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Trend Changes in Family Planning: A Case Study of Family Planning in Haryana (HMIS Experiences)

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Abstract:

India took a lead in launching an official family planning programme in 1952 with the prime objective to balance the population growth along with the development of resources. It started with the modest beginning and steadily expanded. The wide publicity of IUD programme in 1965, social marketing of condoms, the mass Vasectomy camp approach during 1971-73 and the Intensive Efforts approach during 1975 had led to population control through various family planning programmes. Recognition of the changes worldwide and the challenges that are faced by the programme has led to the development of several new policy initiatives. An attempt has been made through this research paper to examine the trends in the number of acceptors of various family planning methods such as vasectomy, tubectomy, total sterilisations, IUDs, Condom and Oral Pills users over a period of time i.e. 2010-11 to 2013-14 in State of Haryana at the district level variation and trend is examined in the number of acceptors. In order to study the trend change in acceptors of various family planning methods during 2001-11 to 2013-14, linear growth formula using the SPSS (by taking log values of number of acceptors) has been calculated.

Keywords: Family planning, family planning acceptors in Haryana, trends in family planning, HMIS family planning data, impact of family planning programs- a case of state of Haryana.

1. Introduction

Family planning is defined by the World Health Organization (WHO) as a voluntary and informed decision by an individual or couple on the number of children to have and when to have them. According to the WHO fact sheet (2013) on FP, “it is achieved mainly through use of various contraceptive methods and treatment of involuntary infertility”. Among the major benefits of a woman’s ability to space and limit pregnancies comprise: a direct impact on their health and well-being as well as outcome of pregnancies (WHO 12-13).

India took a lead in launching an official family planning programme in 1952 with the prime objective to balance the population growth along with the development of resources. It started with the modest beginning and steadily expanded. The wide publicity of IUD programme in 1965, social marketing of condoms, the mass Vasectomy camp approach during 1971-73 and the Intensive Efforts approach during 1975 had led to population control through various family planning programmes. Following this, the National Population Policy provided a policy framework for achieving the twin objectives of population stabilization and promoting reproductive health within the wider context of sustainable development. The National Population Policy affirms the government’s commitment to the provision of quality services, information and counseling, and expanding contraceptive method choices in order to enable people to make voluntary and informed choices.

With growing concerns about the rate of population growth and its adverse effect on the pace of social and economic development, the Third Five-year Plan period (1961–66) marked a subtle shift in the emphasis of the programme from the welfare of women and children to the macro objective of population stabilization (Visaria and Chari, 1998). At the same time, an extension-education approach replaced the original clinic-centered approach, and the family planning programme was integrated with main health services. During 1965–75, the family planning programme was further integrated with the maternal and child health programme. During this period, targets were fixed and accordingly planned to achieve the fixed targets within stipulated time period. As is well known, the target-oriented approach became highly coercive during the Emergency period (1975–77). The National Population Policy 1976 called for a “frontal attack on the problems of population” and inspired state governments to “pass suitable legislation to make family planning compulsory for citizens” and to stop childbearing after three children, if the “state so desires” (Srinivasan, 1998). The backlash of the coercive approach compelled subsequent governments to stress the voluntary nature of family planning acceptance. The Population Policy 1977 clearly underscored that “compulsion in the area of family welfare must be ruled out for all times to come,” and emphasized the need for an educational and motivational approach to make acceptance of family planning completely voluntary. However, in the 1980s, the time-bound, target-oriented approach was revived and efforts to encourage the use of reversible

methods were initiated. After the Cairo conference the Government of India in 1996 announced that the Family Planning programme would become target free. In other words, it meant that the centrally determined targets would no longer be the driving force behind the programme rather the community service need would determine the programme priorities.

Notwithstanding the achievements, several issues continue to daunt the programme and many goals remain under-achieved. A significant proportion of pregnancies continue to be unplanned; the contraceptive needs of millions of women remain unmet; several sub-population groups including adolescents and men continue to be neglected and under-served; and contraceptive choice remains conspicuous by its absence, as is quality of care within the programme. Recognition of the changes worldwide and the challenges that are faced by the programme has led to the development of several new policy initiatives. The programme focus has shifted away from vertical family planning services towards the provision of comprehensive integrated reproductive health care at all levels of the health sector (Pachauri, 1995). Later on, Family planning became a core element of Reproductive Maternal, Neonatal and Child Health intervention. Family Planning is essential for population control as well as for improvement in maternal and child health. In the 12th five-year Plan Period Family planning has been given wide promotion in order to ensure universal access to health. Over a period of time, the couple protection rate quadrupled from 10 per cent in 1971 to 44 per cent in 1999 (FWS, 2000).

1.1. Family Planning Scenario in India

According to NFHS-3, 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 pills. In case of IUD insertion, 2 percent females adopted this method of family planning whereas 6 percent were Condom users. 7 percent eligible couples were using any traditional family method whereas 46 percent were non-users of family methods. Official statistics reported that 87 million eligible couples, out of an estimated total of 171 million eligible couples, were effectively protected against conception by various contraceptive methods in the year 2000 (MOHFW 2003a). Data from National Family Health Survey-2 (NFHS-2) also indicated that nearly one-half of currently married women were using some method of contraception in 1998-99. Contraceptive prevalence increased with age except at the older ages (Santhya, 2003). The year 2010-11 ended with 34.9 million family planning acceptors at national level comprising of 5.0 million Sterilizations, 5.6 million IUD insertions, 16.0 million condom users and 8.3 million O.P. users as against 35.6 million family planning acceptors in 2009-10. Over the decades, there has been a substantial increase in contraceptive use in India. The direction, emphasis and strategies of the Family Welfare Programme have changed over time. During the year 2010-11, 5.6 million IUD insertions were reported as against 5.7 million in 2009-10. Assam, Bihar, Gujarat, Jharkhand, Uttar Pradesh, Arunachal Pradesh, Delhi, Goa, Meghalaya, Mizoram, Sikkim, D&N Haveli reported better performance in 2010-11 than in 2009-10. Whereas in case of Condom users and O.P. users (based on the distribution figures), there were 16.0 million equivalent users of Condoms and 83.07 million equivalent users of Oral Pills during 2010-11. The Implementation of various Family Planning measures prevented 16.335 million births in the country during 2010-11 as compared to 16.605 million in 2009-10. The cumulative total number of births avoided in the country up to 2010-11 was 442.75 million (FWS, 2011). Figure 1 shows the numbers of acceptors of the family planning in India over the years. Recently the focus has shifted to home delivery of contraceptive through the ASHAs. Delivering of contraceptive at the homes by the ASHA have led to improved accessibility of contraceptive to the eligible couples. ASHA provides information, services and contraceptive to the eligible couples in the area under their jurisdiction. The Indian Family Planning Programmes through voluntary, is an official programme, and because of certain policy decisions compensation money being paid to acceptors of sterilization as well promoters of family planning programmes.

1.2. Objectives of the Study

An attempt has been made through this research paper to examine the trends in the number of acceptors of various family planning methods such vasectomy, tubectomy, total sterilisations, IUDs, Condom and Oral Pills users over a period of time i.e. 2010-11 to 2013-14 in State of Haryana and at the district level variation and trend is examined in the number of acceptors.

1.3. Database and Methodology

In order to achieve the above said objectives, HMIS data has been downloaded in 31st July, 2014 and used. In order to study the trend change in acceptors of various family planning methods during 2001-11 to 2013-14, linear growth formula using the SPSS (by taking log values of number of acceptors) has been calculated. The formula used for calculating trend change is as follows:

$$\text{Trend change during the years} = (b-1)*100$$

Where b= antilog (b1); b1 obtained through linear growth model using SPSS.

2. Limitation of Study

Though the trend in acceptance of various family planning methods have been studied and district wise trends have also been considered yet the concrete identification of causes of these variations/disparities in the trend pattern requires in-depth primary enquiries. Further, studies are suggested in order to gauge the causes of variations in acceptance of various family methods over the period of time. Moreover, secondary data has been used, so there may be some data reporting errors at various stages. With this issue, present study may somehow have given an indication of trends in acceptance of various family planning methods in the state of Haryana.

3. Figures and Tables

Indicators (% Users)	NFHS-1(1992-93)	NFHS-2(1998-99)	NFHS-3(2005-06)
Any Methods	49.7	62.4	63.4
Any Modern Method of family planning	44.4	53.2	58.3
Female sterilization	29.8	38.7	38.2
Male Sterilizations	5.0	2.1	0.7
IUD	3.2	3.6	4.7
PIL	1.2	2.1	2.8
Condom	5.2	6.8	11.8

Table 1: Family Planning Scenario in Haryana
Source: National Family Health Survey Reports

Family Planning Indicators	2006-07	2007-08	2008-09	2009-10	2010-11	Percent Change over the years
Vasectomy	10,949	71,071	9,992	8,955	6,206	-27.44
Tubectomy	74,057	71,071	78,998	77,285	73,997	0.83
Sterilizations (Male+Female)	85,006	80,823	88,920	86,240	80,203	-0.51
IUD	154,428	163,350	179,721	187,380	180,448	4.59
Oral Pills	80,131	296,014	270,409	261,581	232,960	93.76
Condom	374,275	402,841	366,022	298,648	205,890	-27.64

Table 2: Number of Acceptors of various Family Panning Methods in Haryana
Source: Family Welfare Yearbook, 2011

Methods	2010-11	2011-12	2012-13	2013-14	Percent change during the years
Vasectomy	6,164	6,613	5,929	4,102	-12.46
Tubectomy	73,342	68,992	72,222	69,463	-1.17
Sterilization (Male+Female)	79,506	75,605	78,151	73,565	-1.98
IUDs	180,388	193,311	195,399	217,184	5.84
Oral Pills	875,039	1,042,046	685,667	899,056	-3.32
Condoms	14,824,048	18,974,869	17,518,813	23,100,885	13.32

Table 3: Number of Acceptors of various Family Panning Methods in Haryana
Source: HMIS data

Districts	2010-11	2011-12	2012-13	2013-14	Percent change during the years
Ambala	133	114	113	101	-7.96
Bhiwani	140	145	120	100	-11.28
Faridabad	214	237	192	141	-13.70
Fatehabad	58	42	54	78	12.20
Gurgaon	237	521	587	270	5.20
Hisar	140	145	118	134	-3.39
Jhajjar	67	89	120	121	23.03
Jind	231	229	177	158	-13.10
Kaithal	434	385	433	293	-10.05
Karnal	1,687	1,544	1,118	917	-19.28
Kurukshetra	565	634	576	368	-12.90
Mahendragarh	192	190	271	168	-0.46
Mewat	49	26	8	2	-65.96
Palwal	7	71	59	93	113.30
Panchkula	143	110	537	146	18.03
Panipat	438	524	331	202	18.03
Rewari	450	814	430	276	-18.90
Rohtak	170	117	79	62	-28.88
Sirsa	58	104	66	49	-9.22
Sonipat	409	271	263	194	-20.20
Yamunanagar	342	301	277	226	-12.50
Haryana	6,164	6,613	5,929	4,102	-12.46

Table 4: Trend change in Male Sterilisation - Vasectomy
Source: HMIS data

Districts	2010-11	2011-12	2012-13	2013-14	Percent change during the years
Ambala	2,666	2,603	2,634	2,458	-2.29
Bhiwani	6,022	5,869	5,568	5,380	-3.83
Faridabad	4,272	5,048	4,469	3,314	-8.46
Fatehabad	4,422	4,282	3,940	3,848	-4.88
Gurgaon	3,865	4,245	3,892	3,611	-2.87
Hisar	10,187	9,930	9,661	9,943	-1.00
Jhajjar	2,334	2,329	2,196	2,402	0.27
Jind	3,628	3,591	3,280	3,473	-2.19
Kaithal	2,561	2,168	2,815	2,609	3.23
Karnal	3,485	2,701	2,686	2,457	-10.00
Kurukshetra	2,095	2,005	2,068	1,793	-4.27
Mahendragarh	2,802	2,946	3,058	3,092	3.38
Mewat	1,071	444	125	608	-25.67
Palwal	2,740	2,997	3,822	3,393	9.25
Panchkula	1,692	1,492	1,572	1,916	4.34
Panipat	2,429	2,823	2,984	2,647	3.18
Rewari	2,461	2,674	3,138	3,049	8.36
Rohtak	3,975	4,010	3,741	3,096	-7.87
Sirsa	5,229	1,702	3,786	4,381	2.72
Sonipat	3,523	3,430	4,203	3,548	2.27
Yamunanagar	1,883	1,703	2,584	2,345	12.76
Haryana	73,342	68,992	72,222	69,463	-1.17

Table 5: Trend change in Female Sterilisation - Tubectomy
Source: HMIS data

Districts	2010-11	2011-12	2012-13	2013-14	Percent change during the years
Ambala	2,799	2,717	2,747	2,559	-2.55
Bhiwani	6,162	6,014	5,688	5,480	-3.99
Faridabad	4,486	5,285	4,661	3,456	-8.68
Fatehabad	4,480	4,324	3,994	3,926	-4.64
Gurgaon	4,102	4,766	4,479	3,881	-2.26
Hisar	10,327	10,075	9,779	10,077	-1.03
Jhajjar	2,401	2,418	2,316	2,523	1.06
Jind	3,859	3,820	3,457	3,399	-4.69
Kaithal	2,995	2,553	3,248	2,875	1.19
Karnal	5,172	4,245	3,804	3,374	-12.99
Kurukshetra	2,660	2,639	2,644	2,141	-6.29
Mahendragarh	2,994	3,136	3,329	3,260	3.20
Mewat	1,120	470	133	610	-26.55
Palwal	2,747	3,068	3,881	3,486	9.96
Panchkula	1,835	1,602	2,109	2,062	6.45
Panipat	2,867	3,347	3,315	2,849	-0.28
Rewari	2,911	3,488	3,568	3,325	4.31
Rohtak	4,145	4,127	3,820	3,158	-8.54
Sirsa	5,287	1,806	3,852	4,430	2.30
Sonipat	3,932	3,701	4,466	3,572	-1.00
Yamunanagar	2,225	2,004	2,861	2,671	9.46
Haryana	79,506	75,605	78,151	72,992	-2.21

Table 6: Trend change in Total Sterilisation – Male and Female
Source: HMIS data

Districts	2010-11	2011-12	2012-13	2013-14	Percent change during the years
Ambala	9402	9,707	9,756	7088	-8.08
Bhiwani	9,804	13,764	10,654	15,272	11.33
Faridabad	11,721	10,853	11,460	17,378	13.16
Fatehabad	7,460	6,683	6,206	5,861	-7.67
Gurgaon	7,806	10,015	11,146	12,261	15.74
Hisar	14,292	14,872	14,788	15,478	2.36
Jhajjar	6,574	6,217	6,192	9,080	10.13
Jind	12,044	11,554	9,971	9,817	-7.32
Kaithal	7,911	8,026	8,681	10,736	10.46
Karnal	12,864	14,082	14,412	16,143	7.23
Kurukshetra	7,915	7,181	8,831	10,751	11.91
Mahendragarh	8,047	12,141	9,697	7,668	-3.63
Mewat	2,581	3,376	2,618	1,705	-13.91
Palwal	7,215	8,321	10,974	7,968	5.91
Panchkula	6,207	4,352	6,503	4,758	-3.88
Panipat	6,974	7,524	7,393	16,452	29.14
Rewari	6,574	6,162	7,931	7,734	7.68
Rohtak	9,737	9,957	10,387	10,612	3.05
Sirsa	7,597	8,004	8,211	9,042	5.63
Sonipat	11,443	13,956	11,937	13,467	3.38
Yamunanagar	6,220	6,564	7,651	7,913	9.15
Haryana	180,388	193,311	195,399	217,184	5.84

Table 7: Trend Change in IUD Acceptance
Source: HMIS data

Districts	2010-11	2011-12	2012-13	2013-14	Percent change during the years
Ambala	49,200	52,621	38,895	39,753	-8.99
Bhiwani	73,546	96,744	68,684	44,286	-17.01
Faridabad	33,359	4,415	7,688	73,568	34.01
Fatehabad	46,504	46,565	29,638	24,110	-21.51
Gurgaon	52,211	57,508	18,811	71,189	-1.86
Hisar	48,249	69,797	32,295	40,963	-11.85
Jhajjar	27,733	39,129	21,934	25,141	-8.36
Jind	61,435	29,985	49,140	24,216	-20.54
Kaithal	33,839	40,920	37,011	14,028	-23.98
Karnal	45,796	70,645	49,186	69,888	9.48
Kurukshetra	29,744	42,993	32,474	54,643	16.70
Mahendragarh	36,576	38,366	43,871	24,612	-10.01
Mewat	17,776	20,139	29,548	14,553	-2.14
Palwal	44,933	27,679	18,798	36,629	-9.52
Panchkula	28,855	48,800	24,199	17,859	-19.27
Panipat	27,136	42,521	1,122	62,619	-10.65
Rewari	32,197	117,802	37,076	52,138	2.94
Rohtak	38,662	40,604	30,420	57,384	9.37
Sirsa	40,175	47,600	34,986	83,873	20.93
Sonipat	64,196	66,730	48,782	33,089	-20.56
Yamunanagar	42,917	40,483	31,109	28,482	-13.87
Haryana	875,039	1,042,046	685,667	893,023	-3.51

Table 8: Trend Change in Oral Pills Use
Source: HMIS data

Districts	2010-11	2011-12	2012-13	2013-14	Percent change during the years
Ambala	1,014,056	1,292,758	1,293,511	1,021,955	0.24
Bhiwani	617,544	1,412,924	1,221,343	970,013	12.85
Faridabad	772,288	1,079,972	890,168	1,355,368	16.12
Fatehabad	835,755	921,000	767,707	974,204	2.82
Gurgaon	502,893	721,784	763,203	893,873	19.50
Hisar	942,832	958,130	898,043	606,686	-12.95
Jhajjar	540,088	572,718	457,986	3,269,005	67.83
Jind	1,121,992	1,339,077	1,014,020	429,498	-27.09
Kaithal	451,301	697,510	685,054	1,337,420	38.28
Karnal	584,841	1,074,368	781,638	1,198,993	20.15
Kurukshetra	637,530	793,961	956,580	1,346,259	27.49
Mahendragarh	806,460	706,547	810,019	654,022	-4.80
Mewat	374,359	501,928	343,678	286,314	-11.16
Palwal	280,490	639,660	680,450	862,511	40.94
Panchkula	956,025	853,176	841,281	519,819	-16.82
Panipat	538,493	760,870	524,633	1,919,375	41.07
Rewari	526,708	382,821	830,792	1,285,732	41.23
Rohtak	563,270	920,475	650,531	902,162	11.25
Sirsa	456,471	515,756	759,055	2,127,513	64.94
Sonipat	1,759,470	1,931,856	1,528,644	864,075	-21.07
Yamunanagar	541,182	897,578	820,477	276,088	-19.01
Haryana	14,824,048	18,974,869	17,518,813	23,100,885	13.32

Table 9: Trend Change in Condom Use

Source: HMIS data

Districts	Vasectomies	Tubectomies	Total Sterilization	IUD	Oral Pills	Condom
Ambala	-8.0	-2.3	-2.5	-8.1	-9.0	0.2
Bhiwani	-11.3	-3.8	-4.0	11.3	-17.0	12.9
Faridabad	-13.7	-8.5	-8.7	13.2	34.0	16.1
Fatehabad	12.2	-4.9	-4.6	-7.7	-19.9	2.8
Gurgaon	5.2	-2.9	-2.3	15.7	-1.9	19.5
Hisar	-3.4	-1.0	-1.0	2.4	-11.9	-13.0
Jhajjar	23.0	0.3	1.1	10.1	-3.9	67.8
Jind	-13.1	-2.2	-2.8	-7.3	-20.5	-27.1
Kaithal	-10.1	3.2	1.5	10.5	-24.0	38.3
Karnal	-19.3	-10.0	-13.0	7.2	9.5	20.1
Kurukshetra	-12.9	-4.3	-6.0	11.9	16.7	27.5
Mahendragarh	-0.5	3.4	3.2	-3.6	-10.0	-4.8
Mewat	-66.0	-25.7	-26.5	-13.9	-2.0	-11.2
Palwal	113.3	9.2	10.0	5.9	-9.5	40.9
Panchkula	18.0	4.3	6.4	-3.9	-19.3	-16.8
Panipat	18.0	3.2	-0.3	29.1	-10.7	41.1
Rewari	-18.9	8.4	4.3	7.7	2.9	41.2
Rohtak	-28.9	-7.9	-8.5	3.1	9.4	11.2
Sirsa	-9.2	2.7	2.3	5.6	20.9	64.9
Sonipat	-20.2	0.8	-0.4	3.4	-20.6	-21.1
Yamunanagar	-12.5	12.8	9.5	9.2	-13.9	-19.0
Haryana	-12.5	-1.2	-2.0	5.8	-3.3	13.3

Table 10: Trend Change in Family Planning methods (2010-11 to 2013-14)

Source: HMIS data

Districts	2010-11	2011-12	2012-13	2013-14
Ambala				
Bhiwani				
Faridabad				1
Fatehabad			1	
Gurgaon	1			
Hisar				
Jhajjar				1
Jind				
Kaithal		1		
Karnal			1	
Kurukshetra	1			
Mahendragarh				
Mewat				
Palwal				
Panchkula				
Panipat				
Rewari				
Rohtak	1			
Sirsa				1
Sonapat				
Yamunanagar				
Haryana	3	1	2	3

Table 11: Total Cases of Deaths Following Sterilization (Male + Female)
Source: HMIS data

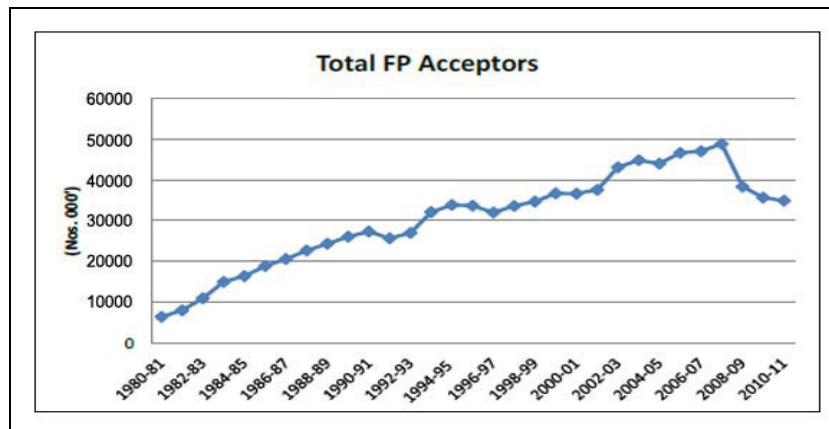


Figure 1
Source: Family Welfare Statistics in India – 2011

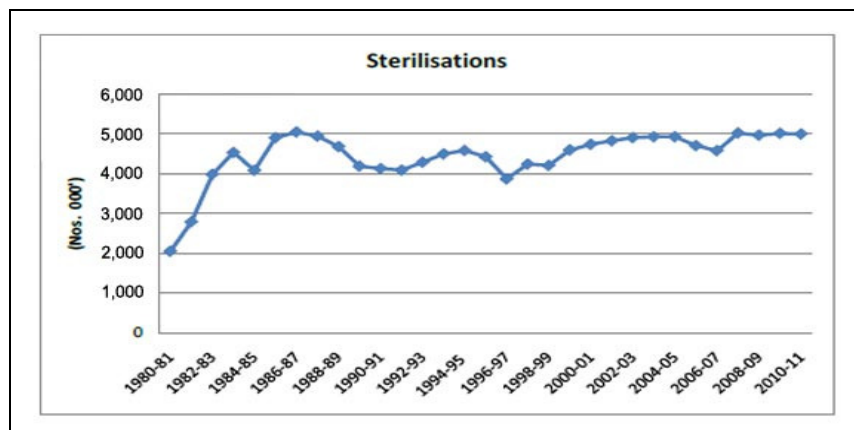


Figure 2
Source: Family Welfare Statistics in India - 2011

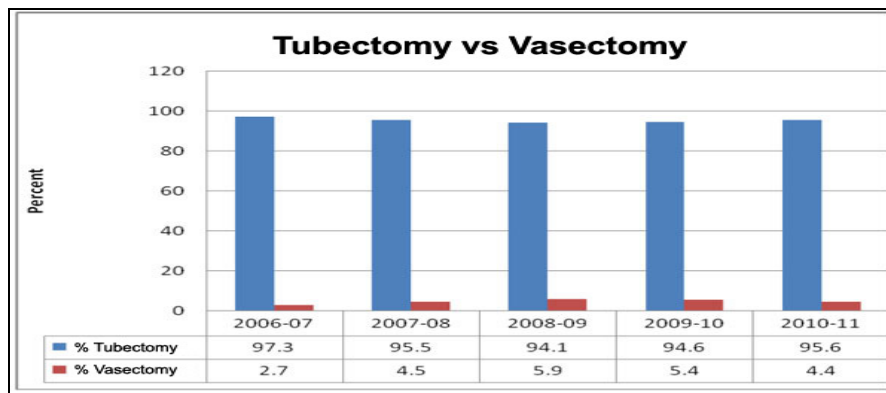


Figure 3

Source: Family Welfare Statistics in India - 2011

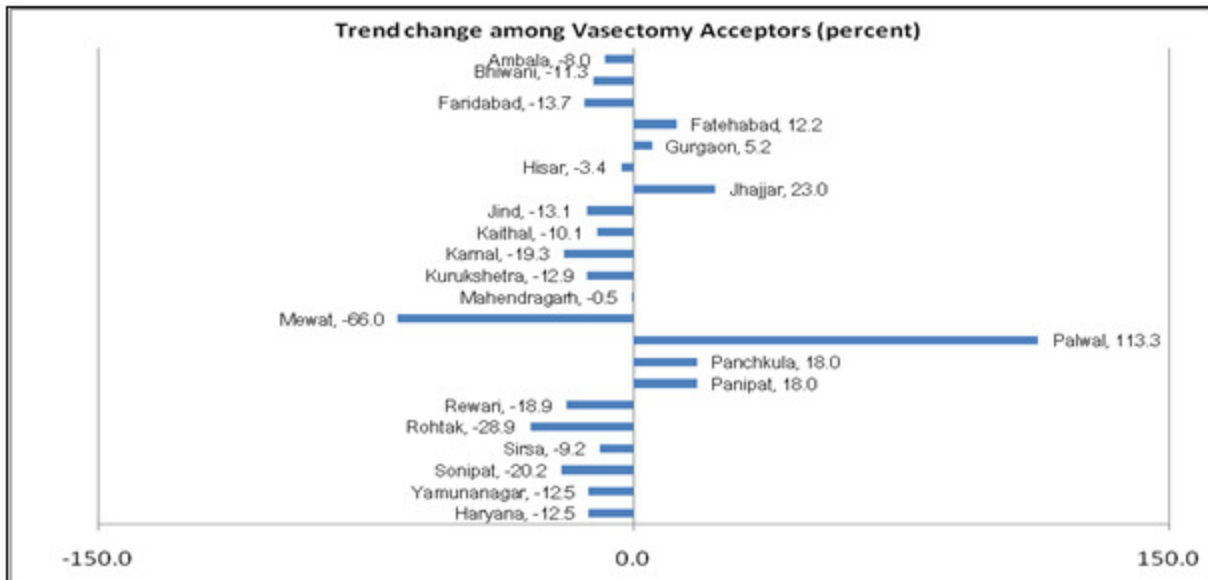


Figure 4

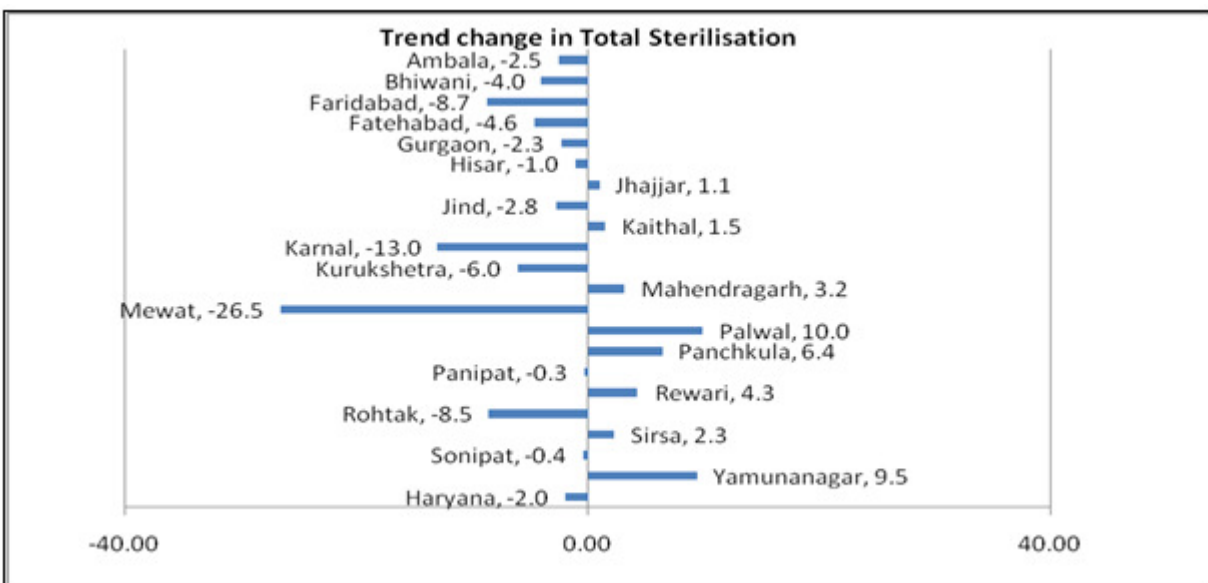


Figure 5

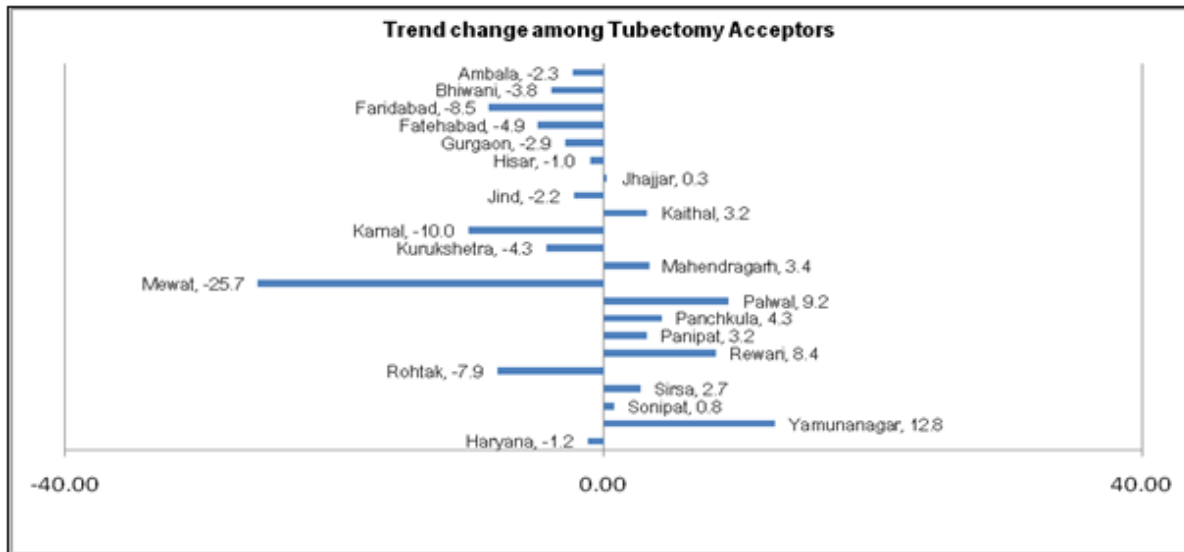


Figure 6

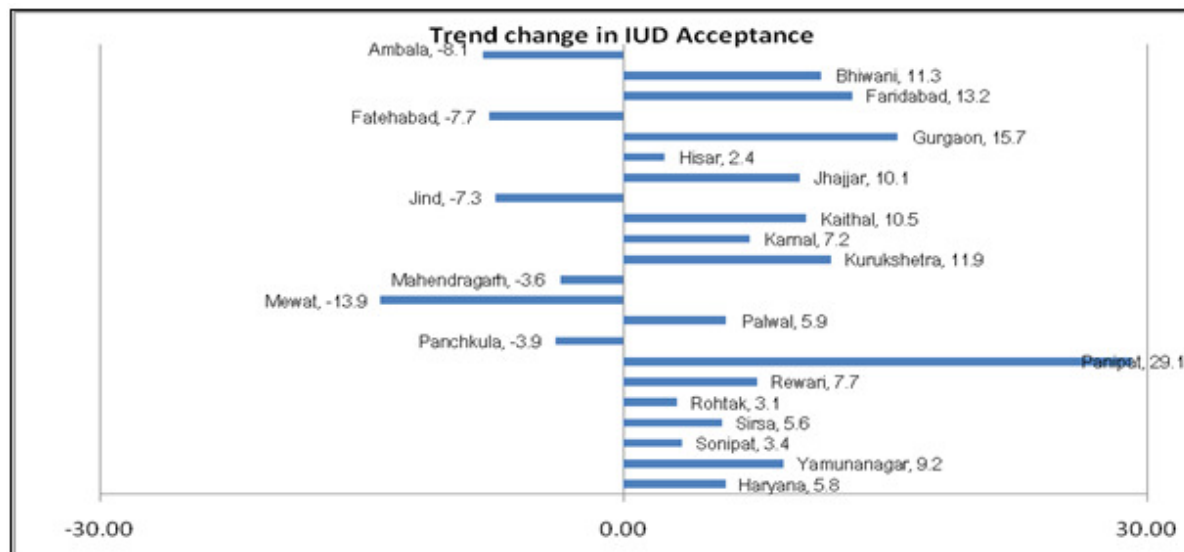


Figure 7

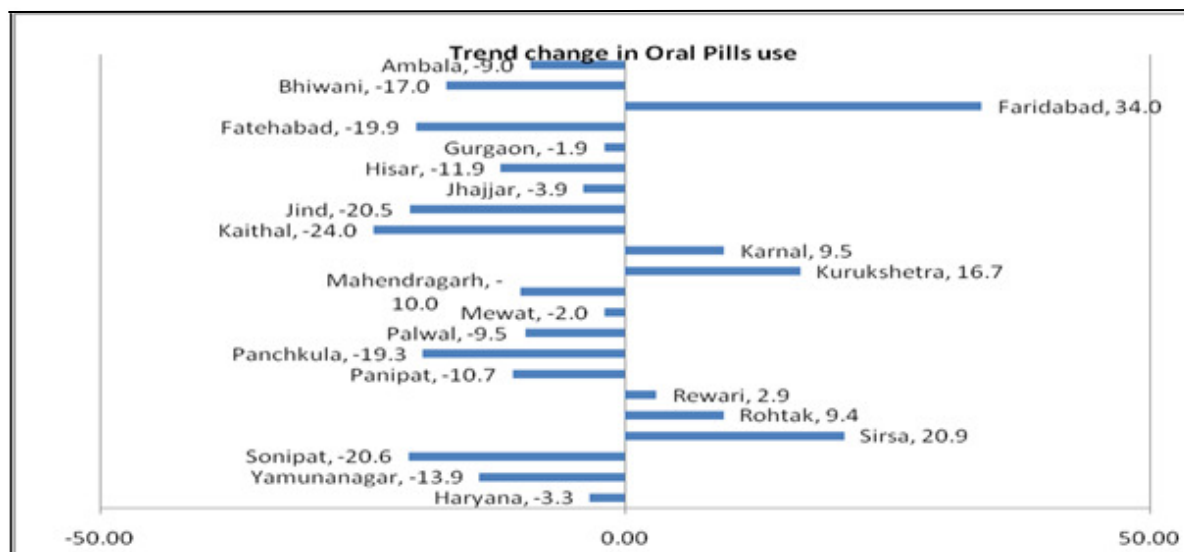


Figure 8

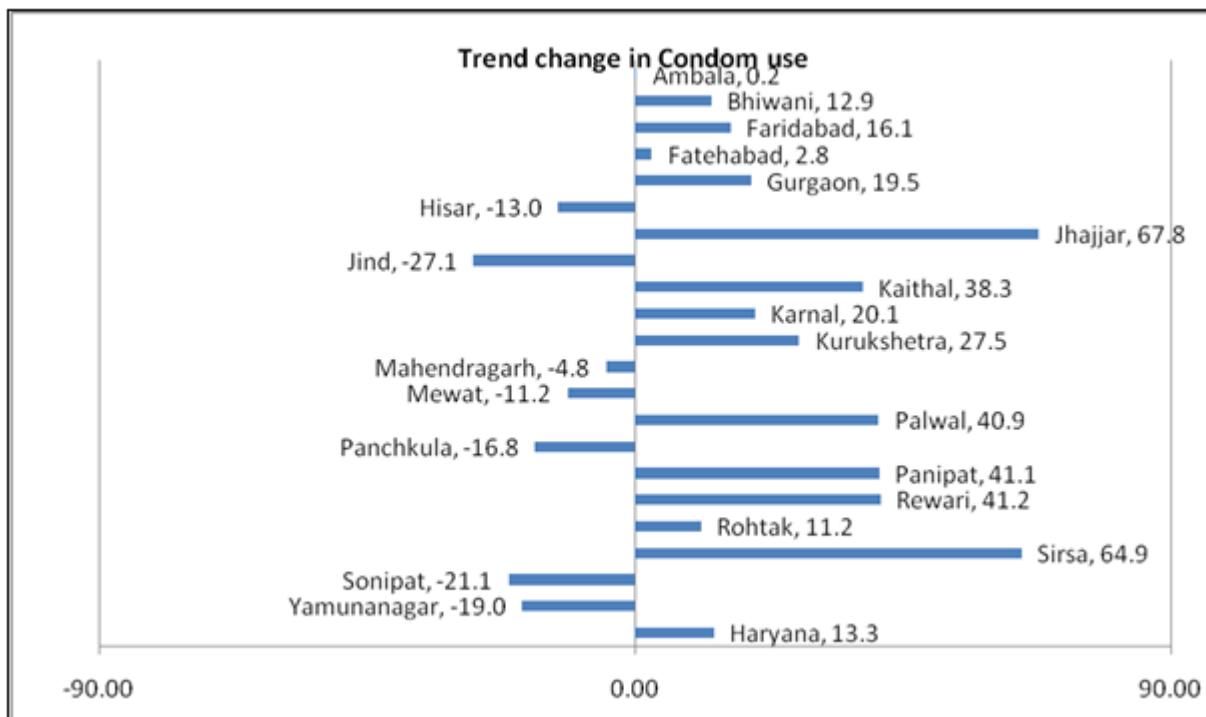


Figure 9

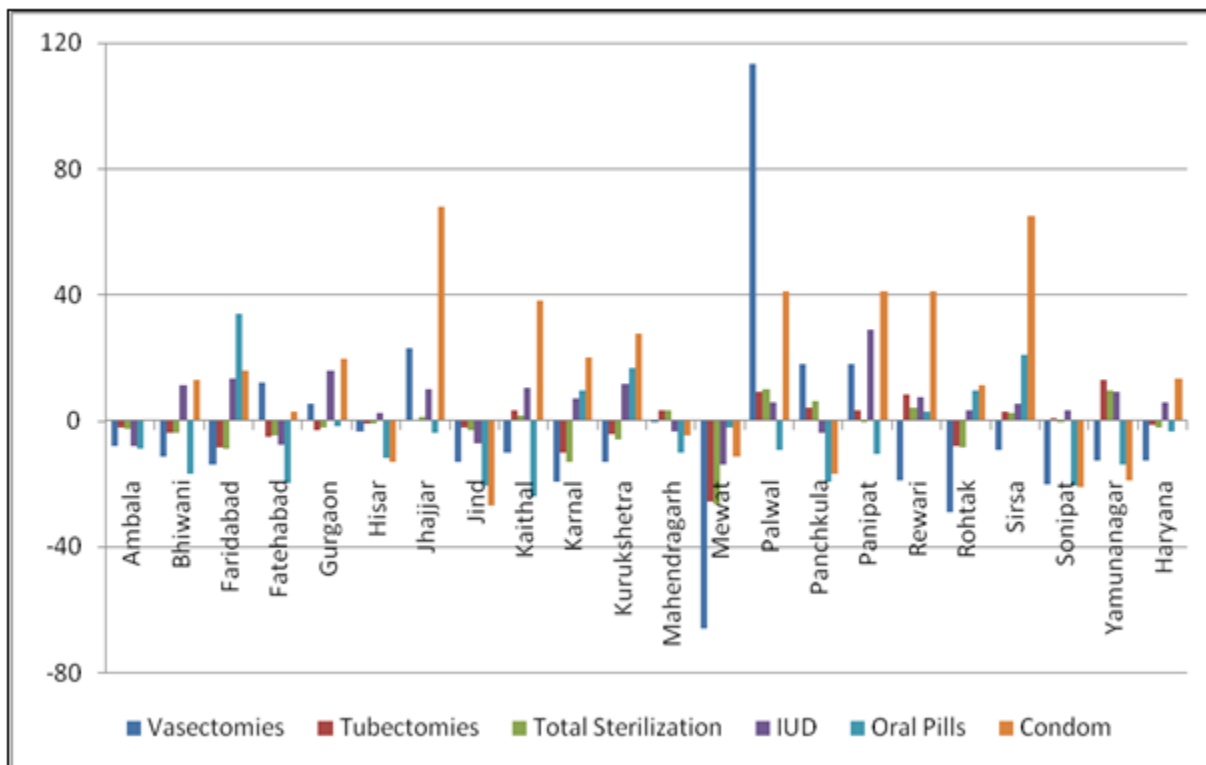


Figure 10

4. Result and Discussions

NFHS-1, NFHS-2 and NFHS-3 give the overview of family planning scenario in Haryana since 1992 to 2005-06 and data from Family Welfare Yearbook, 2011 was used to analyze the trend in Family Planning acceptors after 2006-07 to 2010-11. HMIS district wise data used to analyze the most recent trend in acceptors of family planning methods. It has been noticed that male sterilization (table 1) has declined over the period of time since 1992-93. The reason may be attributed to availability of other convenient methods of family planning like availability of condoms at public health facilities as well as in open market as there has been increase in the

number of condom users. Oral pills have been the most preferred method of family planning in Haryana. There has been a positive change during the years 2006-07 to 2010-11 to the tune of nearly 94 percent change. Similarly, there is a positive change as of nearly 5 percent in IUD insertions and a marginal improvement in female sterilization i.e. tubectomy. On the other hand, there has been decline in the acceptance of male methods. There is a decline to the extent of 27.6 percent in condom users and 27.4 percent in male sterilization i.e. vasectomy since 2006-7 to 2010-11. Overall there has been a marginal decline in acceptance of sterilizations during the years 2006-07 to 2010-11. Proportion of condom (Table 3) users has increased during 2010-11 to 2013-14 by 13 percent and there has been some increase in IUD acceptance. While on the other hand there has been a marginal decline in the acceptance of permanent methods of family planning, i.e. sterilization but decline is more in male sterilization. In order to examine the latest trends of family planning acceptance in Haryana viz-a-viz the districts an attempt is made to analyze the most recent changes using HMIS data.

4.1. Trend Change in Male Sterilisation - Vasectomy

Vasectomy method of family planning (Table:4) has registered a decline in most of the districts of the Haryana state. Mewat district recorded maximum decline i.e. 66 percent decline in vasectomies followed by Rohtak (-28.9 percent). Further, it has been observed that only 2 vasectomies conducted during the 2013-14 in Mewat district which is the least number of vasectomies conducted in any district of Haryana. One of the probable reasons for so low acceptance of family planning is the Mewatis a Muslim dominant area with very low literacy levels. On the other hand, district Palwal has registered a marked improvement in acceptance of vasectomies i.e. 113.3 percent change. It may be attributed to low preference of this method of family planning during earlier years under study as only 7 vasectomies were conducted during the year 2010-11 which increased to 93 during the year 2013-14. But still the performance of this district is very poor against the other districts which showed negative growth change over the years. Six districts (Gurgaon, Jhajjar, Palwal, Mahendergarh, Panchkula, Panipat) have shown some improvement in acceptance of male permanent methods of spacing while in the remaining (15) districts there has been a decline. Over all there is fluctuating trend in number of vasectomies conducted during the periods under study.

4.2. Trend Change in Female Sterilisation – Tubectomy

Although the number of Tubectomy acceptors is large but over the years there has been decline in number of acceptors. Out of 21 districts of Haryana state, 9 districts (Jhajjar, Kaithal, Mahendergarh, Palwal, Panchkula, Panipat, Rewari, Sirsa, Sonipat and Yamunanagar) have registered a positive change over the years with district Yamunagar leading (12.76 percent) in the group followed by Palwal and Rewari. The remaining 12 districts have shown a decline with Mewat on the top followed by Karnal and Faridabad. Further analysis reveals that in terms of absolute numbers, Hisar district has reported highest number of female sterilization followed by Bhiwani and Sirsa (Table:5).

4.3. Trend Change in Total Sterilisations – Male and Female

Overall there has been a negligible decline in acceptance of sterilization both male and female. In other words, it indicates that people's preference from permanent methods of family planning is shifting towards modern contraceptives. District wise analysis indicates that 13 districts have reported a decline in acceptors of sterilization while remaining eight districts have recorded an improvement during the four years. Besides Mewat, other districts which have reported substantial decline are Karnal, Rohtak and Faridabad whereas district reporting some positive change are Palwal, Panchkula Yamunanagar. It may be mentioned that the quantum of decline is greater than the increase in sterilization acceptance in some districts (Table :6).

4.4. Trend Change in IUD Acceptance

It is encouraging to note that there has been a perceptible improvement in IUD acceptance during four years' period. The data indicates that there has been a steady increase in IUD acceptors from year 2010-11 to 2012-13 and a sudden spurt in the year 2013-14. One of the probable reason for increase in IUD acceptance may be the introduction of PPIUCD which is being widely publicised. It is encouraging to note that in 15 districts there has been an increase in IUD acceptors while in 6 districts the acceptance of IUD has decreased. District Panipat tops the lists on having shown the highest improvement followed by Gurgaon Faridabad Kurkshetra and Kaithal. Among the districts where there has been a decline in IUD acceptance, the figures indicate that there has been a steady improvement in the number of acceptors from year 2010-11 to 2012-13 and then a decline in the year 2013-14 in Ambala, Palwal and Mahendergarh district. Whereas for district Fatehabad, Panchkula and Mewat there have been fluctuating trends. In case of Jind district here has been a steady decline over a period of time. The reasons for the decline may be attributed to several causes like under or over reporting of data, actual decline in the number of acceptors (Table :7).

4.5. Trend Change in Oral Pills Use

Over the years there has been a decline in proportion of Oral Pills users. Only 6 districts showed positive change in number of oral pills whereas majority of the districts registered a decline over the years. The six districts showing improvement in order of priority are Faridabad (34 percent), Sirsa (20.9), Kurukshetra (16.7), Karnal (9.5), Rohtak (9.4 percent) and Rewari (2.9 percent). Among districts showing a decline, Kaithal is ranked at the top followed by Jind, Sirsa, Sonipat and Fatehabad. A detailed analysis indicates that in some districts like Faridabad which have shown an improvement in OCP users in years 2013-14 than 2012-13. In some districts like Karnal, Sirsa, Rewari, Rohtak and Kurkshetra fluctuating trends have been observed (Table :8).

4.6. Trend Change in Condom Use

There is positive change in number of Condom users in majority of the districts. District showing the highest increase in condom users is District Jhajjar (67.8 percent) followed by Sirsa (64.9 percent). Panipat and Rewari districts recorded almost equal proportion of positive change in number of users of Condoms. However, 7 districts have recorded a decline in number of Condom Users and this decline may be attributed to having access to better options. Maximum decline has been in district Jind (27.09 percent) Sonapat district i.e. -21.1 percent followed by Yamunanagar (-19.0 percent) and Panchkula (-16.8 percent). It may be further pointed out that in some districts like Jhajjar there has been a drastic improvement in condom users for the year 2013-14 which may be attributed to the error in the data. Similarly, in districts like Kaithal, Panipat, Sirsa there has been two or more than two-fold increase in condom users from year 2012-13 to 2013-14 (Table:9).

A comparative analysis of over time change in acceptance of different family planning methods of Haryana during four years' period from 2010-11 to 2013-14 indicates that there has been there has been a decline in acceptance of sterilization and increase in acceptance of modern methods of contraceptives. In other words, it shows that there is a shift in people preference from surgical intervention to non-surgical intervention, i.e. to modern contraceptive methods. A detailed analysis reveals that there has been a 13 percent increase in acceptance of condom use and about 6 percent increase in IUD acceptance. On the other hand, there is marginal decline in acceptance of sterilization but decline is more prominent among vasectomy acceptors than the female sterilization.

4.7. Total Cases of Deaths following Sterilization

There have been very few deaths following the sterilization. Three deaths each occurred in the year 2010-11 and 2013-14 where as one death in 2011-12 and two during the year 2012-13 in Haryana state. One death occurred in each of Faridabad, Jhajjar and Sirsa districts during the year 2013-14 where as one in each of Faridabad and Karnal district during the year 2012-13.

4.8. Policy Implications

It is envisaged that the findings of this report will be used to address policy and programmatic aspects of ensuring better efforts for promotion of different family planning programs in the State of Haryana. This will also help the State to ultimately improve the health indicators especially with reference to MMR and IMR as small size of family has direct impact on mortality rates. Further, there is need to regularly monitor the various family planning programs initiated by the State government and these programs should include the total welfare of the family. It has been witnessed from the data analysis of different methods of family planning that over a period of time there has not been much improvement in acceptance for various family planning methods and there are also wide disparities among the few of the districts. There are some high focused districts and special budgeting is provided to these districts but disparities still exist. There is a need to ensuring quality care in Family Planning services by establishing Quality Assurance Committees at state and district levels Plan for accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP. There is need to increasing male participation and promote the Non-scalpel vasectomy. There is also need of demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities. Strong political will and advocacy at the highest level should be the pre-requisite to achieve desired goals of a welfare state.

5. Conclusion

The Family Welfare Programme in India was launched with the objective to reduce the birth rates to the extent necessary to stabilize population at a level consistent with the requirements of the national economy. The programme has since evolved through a number of stages, and has changed direction, emphasis and strategies. During the first decade of its existence, family planning was considered more a mechanism to improve the health of mothers and children than a method of population control.

Over the decades, contraceptive use has been increasing in India as well in Haryana. The commonly practiced family Planning methods include birth control pills, condoms, sterilization and IUD (Intrauterine device). The efforts of the Government in implementing the Family Planning Programme have significant impact in the country as well as on the state as bringing down the birth rate. On the basis of the data downloaded from HMIS portal one can infer that there has been a decline in the number of acceptors of various family planning methods. There could be two reasons for the decline either the actual numbers of users are not being reported or non-reporting by the private health facilities or there are errors in the data being uploaded in the portal. It seems that the importance of various family planning programs has been on decline and intensive efforts must be made to revive it in order to achieve population stabilization. So while formulating various health policies, one should not ignore the importance of family planning and the time has come to revive the various family planning programs at district level as well at the state level. The apropos analysis of data depicted have shown improvement in acceptance of some methods in some districts while decline in other methods. In fact, the data reveal fluctuating trends in acceptance of family planning. There is need to re look into the data reporting status of family planning indicators at public and private health facilities and subsequently a review of the program.

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