

Report on Family Planning Survey, NHM Meghalaya

The decadal population growth rate of India between 2001 and 2011 census is found to be 17.68, whereas growth rate of Meghalaya in the decade is 27.95. The primary reason of high birth rate of S.T. population of Meghalaya (10 % higher than the National average and highest amongst the North-Eastern States) is non-implementation of **National Family Welfare Program (Family Planning Program)**, a National Priority Program. The challenges of implementing Family Welfare Program in the State can be attributed to indifference and hostility from certain groups. Education and sensitizing the rural masses for uptake of family planning is the need of the hour and will play a vital role in implementing the Family Planning program. **Objective:** The broad objectives of Family Planning Survey, Meghalaya 2018 was to assess the quality/achievement of Family Planning, study accessibility and acceptability (barriers) of health care services to family planning, assess the number of activities conducted as against the proposed number of activities and understand the problems associated with stake-holders/ service provider in carrying out the activities under family planning. The study also reviewed the situation and trends and described the current structure and functioning of the Family planning program under NHM. Understanding community acceptance of family planning method and demand or supply or gap of family planning method

Methodology: The family planning study was carried out in 165 villages of 11 districts in Meghalaya. Initially, interaction with the NHM, Meghalaya officials were carried out to understand the content and focus area of the assignment, followed by Literature study including Meghalaya geography and contraception products available. Tools were developed for 10 categories of respondents including Mothers/Parents, PRI member, DH/PHC/CHC doctor, ANM, RMP/Pharmacist, ASHA, Peer Educator/Counselor, NGO functionary and Field trainer. Questionnaire survey and Focused Group Discussion were carried out along with Interview of respondents/stakeholders for canvassing information

Findings: Maximum males and females respondents are in the age group 20-30 years as this is the age where the maximum attention is required towards family planning. Study depicts that a significant number of respondents had heard the term family planning. Most respondents were aware about family planning or contraception service, including usage of pills for avoiding or delay pregnancy; however 72 percent reported on knowledge of female sterilization. Study also reported that not even 5 percent respondents were aware of female condoms and other traditional methods used to avoid pregnancy. On asked about the source from where the respondent first learnt about the contraception, maximum people responded on village level health service providers including ASHA and ANM. Media like radio, television and magazine also played an important role in keeping the community aware on contraception. In some areas, it was found that community had the knowledge of LAM and Rhythm method but they were not aware with the term. As far as diaphragm and spermicide are concerned, maximum number of respondents was found with no awareness on these contraception methods. Non availability of these methods was the main reason for low awareness. Study indicated that maximum respondents were found having the knowledge that govt. health center and service providers are the main source of procurement of FP methods. Awareness on home treatment and condom vending machine was found low in all the studied districts.