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Abortion and family planning status of Murshidabad and West Bengal: A Comparative Analysis

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Introduction

The estimated population of India is 1.16 billion individual[1] and is projected to be 1.48 billion people by 2030, surpassing China as the world's most populous nation.[1] With 16% of the world's population, India accounts for over 20% of the world's maternal deaths. Abortion has been legalized in India for the past three decades. However, the availability of safe abortion services is limited, resulting in a large number of informal abortion service providers and unsafe abortions, especially in rural areas; most abortion facilities are located in urban areas, whereas more than 70% of Indian women live in rural areas. Aside from the inaccessibility of facilities, other obstacles include a lack of trained providers, perceived poor-quality care, little awareness that women are legally entitled to abortion, cost, and for young and unmarried women there is the fear of disclosure.

The Government of India has made concerted efforts to increase access to abortion services. For example, the National Population Policy[2] recommended expanding the provision of abortion to the primary health centers. Certification procedures have been rationalized, training of medical officers in manual vacuum aspiration has been expanded, non-surgical abortion (using drugs) at gestational age of 7 weeks or less was legalized in 2002,[3] and, to make them more accessible. Although impressive, these efforts remain insufficient to meet the needs of women seeking abortion services.

There is a huge gap between demand and availability of MTP services. A DLHS-3 report shows that unmet need for family planning varies from state to state with Andhra Pradesh having the least- 8.5% and Bihar with maximum- 37.2%. States with high MMR have high unmet need for family planning.

The total fertility rate in 2005−06 was 2.7,[3] versus 3.4 in 1998−99.8 It is now 2.1 (replacement level) in urban areas, and 3.0 in rural areas.[3] In 2005–06, 56% of married women were using contraception compared with 41% in 1990–92[5] and 48% in 1998–99.[4] The estimated maternal mortality ratio showed a 36% reduction from 398 per 100 000 live births in 1997–08 to 254 per 100 000 live births in 2004–06.[4,5] However, this decrease is not sufficient to achieve a maternal mortality ratio of less than 100 per 100 000 live births to meet national goals.

Among the states, the use of natural methods of family planning was relatively common in West Bengal, Assam, Manipur, Punjab, Sikkim and Goa. In West Bengal, more than one in four current users was using a natural family planning method (NFHS-3). According to 2011 census, West Bengal has a population of 9.13 and sex ration 950 females per 1000 males

As per DLHS-3, shows the following contraceptive prevalence rate in West Bengal.

In west Bengal any method of family planning has increased considerably over the years from 73.8(DLHS-2) in 2002-4 to 71.3(DLHS-4) in 2012-13. Though female sterilization has increased over the years to 34.1%(DLHS-4), male sterilization decreased from 0.5 to 0.3(DLHS-3) in 2007-08,which again increased to 0.5(DLHS-4) in 2012-13. Below table depicts the usage of different family planning methods overt the last 10 years.

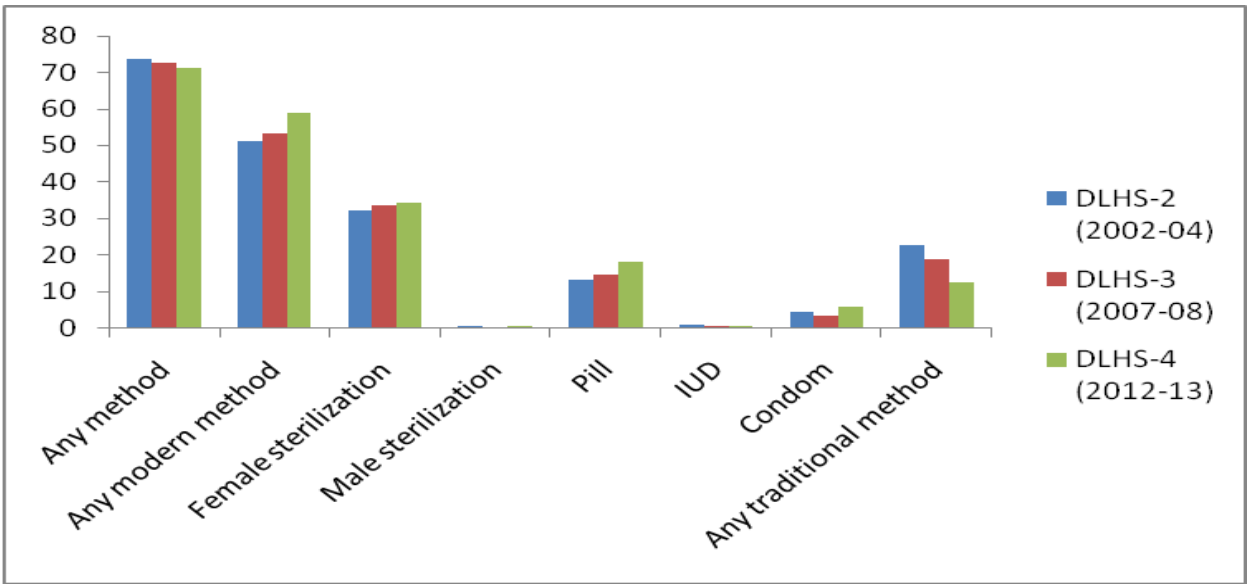

Fig. 1:% use of Family planning methods over the years

West bengal has improved considerably in reducing the unmet need of the its population from 11.2(DLHS-2) in 2002 to 10.3(DLHS-4) in 2012-13. Though it increased to 11.6(DLHS-3) in 2007-08.but the trend of unmet need for limiting is increasing form 6.7 to 7.4 and to 7.5 (DLHS-4) in 2012-13.

Table 1: Comparative Unmet Need for Family Planning (%) between West Bengal and India

	West Bengal-Unmet Need for Family Planning (%)			India-Unmet Need for Family Planning (%)		
Indicators	**DLHS-2 (2002-04)**	**DLHS-3 (2007-08)**	**DLHS-4 (2012-13)**	**DLHS-2 (2002-04)**	**DLHS-3 (2007-08)**	**DLHS-4 (2012-13)**
Total unmet need	11.2	11.6	10.3	21.4	21.3	NA
Unmet Need for spacing	4.5	4.2	2.8	7.9	8.6	NA
Unmet Need for limiting	6.7	7.4	7.5	13.4	12.8	NA

Quality of family planning practices decreased in west bengal over the years. Counselling of non users decreased from 24.5 to 21.8%(DLHS-4), though it improved from 2002-04 when it was 16.3%(DLHS-2). Even current users who received any information of side effects also decreased. Users who received follow-up services for sterilization and IUD within 48 hours are 44.8(DLHS-4) in 2012-13 from 55.8(DLHS-3) in 2007-08. Post-partum adoption of family planning for sterilization has increased to 67.2(DLHS-4) from 44.3(DLHS-3) in 2007-08.

Abortion services in West Bengal shown improvement over the years. Induced abortions have decreased.

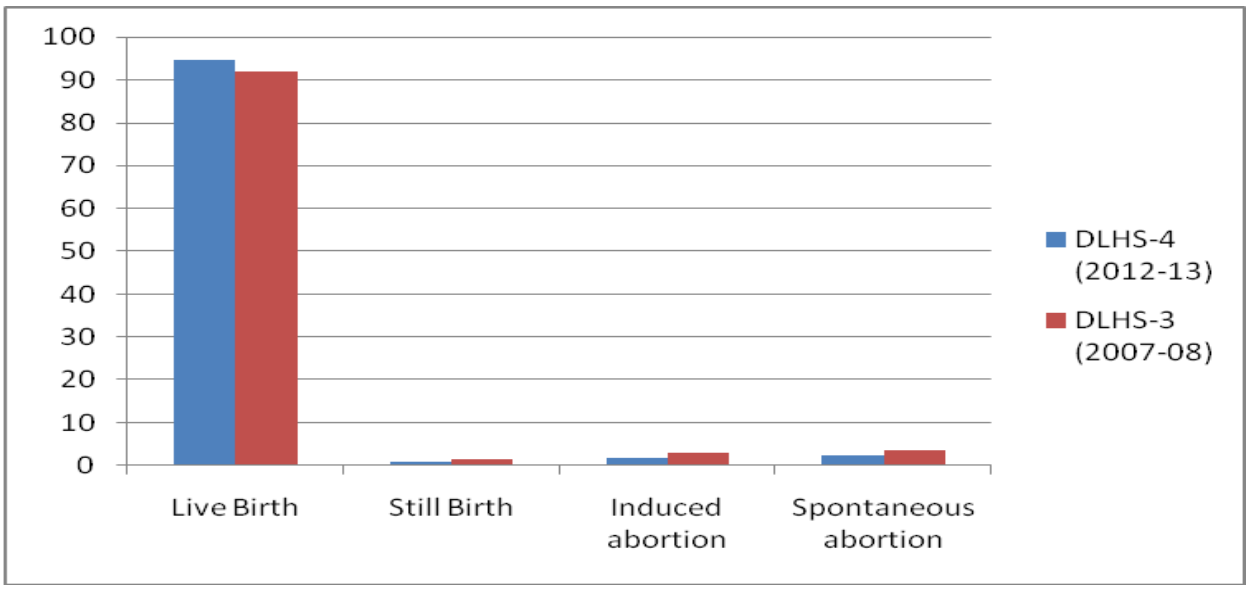

Fig. 2:% Pregnancy outcomes in West bengal

Government of India has launched the RMNCHA programme in 2013. For this purpose 184 high priority districts (HPDs) have been selected using the Composite Health Index. Five Districts have been selected in West Bengal, namely, Cooch Behar, Uttar Dinajpur, Malda, Murshidabad and South 24 Parganas. Being one of the 184 HPDs, Murshidabad District deserves special interventions as suggested by Government of India.
Now, we will discuss in details about the scenerio in Murshidabad district of West Bengal.

Background of Murshidabad district: As per 2011 census(16), Murshidabad has a population of 7102430 with 63.88% lliteracy rate. MMR is 143 as compared to state average 145. IMR is 26.7 as compared to state average 35.

As per DLHS data, Percentage of people using any method of family planning has been seen decrease over the years from 68.3% in 2002-04 to 67.5% in 2012-13,though it has been some improvement in 2007-08 of 72.7%. other methods also decreasing. Details are shown below

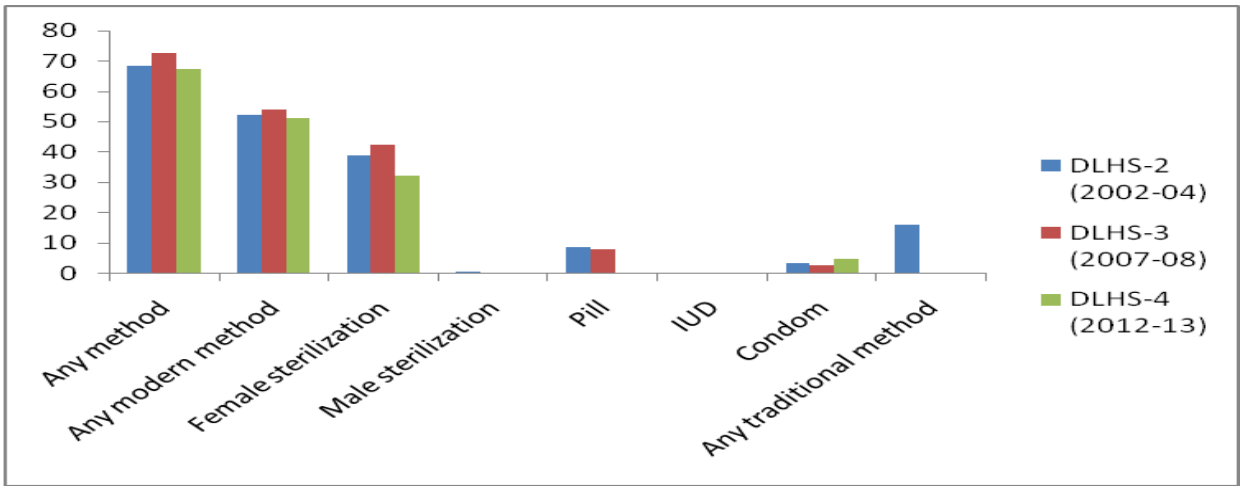

Fig. 3:% use of family planning methods in Murshidabad over the years

DLHS data shows the total unmet need for family planning is also increasing from 11.6 in 2002-04 to 13.5 in 2012-13, though some improvement in 2007-08 with 10.6%.

Table 2: Comparative Unmet Need for Family Planning (%) between Murshidabad and West Bengal

	Murshidabad-Unmet Need for Family Planning (%)			West Bengal-Unmet Need for Family Planning (%)		
Indicators	**DLHS-2 (2002-04)**	**DLHS-3(2007-08)**	**DLHS-4(2012-13)**	**DLHS-2 (2002-04)**	**DLHS-3(2007-08)**	**DLHS-4(2012-13)**
Total unmet need	11.6	10.6	13.5	11.2	11.6	10.3
Unmet Need for spacing	6.7	3.8	1.9	4.5	4.2	2.8
Unmet Need for limiting	4.9	6.8	11.6	6.7	7.4	7.5

DLHS survey regarding quality of family planning services in Murshidabad shows variable among different indicators. Advice given to adopt family planning among non users have increased from 9.6%(DLHS-2) in 2002-04 to 25.1%(DLHS-4) in 2012-13.But information of side effects given to users have decreased considerably from 21.2 in 2002-04 to 4.3 in 2012-13. Users given follow up services for sterilization and IUD within 48 hrs has increased from 14.5 in 2002-04 to 48 in 2007-08, but decreased to 43.1 in 2012-13.

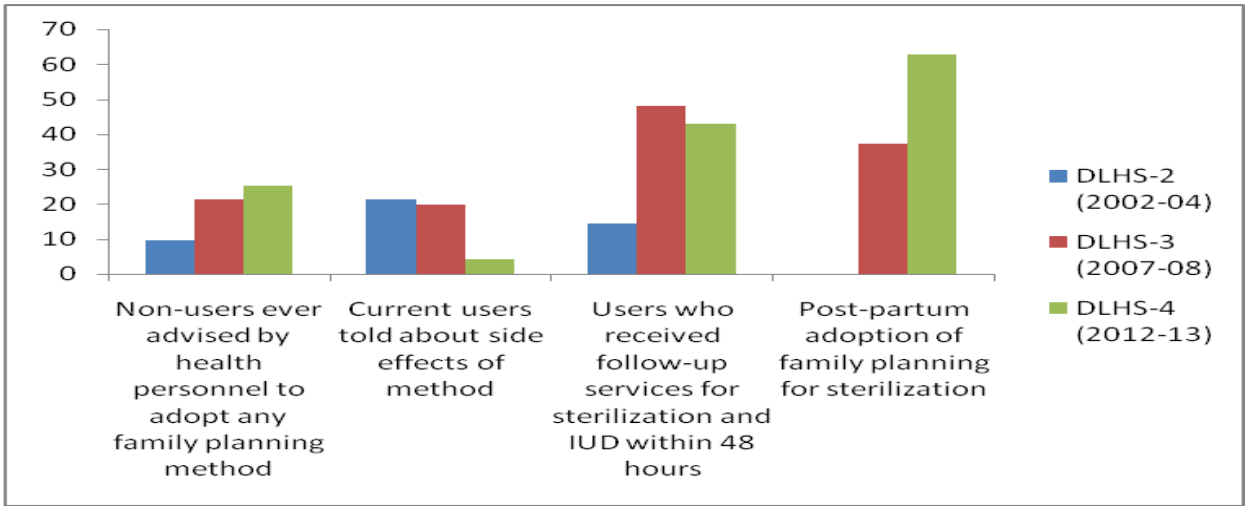

Fig. 4:% of quality of different family planning methods

Pregnancy outcomes seem to be good in Murshidabad. Proportion of live birth has increased to 94.5% in 2012-13. Induced and spontaneous abortions have decreased to 0.5% and 2.7% respectively in 2012-13.

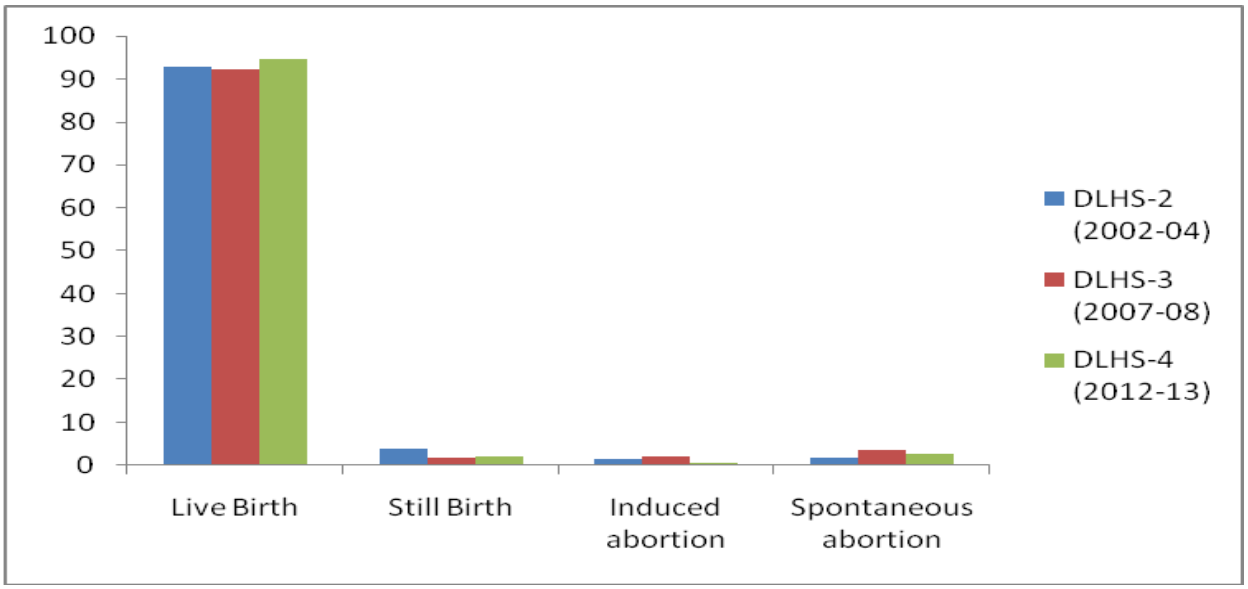

Fig. 5:% Pregnancy outcomes in Murshidabad

Purpose of the report: to review current implementation status of family planning programmes The report analyses the status of abortion family planning at national level. Then the status of West Bengal state and district Murshidabad has been analyzed a bit in details.

Materials and Method

Trend of family planning and abortion status has been reviewed for west Bengal and Murshidabad. Below we will discuss in details about the methodology, implementation and recommendations to improve the family planning programme coverage.

The following steps were followed to arrive at a list of activities that would have been implemented.

Goals and objectives: At the outset, goal and objectives of the programme is defined. State implementation plan[13] for west Bengal referred to look for the goal and objectives set for the programme. Goals and objectives found to be relevant and achievable. Goals and objectives as mentioned in West Bengal State PIP are tabulated as below:

Table 3: Goals and Objectives of Family Planning of West Bengal

Goals and objective of the Family planning for West Bengal			
Program Area	**Goals**	**Objectives**	**Remarks***
Family planning	Total fertility rate-2.1	To maintain TFR at 1.7	West Bengal State PIP
	Universal access to FP services	Male sterilization-50000 by 2015	West Bengal State PIP
	Contraceptive prevalence rate-70% by 2015	Female sterilization - 295000	West Bengal State PIP
	Unmet need for FP- 7.5 by 2017	Post partum sterilization-40000	West Bengal State PIP
		IUD insertions-300000	West Bengal State PIP
		Fixed day services for IUCD and sterilization-100	West Bengal State PIP
Safe abortion services	To reduce MMR to 145/100000 live births	All CHCs and above to conduct 1st and 2nd trimester abortions	West Bengal State PIP
		All CHCs and PHCs to conduct 1st trimester abortions	West Bengal State PIP

Indicators

Impact indicators: We will now consider three impact indicators namely, Contraceptive Prevalence Rate, Unmet need for family planning services- for spacing and for limiting of the Murshidabad district. Data shows that Murshidabad has Contraceptive Prevalence Rate is 51.1(DLHS-4) which is lower than the state and national average. Further we can see Unmet need for family planning services- for spacing of 5.0(DLHS-4) which is higher than state average, but it is lower than national average. Positive findings of Unmet need for family planning services- for limiting are 5.3(DLHS-4) which is lower than state and national average.

Table 4: Different Impact indicators related to Family Planning

Indicators	**Data of the district Murshidabad- most recent data**	**Data of the West Bengal**	**Data of India**
Total fertility rate	NA	1.7(SRS 2011)	2.4 (SRS 2011)
Contraceptive prevalence rate	51.1(DLHS-4)	53.3 (DLHS-3)	54.8%(DLHS-3)
Unmet need for family planning services- for spacing	5.0(DLHS-4)	2.8(DLHS-4)	7.2%(DLHS-3)
Unmet need for family planning services- for limiting	5.3(DLHS-4)	7.5(DLHS-4)	13.3%(DLHS 3)

Now we will compare the above data with the previous years, which will show the trend of the district. Only positive thing of Unmet need for family planning services- for limiting of 5.3(DLHS-4) which is lower than previous years. But contraceptive prevalence rate decreased than previous years.

Table 5: Comparative Indicators of Murshidabad

Indicators	Most recent data of the district- Murshidabad	Data of previous year/s	Target	Is the indicator on track (√/↑/X)
Contraceptive prevalence rate	51.1(DLHS-4)	54(DLHS-3)	75 (West Bengal State PIP)	X
Unmet need for family planning services- for spacing	5.0(DLHS-4)	3.8(DLHS-3)	7.5(West Bengal State PIP)	X
Unmet need for family planning services- for limiting	5.3(DLHS-4)	6.8(DLHS-3)	7.5(West Bengal State PIP)	√

The above shows that the district indicators are not on track. Contraceptive prevalence rate is also decreasing. Now, we analyze the coverage indicators of the Murshidabad district.

Coverage indicators: Coverage targets set at state or national for 2-3 years. The below table shows the different interventions and its coverage data against the targets.

Table 6: Coverage indicators for the interventions in family planning- Murshidabad

Interventions	Coverage measure	Data of previous year/s	Most recent data	Target	Is the district on track?
Contraceptive usage	Proportion of currently married women, 15-49 yrs old, whoever used any specific contraceptive method	72.3(DLHS-3)	67.5(DLHS-4)	NA	**No**
	Proportion of male sterilization	0.6(DLHS-2)	0.3(DLHS-3)	10(District PIP)	No
	Proportion of female sterilization	42.3(DLHS-3)	32.3(DLHS-4)	80(District PIP)	No
	Use of spacing methods	11.1(DLHS-3)	5.0(DLHS-4)	NA	
Unmet need for family planning	Unmet need for family planning among currently married women 15-49 years	10.6(DLHS-3)	13.5(DLHS-4)	7.5(District PIP)	Y

From the above data which shows the decreasing trends in the mentioned indicators. Additional discussion with the district and block officials also found the falling indicators. Monitoring reports from District RMNCH+A(Unicef) consultant also reinforced the matter. Following may be the possible bottlenecks for which the district is out of track.

From HMIS report, 2013-14, Murshidabad has

- Male sterilization out of all methods (all sterilizations & IUCD) - 0.40%
- Postpartum sterilization – 15%(HMIS, 2013-14)
- Training status: NSV- 89.81%, Minilap- 72.2% as per HMIS, 2013-14

Possible bottlenecks are:

- No fixed day services; in some cases accumulated for mini-lap as per doctor's convenience
- Under utilization of trained MO
- Performance monitoring of trained personnel lacking
- IEC/IPC for male sterilisation inadequate
- Indemnity scheme - delay & complicated procedures
- Protocols often not followed

Comprehensive Abortion Care (CAC):[21]

To alleviate death from unsafe abortions and uniform practice of abortion services Government of India launches guideline of Comprehensive abortion Care in 2010.

Data related to abortion in the district shows the following:

- SCs with availability of PTK- 86%(HMIS, 2013-14)
- MO & SN trained in Comprehensive Abortion Care- 9 G&O 18 MOs and 22 SN(HMIS, 2013-14)
- Facilities providing MTP- 6 as per HMIS, No MTP in MCH, as per HMIS, 2013-14 report.

Possible bottlenecks:

- Training Gap
- Not considered a priority service from health facilities
- MVA not very popular yet
- Inadequate IEC regarding CAC services at Public Health facilities
- Reporting gap

Indicators related to availability, access, demand and quality of services in Murshidabad: Murshidabad district has 70 PHCs. Out of these only 9 PHCs providing 24X 7 services (HMIS report, 2013-14). These are BEmOC centres and also providing sterilization facilities. No mechanism in place for quality assurance at district or block. To be initiated soon.

Table 7: Indicators related to availability, access, demand and quality of services

Domain	Indicator	Target for Year: 2015 (Murshidabad District PIP)	Current level Year: 2014 (HMIS report,2013-14)
Facility	Availability-% PHCs with tubectomy/vasectomy facilities	33%	13%
	Access- are 24 x 7 PHCs accessible to everyone	33%	13%
	Demand- Proportion of people in the reproductive age group attending health facilities for family planning services	NA	51.1(DLHS-4)
	Quality- PHCs with quality mechanisms in place	Not initiated at block level	Not initiated at block level

Underserved pockets of the district: Specific pockets/ blocks within the district that deserves mention is Dhuliyan-Municipality. Dhuliyan municipality has very poor indicators in all aspects of maternal and child health programme. The below table depicts the basis and reason of poor status of the municipality.

Table 8: Dhuliyan-M of Murshidabad District

Geographic areas/ population groups requiring high focus (SRS 2011)	Basis for identification	Reason for poor health indicator in the given program area or population group
Dhuliyan-M Dhuliyan Municipality is a 105 years old small urban pocket located in the northern Murshidabad along the International Border of Bangladesh at the Ganges embankment near the downstream of Farakka Barrage. The Urban area spread over 6.25 Sq. KM. It has a mid-year it has a mid-year population of 105010 in 2014-15 as per Census 2011 & Annualized Growth rate of 31 per 1000 Population. The population density cruises over 16800 per sq.KM without any high rise buildings.	• Coupled with political instability at the lone decision making urban body & aggravated with local & most significant "*beedi*" industry involving almost all households involving all ages using raw tobacco as a major means to livelihood generation. • This is combined with Poor Sanitation, slum dwelling, lack of proper drinking water, poor hygienic condition, high migration & most significantly malnutrition.	• Poor ownership from urban body even after repeated persuasion. • ICDS involvement very poor even after meetings by DPO ICDS. • No CDPO present there for last 3 yrs. • Huge demand gap for health services and Immunization from beneficiaries. (92% children not immunized or Partially immunized due to Awareness & information gap in 2013 as available from Monitoring data.) • No Health Officer from Urban body has taken program initiative except a Sanitory Inspector. • Relatively new & inexperienced group of ANMs from Block unable to provide leadership.

Planning implementation: We have to review the current implementation plan of present interventions in family planning programme. HMIS data and different monitoring reports referred to find out the activities that were planned for the current year. Status of implementation is reviewed and bottlenecks are also identified.

Following are the interventions planned for Family Planning services, along with their status of implementation in the district.

Table 9: Facility based interventions

Domain	Intervention	Status of implementation *[Fully/ Partially/ Not at all]*	How well the activity was done (HMIS report, 2013-14)	Best Practices	Bottlenecks/ Problems
Facility	MTP services provided at PHCs	partially	MTP services are offered by only four facilities. Krishnapur RH conducted the highest number of MTPs in the past six months (390) followed by Kandi SDH (86) and Anupnagar BPHC (56). Jangipur SDH has given MTP service only to two women in the last six months.	All PHC s should be sufficient to provide all mentioned services. Communities should be involved in planning phase. Proper IEC should be there for all services.	• Poor attendance of doctors in training. • Inadequate IEC regarding CAC services at Public Health facilities. • Poor utilization of trained MOs. • Lack of IEC for male sterilization.
	IUCD services provided at PHCs/SCs	partially	Of five PHCs, only Sagarpara PHC offer tubectomy operation service. IUD insertions are done mostly at the BPHC level facilities.		
	Training of doctors in Post partum sterilization and CAC.	Training of doctors in PPS and CAC is very poor in the district.	Ten facilities together have conducted 80 vasectomy operations during the period, the highest being recorded at Anupnagar BPHC.[31] No PPS and CAC services given.		

Now the report progresses to analyze the strength and weakness of the Family Planning programme in the district.

Strengths of Family Planning programme in Murshidabad: On analysis of different data of Family planning programs in the district Murshidabad, also from the interview of the Dy CMOH III, following strengths of the program can be enlisted in the below table.

Table 10: Strengths of the family planning programme in Murshidabad and its contributing factors

Strengths	Contributing factors
% of doctors trained in sterilization has increased considerably.	District level seriousness on that issue has worked.
District level Coordination meetings with General Administration, Health, ICDS & others initiated.	Good ownership from District administration.
Indicators on poor and underserved pockets has improved.	Innovative interventions planned & implemented at poorest performing Blocks & urban areas from district's own fund.
IMR, MMR and other indicators of family planning has been improving as compared to other districts of the state.	Quality RCH reviews meetings with performance analysis & actions taken as per bottlenecks.

Challenges of family planning programmes: Family planning programme in the district faces some major challenges, which need to be tackled for smooth implementation of intervention in the programmes. Below table shows some of the major challenges and ways suggested to overcome those challenges.

Table 11: Challenges of the family planning programme in Murshidabad and its Solutions

Challenges	Possible Solutions
HR-vacancies	Early recruitment and utilization of trained manpower. Trained MOs should be posted in facilities in high case load like CHC, FRUs etc.
Inadequate Monitoring & supportive supervision	Monitoring and supervision should be intensified from district level.
Suboptimal Data Management: accuracy, completeness, timeliness, analysis, review, feedback, use	Routine reporting and recording of data should be closely monitored. Data be review and analyzed in every review meetings.
Lack of awareness among families	Proper IEC/IPC through ASHA/ANMs to communities and regular follow up will increase the acceptance of the families.
Population density and Geographical accessibility.	Special plan should be in place for hard to reach area and special population groups.

Recommendations

Activities are decided for implementing the required intervention. Then activities are enlisted and person responsible to carry out the activities are decided. Following activities are recommended to improve the status of family planning programme.

- Utilization of trained MOs in family planning programme.
- IEC/IPC for male sterilization
- Training of MOs in CAC.
- Adequate IEC regarding CAC services at Public Health facilities
- Training of all doctors in CAC, PPS and PPIUCD.
- Training of nurses in PPIUCD.
- Recruitment of FP counsellors
- Monitoring plan should be prepared against the set indicators of input, output and outcome.
- The budget for whole family planning activities should be decided.

Conclusion

Activity related targets can be set for the completion of important activities. Activity targets will achieve the target at district level. The resources are needed to be identified to meet the targets.

With these methodologies and intervention family planning programme in the district can achieve its goal and vision.

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