

# **Assessment of IUCD Services in Rajasthan**

For

**RCH/ NRHM, Rajasthan**

By



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(An ISO 9001: 2008 Certified Institution)



## Executive Summary

1952, India was the first country to launch a national program emphasizing Family planning, with the objective of “reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of National economy” and it was put in the concurrent list.

IUCD was introduced in the National Family Welfare Program of the Government of India (GOI) in 1965 and has always been considered an important spacing method.

Taking into account the female participation in the adoption of family planning methods, the reversible methods as IUCD and Oral contraceptives for spacing between pregnancies and avoid unwanted pregnancies need to be encouraged for acceptance far and wide.

In India only 1.8% of married women of reproductive age use IUCDs, though the NFHS-3 has shown an increase in the net CPR to 56.3%. Despite the fact that the government offers IUCD services free of cost, it still remains largely underutilized. Availability of services at institution is one of the indicators for improving acceptance rate but in case IUCD it not so encouraging.

SIHFW carried out an assessment of IUCD services across 15 districts of Rajasthan with following specific objectives.

- To assess the extent of availability of services and their utilization; of IUCD by married women in Rajasthan
- To assess the knowledge, attitude and reactions of the adopting and non-adopting couples and to find out the reasons of low prevalence rate of IUCD use in the state
- To assess the quality of services and behavior of health service providers in reference to the insertion of IUCD
- To find out the popularity of the IUCD as contraceptive method advocated and reasons for non-adoption;
- To suggest the possible stapes to be taken by state for improving the utilization based on feedback of results of the study



Views of 2037 respondents were taken in all, covering medical officers, LHV, beneficiaries and non-beneficiaries of the service in the second quarter of 2008.

The study covered 15 districts of Rajasthan (2 district per zone though one additional district was also included) on the basis of service coverage in the districts. The district which had more than state average (99% of target) during the year 2007 - 2008 against ELA were selected randomly as high coverage district whereas district less than state average was selected as low coverage districts.

High Coverage districts: Bhilwara, Jhunjhunu, Ganganagar, Sirohi, Bundi, Banswara and Karauli.

Low coverage districts: Tonk, Jaipur, Bikaner, Jaisalmer, Baran, Udaipur, Bharatpur and Pali.

Two blocks from each district were selected randomly, and from each block two PHCs were selected for the study on the basis of distance (one nearest and other farthest from block). Following the same criterion of distance 2 SCs were selected from each PHC. All the villages in the SCs were selected.

15 beneficiaries and 7 non-beneficiaries from SCs of high coverage districts and 8 beneficiaries and 4 non-beneficiaries from those of low coverage districts were contacted.

Total beneficiary to be interviewed from 15 districts was **1352** but due to non availability of beneficiaries at the time of survey only **1251** were contacted. Similarly non beneficiary interviewed from 15 districts was **684** as against **648**.

### **Observations:**

Out of 53 Medical Officers only 4 had undergone training regarding Cu-T insertion. Out of them, two were from Banswara district and one each from Bikaner and Bhilwara districts respectively. All 4 medical officers received training (a week) at their district hospital respectively. Maximum Cu T insertion had taken place in Bikaner, Bhilwara and Baran districts while minimum number of Cu T was inserted in Tonk district.



According to Medical Officers, women used Cu T for spacing the birth and permanent method both in 56 percent cases. All the LHV surveyed reported that they had done Cu T insertion in The CHC/PHC. 77.6 percent LHVs reported that they had undergone training regarding cu T insertion. The training was of seven days. Those who received training were mainly from Udaipur, Bikaner, Jhunjhunu, Sirohi and Karauli districts. Those who had not undergone training were mainly from Tonk, Banswara and Bharatpur districts. Women were escorted to PHC mainly by ANM followed by family members and ASHA Sahyogini.

63.3 percent of the LHVs reported existence of myths related to Cu-T in their coverage area. This trend was observed in almost every district surveyed. However, existence of myths was found mainly in entire coverage area of Tonk, Bundi and Sirohi districts

48.0 percent of the respondents reported ten years as duration for which a Cu T is to be inserted while 43.6 percent of the beneficiaries reported three years as duration. Beneficiaries who reported three years were mainly from Bundi, Banswara, Bharatpur and Jhunjhunu districts while those who reported period as ten years were mainly from Udaipur, Karauli, Jaisalmer and Ganganagar districts.

Around 96 percent of the respondents were satisfied with the Cu T. They were distributed uniformly among the districts surveyed. Those who were not satisfied reported excessive bleeding as main cause of dissatisfaction followed by pain in abdomen and other associated problems. The problems were mainly reported in Tonk, Jaipur, Bharatpur, Jhunjhunu and Karauli districts.

In majority of cases, respondents reported Cu T as best method for family planning followed by condom. Condom was mainly preferred by the respondents of Baran, Bharatpur and Sikar.

In majority of cases non beneficiaries reported that lack of information played an important role in development of myths. Illiteracy also contributed significantly. In 24.7 percent cases they were either heard from the other person or have seen such cases somewhere.



Out of the total non users, 87 were ready to use Cu T in future. They were mainly from Bikaner, Bhilwara and Jhunjhunu districts.

Majority of them were reported that they had not decided yet to use the Cu T in future. However, those who are ready to use Cu T reported within a year followed by within two to three year.

Recommendations as ensuring availability of trained staff at each PHC and periphery institutions; training regarding communication skills to LHV and Staff Nurse; using local language for IEC, flip books to ANMs for counseling purpose, case histories to be documented, Counseling / IPC and other IEC activities can be organized on MCHN day, immediate attention to cases reporting problem after insertion are suggested by SIHFW to improve the services.