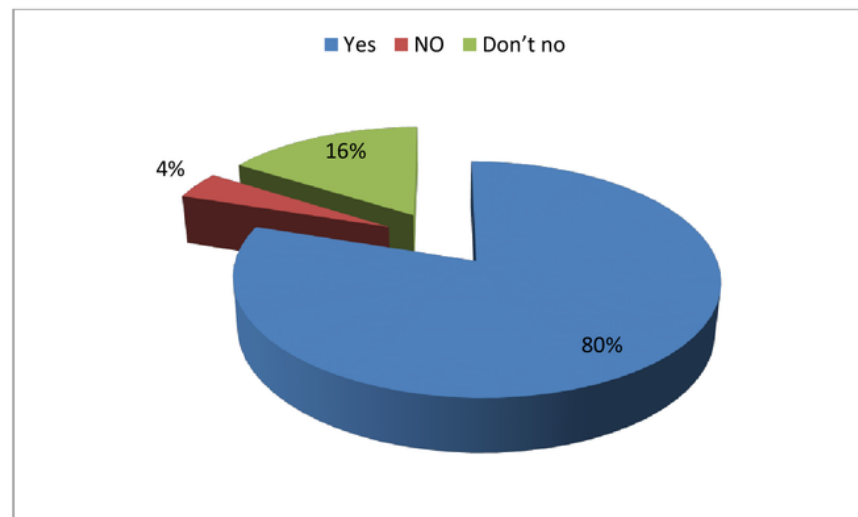
**Graph5: Have you ever used IUCD/PPIUCD?**



**Table 6:Did ASHA/AWW/ANM advise you about the risk of becoming pregnant soon after delivery if you didn't use a method to avoid becoming pregnant, after your last pregnancy?**

Criteria	Frequency	Percentage
YES	40	80
NO	2	4%
Don't No	8	60%

**Graph 6: Did ASHA/AWW/ANM advise you about the risk of becoming pregnant soon after delivery if you didn't use a method to avoid becoming pregnant, after your last pregnancy?**

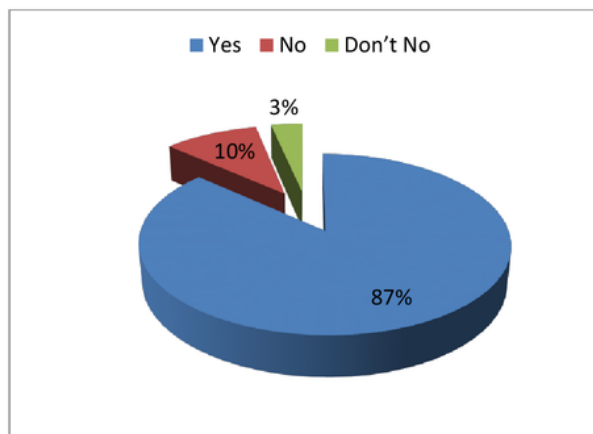


**Table 7: Does Family planning methods prevent the unwanted pregnancy & helps birth spacing?**

Criteria	Frequency	Percentage
YES	26	87%
NO	3	10%
Don't No	1	3%



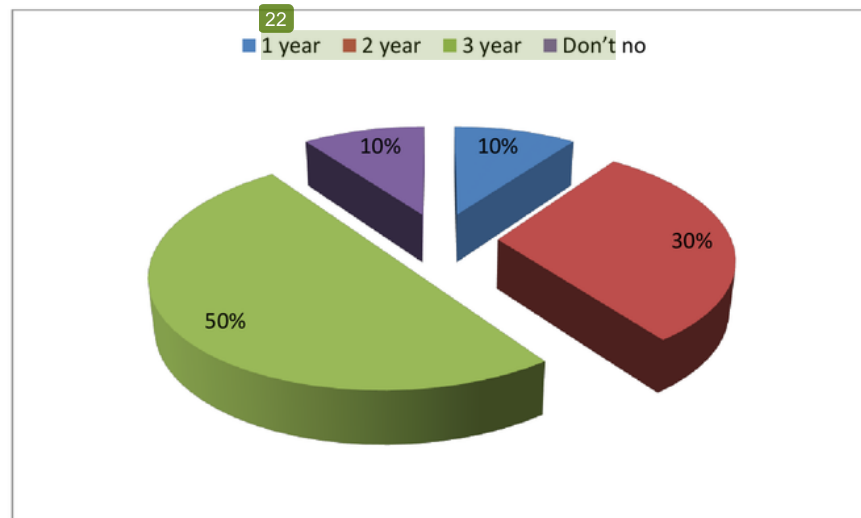
**Graph7: Does Family planning methods prevent the unwanted pregnancy & helps birth spacing?**



**Table 8: How long should one wait between two children?**

Criteria	Frequency	Percentage
1 Years	5	10%
2 Years	15	30%
3Years	25	50%
Don't No	5	10%

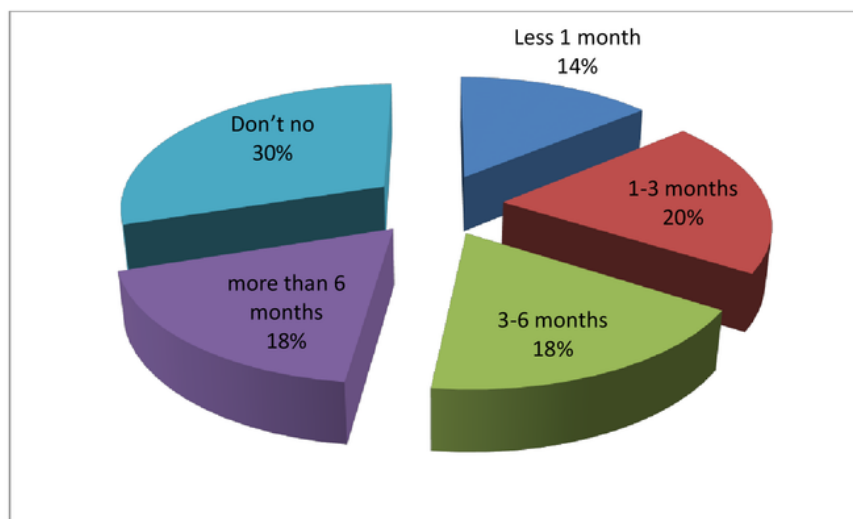
**Graph 8:How long should one wait between two children?**



**Table 9:How long after birth family planning method can be started?**

Criteria	Frequency	Percentage
Less 1 month	7	14%
1-3 months	10	20%
3-6months	9	18%
More than 6 months	9	18%
Don` t know	15	30%

**Graph 9: How long after birth family planning method can be started?**



## CHAPTER 8

### ➤ RESULTS AND INTERPRETATION: –

- ✓ 35 women want to get pregnant because of culture believe but 10 women did want to get pregnant that time and 5 women say don't know out of 50 women.
- ✓ Maximum women/husbands are not using use family planning and only 30 women/husbands are using FP method out of 50 women/husband.
- ✓ women those are not using any FP method for another Child then we found that 6 women not decided, 9 women said yes and 9 Women said No out of 20.hence, 30 women are already using out of 50.
- ✓ According to the data those are using FP method we can say that maximum Women/husband using Pill and Condom which is got from ASHA/AWW and some women got PHC for Sterilization.
- ✓ According to the data, men prefer to stay away from sterilization and adopt other methods of family planning but not about female.
- ✓ A lot of couples would prefer not to utilize the IUD since they mistakenly trust that utilizing the IUD will cause either no monthly bleeding (amenorrhea) or heavier, painful, stomach ache and more frequent menstrual bleeding.
- ✓ Maximum women aware about FP method that its help birth spacing but some women don't know that "How long after birth FP method can be started?"

## ❖ RECOMMENDATIONS

- ✓ According to these study found that peoples are don't want use PF method because of their culture believe & said that "*Bachche Bhagwan ka den hai*" and it might cause side effects or wellbeing dangers for example Cancer, sexually transmitted infection, or birth defects like by utilizing IUCD so we need aware about FP that what is advantage of FP.
- ✓ Use IEC material and activity like street play to increase awareness about FP.
- ✓ Effective home visit of ANM/ASHA/AWW and ask about any problem regarding the method.
- ✓ Training of all health workers regarding FP methods.
- ✓ Improve the Health services and facility as well as make friendly environment in all health center so that they can easily share there thought & problem regarding FP.
- ✓ Regular feedback from beneficiary by higher authority to avoid gap and to know the ground reality so they can improve the services according to need.
- ✓ Encourage community health workers to include family planning messages in their health activities in their communities.

## ❖ CONCLUSION

- ✓ Study indicate that women don't want to pregnant but due to their family member want at least four to five child because they wait for Baby Boy and if Baby Boy is there then they wait for Baby Girls and they have mentality FP like IUCD may Cause Cancer or other Diseases so we need to aware about FP by different method like IEC etc. Men prefer to stay away from sterilization and adopt other methods of family planning but not about female. Ladies bring not with sexual intercourse until their bleeding stops (usually five should seven days then afterward abortion) Also whatever difficulties need been determined.

## QUESTINNAIRE:

1. <sup>6</sup> When you got pregnant with Baby, did you want to get pregnant at that time?
2. Are you or husband currently using any family Planning Method?
3. Which method are you using currently?
4. Would you like to have another child?
5. Do you intend to use any method of family planning to delay or prevent the next pregnancy?
6. Have you ever used IUCD/PPIUCD?
7. Did ASHA/AWW/ANM advise you about the risk of becoming pregnant soon after delivery if you didn't use a method to avoid becoming pregnant, after your last pregnancy?
8. Does Family planning methods prevent the unwanted pregnancy & helps birth spacing?
9. How long should one wait between two children?
10. How long after birth family planning method can be started?

**Some Pictures related family planning of District Hospital of Khorghone district, Madhya Pradesh**



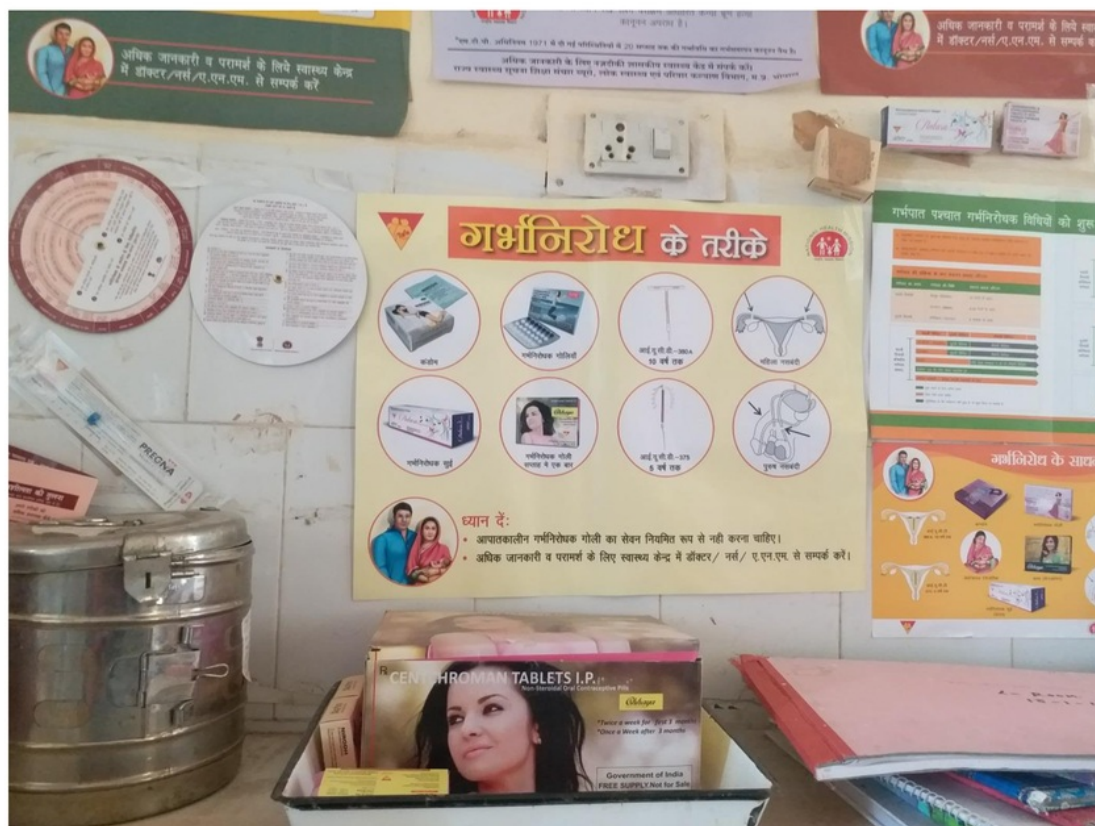












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