



Assessment of Implementation of FPLMIS in Madhya Pradesh

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Abbreviations

ANM	Auxiliary Nurse Midwife
ASAH	Accredited Social Health Activist
COC	Combined Oral Contraceptive Pills
ECP	Emergency Contraceptive Pills
FP-LMIS	Family Planning Logistic Management Information System
IIPS	International Institute for Population Sciences
IUCD	Intra Uterine Contraceptive Devices
NFHS	National Family Health Survey
PTK	Pregnancy Testing Kits

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1. Introduction

Family planning services are integral to the health care services and wellness initiative under Ayushman Bharat programme. SDG on health and wellbeing for population set a target of achieving 100% coverage on use of modern family planning method by the year 2030. Public health care facilities provide free of cost services for all kinds of family planning services through a basket of choice for the eligible couples. Family planning has two main objectives: To have only the desired number of children and to have proper spacing in pregnancies.

Family planning use of modern method has increased significantly over the years in many states. Except Bihar, Meghalaya and Manipur out of 17 states have achieved TFR of 2.1 or less results NFHS-5. The unmet need for family planning among currently married women varies from 4.7 percent in Andhra Pradesh to 27 percent in Meghalaya as reported in NFHS-5 (phase 1) results.

One of the mandates of the Family Planning (FP) division, MoHFW is to ensure availability of Family Planning commodities such as Injectable contraceptives, Condoms, Combined Oral Contraceptive Pills (COC), Weekly pills (Non-steroidal Non-Hormonal contraceptive pill), Intra Uterine Contraceptive Devices (IUCD 380A & 375), Emergency Contraceptive Pills (ECP), Tubal rings and Pregnancy Testing Kits (PTK) at all levels.

Delivering contraceptives to the clients may appear to be a routine task, but the process requires a well-functioning supply chain management system. Supply chain involves many different personnel, departments, suppliers, agencies and procedures, hence managing Family Planning logistics becomes a complex task. At present, the top down push system still prevails in the FP supply chain across the country. Moreover, the personnel at various levels lack skills on demand forecasting, inventory management and distribution processes, leading to either overstocking or stock outs across many public health facilities. Above all, the weak monitoring of Family Planning supply chain at every level hinders the uninterrupted supply of commodities in public health system. An efficient supply chain and logistic system improves contraceptive availability, aids couples to avoid unplanned

pregnancies and making the Family Planning program more responsive to the clients' need. Government of India's Family Planning Logistic Management Information System (FP-LMIS) is a step towards ensuring effective, efficient and uniform management of Family Planning commodities across India.

In order to streamline demand-supply gap, strengthening of supply chain management was essential. Family Planning Logistics Management Information System (FP-LMIS) is the right step in this direction introduced in 2017. India's Family Planning programme 2020 aims to drive accessibility, choice and quality of family planning services. India continues putting efforts to expand the range and reach of contraceptive options since the initial FP2020 commitment in 2012, delivering a full range of family planning services and rolling out new contraceptives.

It is pertinent to study the implementation of FP-LMIS and assess the contraceptive use for spacing among couples.

2. Objectives

1. Analysing trend of acceptance of spacing method
2. Study the supply mechanism of spacing contraceptives and use of FPLMIS
3. Assessment of family planning counselling services for spacing
4. Study user perspective on acceptance of spacing methods

3. Study design and sample

For the study, Sagar district was purposively selected. From the district, all the blocks were selected for the study. In all 24 villages and four urban wards were visited in the district. Selection of villages and wards were done based on systematic random sampling from sampling frame of block-wise villages and urban towns. From urban town, urban ward were selected randomly. Women respondents were approached with the help of ASHA and Anganwadi worker. Women who had children age upto three years were included for the study. In all 155 women were interviewed. From rural areas 140 women and 15 from urban areas were interviewed. A structured interview schedule was canvassed to collect the

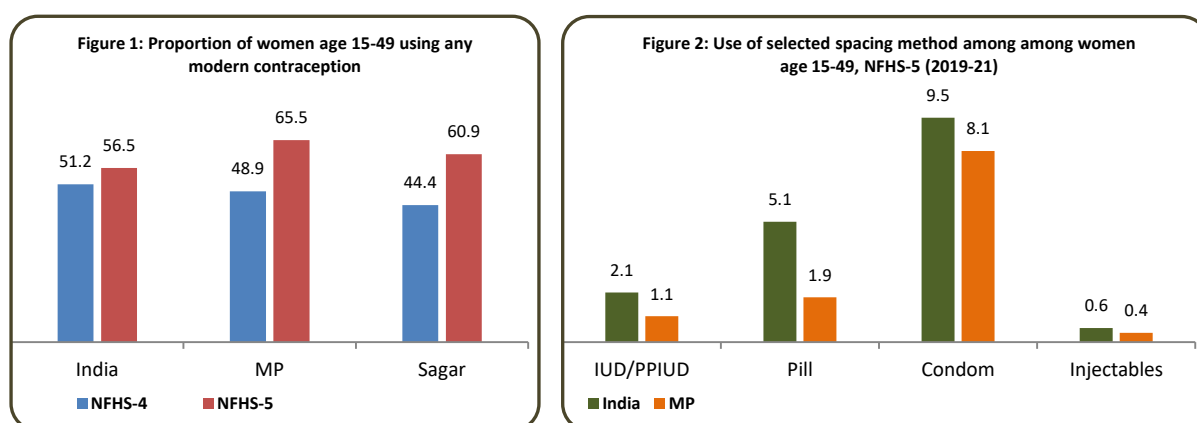
required data. The questionnaire collected the information about socio-economic characteristics of the respondent, details about family size and composition, current use of contraception, availability of contraception, intention of continuing of spacing method, counselling for spacing method and issues in use of spacing method. In all 17 ASHAs were interviewed to understand the training for FP-LMIS, its usage and supply management of contraception. Data was collected during February-March, 2022.

Data was analysed using SPSS and descriptive statistics were computed. Association of socio-economic characteristics with contraceptive use characteristics have been ascertained using chi-square statistics. Results are presented using tables and graphs.

Level and trend of utilization of spacing method was ascertained using NFHS-4 (2015-19) and NFHS-5 (2019-21).

4. Acceptance of Spacing Method

There has been a significant increase in current use of contraception in general and spacing methods in particular in Madhya Pradesh as seen from Figure 1. Compared increase of 4 percentage points in national average, in Madhya Pradesh and Sagar contraception use has increased by 17 and 14 percentage points during NFHS-4 and NFHS-5. Use of selected spacing method has also shown variation at national and state average. Compared to India as a whole, utilization of spacing method utilization is less in Madhya Pradesh. In India, condom use was 9.5 percent compared to 8.1 percent in Madhya Pradesh. Use of contraceptive pill differs significantly at the country and state level (Figure 2).



National family health survey (NFHS) round 4 (2015-16) and round 5 (2019-21) data shows that there has been rural urban difference in contraceptive use of spacing methods at national, state and district level as shown in Table 1. It is noted that at country level, use of selected spacing method has increased in rural areas between the two NFHS surveys. Highest increase was observed for condom use, followed by pill and IUD. Momentum for use of injectable has also gaining from NFHS-4 to NFHS-5. In Madhya Pradesh also use of condoms in urban areas has increased more as compared to other spacing methods. In rural area use of pill has decreased compared to other spacing methods. Use of injectable has increased more in urban areas compared to rural areas in Madhya Pradesh.

Table 1: Level and trend of spacing selected method use among women age 15-49 years						
	NFHS-5			NFHS-4		
	Urban	Rural	Total	Urban	Rural	Total
India						
IUD/PPIUD	2.7	1.8	2.1	3.6	1.1	1.5
Pill	4.4	5.4	5.1	2.3	4.3	4.1
Condom	13.6	7.6	9.5	9.0	3.9	5.6
Injectables	0.4	0.6	0.6	0.2	0.2	0.2
Madhya Pradesh						
IUD/PPIUD	1.4	0.9	1.1	0.9	0.4	0.5
Pill	2.6	1.7	1.9	2.2	0.9	1.3
Condom	15.8	5.3	8.1	10.3	2.7	4.9
Injectables	0.6	0.3	0.4	0.1	0.1	0.1
Sagar						
IUD/PPIUD	--	--	0.7	--	0.9	0.7
Pill	--	--	1.6	--	1.3	1.1
Condom	--	--	8.1	--	2.9	3.5
Injectables	--	--	0.1	--	0.0	0.0

Table 2 and 3 presents the district-wise current use of contraception as reported in NFHS-4 (2015-16) and NFHS-5 (2019-20) respectively in Madhya Pradesh. There has been significant increase in use of modern spacing method in Madhya Pradesh, from 6.9 percent to 12.9 percent between two NFHS surveys. Highest increase was observed in Sidhi district followed by Dindori and Jhabua, where use of spacing method has increased by more than six-fold. In Neemuch, Katni, Ratlam, Shahdol, Mandla, Damoh, Panna, Mandsaur, Rewa,

Seoni and Vidisha districts spacing method use has increased thrice. There has been a two-fold increase in proportion of users of modern spacing methods in Barwani, Alirajpur, Sheopur, Chhatarpur, Sagar, Singrauli, Harda, Narsimhapur and Indore. In Satna, Shivpuri, Guna, Bhind, Gwalior, Ashoknagar and Hoshangabad there was less than 30 percent increase in proportion of users of spacing methods. In Anuppur, Khandwa and Jabalpur districts, use of modern spacing methods has decreased between two NFHS surveys.

Table 2: Percentage of currently married women age 15-49 years using any contraceptive method, any modern method, female sterilization, male sterilization, any modern spacing method, and any traditional method, according to district, Madhya Pradesh, 2015-16

District	Any Method	Modern Method	Sterilization		Any Method		Number of Women
			Female	Male	Modern Spacing	Traditional	
Alirajpur	30.9	30.9	26.7	0.1	4.1	0.0	451
Anuppur	49.1	47.5	43.0	0.8	3.6	1.6	498
Ashoknagar	58.3	58.3	49.2	0.0	9.1	0.0	508
Balaghat	58.2	57.2	51.5	2.1	3.6	1.0	1116
Barwani	50.7	50.3	45.2	0.1	5.0	0.4	933
Betul	64.0	59.5	51.8	1.1	6.6	4.5	936
Bhind	55.7	53.6	44.9	0.2	8.5	2.1	952
Bhopal	52.9	50.3	32.9	0.5	16.9	2.6	1473
Burhanpur	56.4	56.2	45.9	0.0	10.2	0.3	457
Chhatarpur	53.9	50.2	45.4	0.1	4.7	3.7	1000
Chhindwara	66.1	65.0	59.5	0.5	5.0	1.1	1389
Damoh	36.2	35.9	33.0	0.0	2.8	0.3	870
Datia	59.0	57.7	51.6	0.0	6.1	1.3	520
Dewas	56.6	56.4	47.2	0.1	9.0	0.2	1028
Dhar	52.6	52.6	45.0	0.1	7.5	0.0	1484
Dindori	66.8	63.0	61.2	0.9	0.9	3.8	467
Guna	60.9	59.4	48.6	0.2	10.5	1.5	913
Gwalior	49.2	46.7	33.7	0.1	12.9	2.4	1374
Harda	49.4	49.1	40.7	0.2	8.2	0.3	365
Hoshangabad	50.2	49.6	42.4	0.2	7.1	0.5	849
Indore	54.0	52.9	37.3	0.5	15.2	1.1	2593
Jabalpur	65.9	61.4	54.1	0.2	7.0	4.5	1,461
Jhabua	10.4	10.4	8.2	0.2	1.9	0.0	627
Katni	45.7	44.3	40.8	0.6	2.8	1.4	835
Khandwa	67.3	66.9	58.1	0.4	8.4	0.4	832
Khargone	70.6	70.1	62.6	0.3	7.2	0.4	1263
Mandla	66.9	64.2	57.1	4.6	2.6	2.7	625
Mandsaur	18.1	18.1	12.5	0.5	5.0	0.0	1013
Morena	56.3	52.6	46.6	0.0	6.1	3.7	1223
Narsimhapur	51.0	50.3	46.9	0.2	3.2	0.7	751
Neemuch	17.6	17.5	13.7	0.3	3.4	0.1	601
Panna	45.9	41.5	38.1	0.1	3.3	4.4	587
Raisen	66.0	65.1	53.1	0.3	11.8	0.9	898
Rajgarh	53.5	53.4	44.0	0.0	9.4	0.1	1003
Ratlam	24.7	24.7	20.3	0.4	4.1	0.0	966
Rewa	59.3	51.4	46.6	1.0	3.9	7.8	1437

District	Any Method	Modern Method	Sterilization		Any Method		Number of Women
			Female	Male	Modern Spacing	Traditional	
Sagar	48.9	44.4	39.0	0.0	5.3	4.6	1338
Satna	54.9	49.0	42.1	1.6	5.2	6.0	1302
Sehore	55.1	54.7	44.5	0.6	9.5	0.4	795
Seoni	70.0	69.7	66.4	0.4	3.0	0.3	827
Shahdol	43.5	43.2	39.9	0.8	2.5	0.2	717
Shajapur	55.5	53.7	42.6	0.7	10.4	1.8	942
Sheopur	53.2	52.3	47.7	0.0	4.6	1.0	409
Shivpuri	57.7	55.4	50.3	0.1	5.0	2.3	1176
Sidhi	32.5	31.9	29.9	0.4	1.6	0.6	719
Singrauli	37.1	34.8	31.7	0.5	2.7	2.2	800
Tikamgarh	48.5	46.6	42.6	0.1	3.9	1.9	897
Ujjain	35.1	34.6	26.1	0.2	8.3	0.5	1317
Umaria	52.3	48.3	44.4	0.7	3.2	4.0	405
Vidisha	23.0	22.7	16.0	0.0	6.6	0.3	880
Madhya Pradesh	51.4	49.6	42.2	0.5	6.9	1.8	46823

Source: National Family Health Survey (2015-16) – Madhya Pradesh State Report.

Table 3: Percentage of currently married women age 15-49 years using any contraceptive method, any modern method, female sterilization, male sterilization, any modern spacing method, and any traditional method, according to district, Madhya Pradesh, 2019-21

District	Any Method	Modern Method	Sterilization		Any Method		Number of Women
			Female	Male	Modern Spacing	Traditional	
Agar Malwa	78.2	73.0	64.0	0.0	9.0	5.2	246
Alirajpur	75.9	72.2	61.2	0.1	10.9	3.7	289
Anuppur	65.5	57.6	52.2	2.1	3.2	7.9	394
Ashoknagar	76.6	68.2	57.8	0.4	10.0	8.4	434
Balaghat	75.2	70.1	60.0	4.7	5.5	5.1	816
Barwani	76.1	73.5	59.0	0.3	14.1	2.7	677
Betul	77.2	70.7	58.7	1.5	10.5	6.5	720
Bhind	58.7	48.5	38.4	0.2	9.9	10.2	683
Bhopal	78.7	73.7	46.4	0.6	26.7	5.0	943
Burhanpur	75.7	71.5	53.1	0.1	18.3	4.1	352
Chhatarpur	72.9	60.6	48.8	0.2	11.6	12.2	847
Chhindwara	80.2	74.2	65.4	0.7	8.1	6.0	893
Damoh	72.9	67.5	58.1	0.0	9.3	5.5	685
Datia	73.1	66.3	58.2	0.0	8.1	6.8	381
Dewas	63.6	61.2	45.5	0.1	15.6	2.4	836
Dhar	77.7	75.5	60.9	0.3	14.2	2.2	1,233
Dindori	78.1	70.4	62.4	0.5	7.4	7.7	392
Guna	73.0	69.2	56.6	0.1	12.6	3.8	672
Gwalior	60.6	51.5	36.5	0.2	14.9	9.1	1,039
Harda	78.0	75.5	57.0	0.3	18.1	2.5	304
Hoshangabad	28.6	28.0	20.0	0.1	7.8	0.6	624
Indore	83.4	79.6	47.9	1.0	30.6	3.8	1,671
Jabalpur	83.0	77.8	74.1	0.8	2.9	5.3	506
Jhabua	75.9	71.6	58.8	0.2	12.6	4.3	472
Katni	72.4	64.1	50.8	1.1	12.2	8.3	596
Khandwa	72.9	71.1	64.8	0.0	6.3	1.8	596

District	Any Method	Modern Method	Sterilization		Any Method		Number of Women
			Female	Male	Modern Spacing	Traditional	
Khargone	77.8	75.0	62.4	0.1	12.5	2.8	894
Mandla	79.1	74.3	64.0	1.4	8.9	4.8	512
Mandsaur	72.6	64.8	48.1	0.8	15.9	7.8	746
Morena	58.9	51.8	42.5	0.0	9.3	7.1	842
Narsimhapur	78.9	70.4	63.4	0.1	6.9	8.5	634
Neemuch	73.4	66.2	48.9	1.0	16.3	7.2	468
Panna	67.6	57.8	47.0	0.1	10.7	9.8	498
Raisen	76.3	72.6	53.7	0.7	18.2	3.7	391
Rajgarh	69.2	59.7	42.6	0.1	16.9	9.5	818
Ratlam	72.6	68.3	51.6	0.6	16.1	4.3	854
Rewa	70.7	59.9	46.6	1.2	12.0	10.7	1,190
Sagar	68.5	60.9	47.5	0.5	13.0	7.5	1,285
Satna	71.6	61.2	52.1	2.4	6.7	10.4	1,110
Sehore	53.4	51.5	34.6	0.4	16.4	1.9	655
Seoni	78.0	74.4	65.0	0.4	9.1	3.6	713
Shahdol	64.5	58.3	47.1	2.6	8.7	6.2	540
Shajapur	78.2	71.8	53.4	2.0	16.4	6.4	494
Sheopur	67.7	63.5	51.8	0.0	11.7	4.2	387
Shivpuri	64.3	55.5	49.1	0.0	6.4	8.8	757
Sidhi	71.7	58.6	41.9	2.7	14.0	13.2	584
Singrauli	58.1	50.0	42.1	1.6	6.3	8.1	519
Tikamgarh	76.2	71.0	65.9	0.0	5.1	5.2	666
Ujjain	75.4	72.9	56.1	0.4	16.4	2.5	1,041
Umaria	71.2	60.5	49.6	1.4	9.5	10.6	369
Vidisha	75.1	64.6	44.7	0.0	20.0	10.5	705
Madhya Pradesh	71.7	65.5	51.9	0.7	12.9	6.2	34,974

Source: National Family Health Survey-5 (2019-21) Madhya Pradesh State Report.

5. Supply mechanism of spacing contraceptives and use of FPLMIS

A number of ASHAs were approached as per their availability, to understand the use of FPLMIS and supply mechanism. In all 17 ASHAs were contacted in the study. As per the FP-LMIS guidelines, all ASHAs are supposed to create an account on FPLMIS, either through mobile smart phone or mobile feature phone. ASHAs have received orientation about introduction of FP-LMIS in the district through monthly meetings. It was found that though majority ASHAs have phones, but they are not versatile in use of all sorts of applications on the phones. ANMs and their family members help them in use of mobile application relevant to their work.

It was informed that ASHAs have not yet fully initiated the process of indenting and distribution of family planning through FP-LMIS. At present ASHAs are getting family planning supplies mostly, condom and pill from the sub-health centre and are distributing it to the couples who approach them.

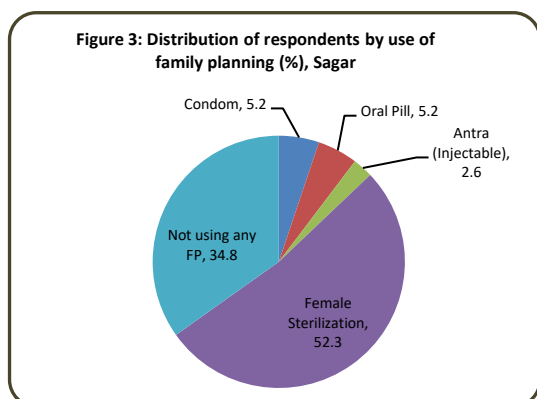
ASHAs have expressed that due to limited usage of spacing method, people often don't approach them for any family planning. There are cultural issues as well, in effective promotion of spacing methods among couples, since family planning for spacing is not considered as a matter of choice and sterilization is more preferred over spacing methods.

ASHAs have informed that they need more training and orientation about IEC and counselling for family planning, particularly the spacing methods. ASHAs expressed that possible side-effects of spacing methods, misconception about use of spacing method and fear of failure of methods still a concerns among prospective users. It require more and more quality counselling to satisfy the queries raised by the couples.

Study could ascertain very limited information on the implementation of FP-LMIS due to small number of ASHAs interacted. Most of the ASHAs were still involved in Covid related duties and covid vaccination.

6. User perspective on acceptance of spacing methods

In the study respondents were asked about their current use of contraception. It was found that 65 percent women were using any contraceptive and 35 percent were not using



any contraceptive (Figure 3). Further, 13 percent of respondents were using spacing methods – Condom (5%), Pill (5%) and Injectable (3%). Table 4 provides the distribution of women according to their contraceptive use and background characteristics.

More than three-fifths of women in all age groups are using any family planning method. Contraceptive use was found to be more among women who studies high school and above and who is working. Similarity was found among women according to education and occupation of their husband. As compared to women belong to other backward class household, lesser women were using contraception who belong to general caste.

Half of tribal women and 64 percent women belonging to scheduled caste were using any contraception.

Table 4: Use of family planning according to background characteristics

Background Characteristics		Currently using any FP method		No. of Women
		Yes	No	
Age of mother	Below 25	62.2	37.8	45
	25-29	68.5	31.5	73
	30+	62.2	37.8	37
Women's Education	No Schooling	46.7	53.3	15
	Primary	57.1	42.9	21
	High School	68.4	31.6	98
	Above High School	71.4	28.6	21
Women's Occupation	Cultivation	68.8	31.3	16
	Labourer	52.9	47.1	17
	Business	50.0	50.0	2
	Salaried employee	66.7	33.3	3
	Household work	66.4	33.6	116
	Other	100.0		1
Husband's Education	No Schooling	62.5	37.5	8
	Primary	62.5	37.5	16
	High School	63.6	36.4	99
	Above High School	71.9	28.1	32
Husband's Occupation	Cultivation	75.0	25.0	64
	Labourer	50.0	50.0	50
	Business	78.3	21.7	23
	Salaried employee	55.6	44.4	18
Religion of the household	Hindu	65.3	34.7	147
	Muslim	50.0	50.0	4
	Christian	100.0		1
	Jain	66.7	33.3	3
Caste	Scheduled caste	64.1	35.9	39
	Scheduled tribe	50.0	50.0	14
	Other backward class	68.6	31.4	86
	General	62.5	37.5	16
Type of Family	Nuclear	63.5	36.5	52
	Joint	65.7	34.3	102
Residence	Rural	65.0	35.0	140
	Urban	66.7	33.3	15
Number of children	1	25.0	75.0	20
	2	74.7	25.3	75
	3+	66.7	33.3	60
Overall		65.2	34.8	155

There is no significant difference due to family type or place of residence in use of contraception. Nearly three-fourths of women who have two children were using any contraception as compared to only 25 percent who have one child and 67 percent women who have 3 or more children. It is noted that nearly half (52 percent) of the respondents had undergone female sterilization, five percent each were currently using condom and pill and 2.6 percent were using injectable contraceptive.

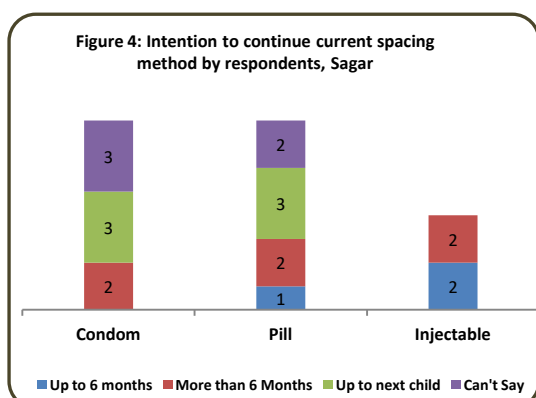
Respondents were asked about use of spacing method before accepting sterilization and spacing method used by them. Out of 81 respondents who had been using limiting method, all of them had been using condom before sterilization and very few respondents had used other spacing methods – Pill (4.9 percent), Chhaya weekly pill (3.7 percent), IUCD (2.5 percent) and Injectable (1.2 percent).

All the 54 respondents who currently not using any were family planning method were asked about the reason for not using any family planning method. It was revealed that little more than half of respondents (53 percent) cited their personal choices such as no intent to use, want another child and want another method. Nearly one-fifth of the respondents cited health reason for not using family planning, another 13 percent said that they did not know about the method, 9 percent responded that family planning method was not suited to them and one respondent cited lack of supply of family planning methods.

Out of 20 respondents who were using spacing method were asked whether they get free contraceptives regularly, to this, 15 respondents said they do not get free contraceptives and five respondents affirmed that they get free contraceptives. Respondents were further asked about source of contraceptives, three respondents each mentioned ASHA and Health Centre as source of getting contraceptive and 14 get it from private shop. It is clear that supply for spacing contraceptives through ASHA and health centre has not yet reached.

Respondents were further asked about whether they were satisfied with the contraceptive currently they are using. Except three respondents all said they are satisfied with the current use of family planning method. It is necessary that, effective follow-up to deal with contraceptive morbidity is strengthened. Two of the three respondents who were

not satisfied, had undergone female sterilization and one was using Pill.

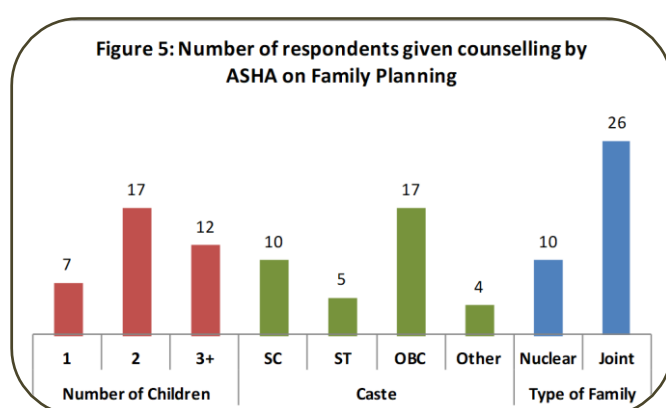


Respondents who were using spacing method were further asked about the intention to continue use of the method. It revealed that out of 8 users of condom, 2 users intend to use for 6 or more months and three intend to use it

till next child (Figure 4). Among 8 users of Pill, 1, 2 and 3 users respectively intend to use upto 6 months, more than 6 months and till next child. Similarly, among 4 users of injectable, 2 users each expressed to continue upto 6 months and more than 6 months respectively. It shows that five users of spacing method were uncertain about continuing use of current contraception.

7. Family planning counselling services for spacing

Respondents who were currently not using any family planning method were asked about whether ASHA has provided counselling on family planning, it revealed that ASHA had counselled 65 percent of the respondents and 35 percent respondents said ASHA did not provide counselling about family planning to them. Further it was found that, number of respondents who were give counselling on family planning varies with number of children respondents have, caste and type of family. Nearly 17 out of 21 respondents having two



children were counselled by ASHA, followed by 12 out of 20 respondents who have 3 or more children. Majority among scheduled caste and other backward class respondents were given family planning counselling. On type of family, majority respondents from joint family received family planning

counselling by ASHA (Figure 5).

Analysis clearly indicates that perspective of women having children between age 3 to 6 years is more inclined towards limiting family size. It also suggest that majority respondents tend to procure spacing methods from private shops, which also incur expenditure for family planning, despite well established family planning programme in public health facilities and presence of ASHAs. This analysis also affirms that early initiation of family planning counselling will help couples in ascertaining their choice of family planning and will enable them to use spacing method more effectively and consistently for longer duration. Studies have established that spacing methods not only promote good reproductive health but also enable mutual trust and health awareness among couples.

8. Summary and conclusion

In 1952, India launched the world's first national program emphasizing family planning to the extent necessary for reducing birth rate "to stabilize the population at a level consistent with the requirement of national economy" (NCP, 2000). Since then, the family planning program has evolved and the program is currently being repositioned not only to achieve population stabilization but also to promote reproductive health and reduce maternal, infant and child mortality and morbidity.

SDG on health and wellbeing for population set a target of achieving 100% coverage on use of modern family planning method by the year 2030. Family planning has two main objectives: To have only the desired number of children and to have proper spacing in pregnancies. Delivering contraceptives to the clients may appear to be a routine task, but the process requires a well-functioning supply chain management system. At present, the top down push system still prevails in the FP supply chain across the country. Contrary to the belief that family planning services are easily accessible, NFHS reports that about one-third of women age 15-49 still not using any family planning, leaving a large untapped potential for promotion of choice based family planning.

In order to streamline demand-supply gap and strengthening of supply chain management in family planning programme. Family Planning Logistics Management Information System (FP-LMIS) was introduced in 2017.

This study aimed at looking into status of use of spacing method from NFHS data and to ascertain the implementation of FPLMIS and assessing the user perspective on spacing method. For the study, Sagar district in Madhya Pradesh was chosen purposively. In all 155 women who have children age 3 to 6 years were interviewed and 17 ASHAs were contacted.

Compared to India as a whole, utilization of spacing method utilization is less in Madhya Pradesh. In India, condom use was 9.5 percent compared to 8.1 percent in Madhya Pradesh. In India use of selected spacing method has increased in rural areas between the two NFHS surveys. Highest increase observed for condom use, followed by pill and IUD. Use of injectable has increased more in urban areas compared to rural areas in Madhya Pradesh as reported in NFHS surveys.

There has been significant increase in use of modern spacing method in Madhya Pradesh, from 6.9 percent to 12.9 percent between two NFHS surveys. In majority district, use of spacing method has increased by two to three times between NFHS-4 and NFHS-5. Highest increase was observed in Sidhi district followed by Dindori and Jhabua, where use of spacing method has increased by more than six-fold. In Anuppur, Khandwa and Jabalpur districts, use of modern spacing methods has decreased between two NFHS surveys.

Though majority ASHAs have phones, but they are not versatile in use of all sorts of applications on the phones. ASHAs have not yet fully initiated the process of indenting and distribution of family planning through FP-LMIS. At present ASHAs are getting family planning supplies mostly, condom and pill from the sub-health centre and are distributing it to the couples who approach them. ASHAs require more training and orientation about IEC and counselling for family planning, particularly the spacing methods in terms of information on possible side-effects of spacing methods and mitigating misconception about use of spacing method and failure of methods.

In Sagar district 65 percent women were using any contraceptive and 35 percent were not using any contraceptive. Majority among users had undergone sterilization and use of spacing methods was limited to Condom (5%), Pill (5%) and Injectable (3%). Before sterilization, all had used condoms for some duration. Non users of family planning expressed personal reasons such as no need of family planning, health reason and lack of awareness about family planning.

Majority users of spacing method family planning were buying condom and pills from private shops and were unaware about availability of family planning services with ASHA.

About three-fifths of respondents though received information and counselling on family planning, but stated that it was limited only to suggesting use of some family planning method till the next pregnancy. It further revealed that intent to longer use of spacing method was absent and most of the user were either waiting for sterilization camps or for next child or were uncertain about the intended duration of use of spacing method.

This analysis also affirms that early initiation of family planning counselling will help couples in ascertaining their choice of family planning and will enable them to use spacing

method more effectively and consistently for longer duration. Studies have established that spacing methods not only promote good reproductive health but also enable mutual trust and health awareness among couples.

FPLMIS if implemented with proper intent and effective strategy, can bring substantial change in utilization of spacing methods. Users need to be provided added incentives comparable to limiting methods, quality services and most importantly continuous follow-up in mitigating misconception and addressing health concerns about modern spacing methods.

9. References

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