Contraceptives and Acceptance of Spacing Methods of Family Planning in Two Villages of Palampur Block, Kangra District, Himachal Pradesh

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ABSTRACT: In developing countries like India, women face multifaceted and challenging barriers to modern contraceptive use. These barriers include a complex interplay of demographic, social, cultural, and economic factors. The influence of a male partner on a female's reproductive health decisions is also an important area of reproductive health research that has garnered greater attention in the last decade. The present study was conducted in Mehnja village and Ghuggar village of Palampur Block, Kangra district of Himachal Pradesh, ndia. Only one married woman of reproductive age group (20 to 30 years) from each household was considered. The unit of study included 350 women in all. The objective of this research was to study the available methods of contraception in the area and the status of women in decision making for determining the family size. The results revealed that the respondents were in favour of accepting birth control methods and limiting child birth, thereby focusing more on giving a better life to their children in all possible ways rather than raising more children with lesser facilities. Also, education played a very important role in creating awareness among the village people regarding the birth control methods.

INTRODUCTION

India was the first country in the world to implement National Family Planning Programme in 1952. In spite of availability of a wide range of contraceptive and mass media campaigns and information, education and communication programmes, the population control remains a distant dream to achieve (Murarkar *et al*., 2011).The low use of spacing methods is reflected in the early child bearing and short birth intervals. In some cases, though these services exist, women's are constrained from using the family planning methods by cultural mores or pressure to rebuild the population. The recent changes in the institution of family, education and economic independence of women have affected the traditional system and brought some structural changes in the status and role of women as a housewife in the family (Sharma *et al*., 2005). The influence of a male partner on a female's reproductive health decisions is also an important area of reproductive health research that has garnered greater attention in the last decade (Bankole and Singh,'99).

The present study deals with, the inter-relationship between social and cultural factors (viewed as independent variables) that account for empirical regulations or variations in population size, its structure and process of change in them; while on the other hand it deals with pure demographic variables (treated as independent variables) to study

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the ways in which changes in them affect the various aspects of society and culture, social structure, and how socio-cultural factors determine the family size.

The Family Planning Welfare Programme of India aims to generate the need or demand for family planning and to satisfy it through different public and private sources. One of the immediate objectives of the National Population Policy of India 2000, is to address the unmet need for contraception, health care infrastructure, and health personnel and to provide integrated service delivery for basic reproductive and child health care (*http://india.unfpa.org*). It was also found from the latest health survey conducted by the government across the country that the use of contraceptives declined by nearly 3% in the last ten years. However, the decrease in contraceptive prevalence does not add up with other indicators in the space like decline in the total fertility rate and increased awareness about use of contraceptives. The data also showed an increasing trend in use of contraceptive pills and condoms.

According to the fourth National Family Health Survey (NFHS), covering 6 lakh households, prevalence of contraceptives dropped from 56.3% in 2006-06 to 53.5% in 2014-15. While the use of modern methods also declined marginally, the decline was mainly triggered by a drop in the sterilisation rate. Male sterilisation, already low, dropped from 1% to 0.3% between NFHS-3 to NFHS-4 (*http://rchiips.org/nfhs*). Besides, the rate of female sterilisation also witnessed a decline from 37.3% to 36%. Use of modern methods dropped from 48.5% to 47.8% during the period (*Times of India*, 2017).

According to NFHS-4, the association between the indicators of women's empowerment and the likelihood of a woman using a modern method of contraception was examined. In NFHS-3, it was found that 49% of the currently married women were using a modern method of contraception. Women who are employed are much more likely to be currently using a modern contraceptive method than women who are not employed. Among employed women, those who earn cash are more likely than women who do not, to be using a modern method of contraception (*http://rchiips.org/nfhs*). Further, contraceptive use is highest among women who earn cash and have a main say in its use. Specifically, 45% of women who are not employed use a modern method, compared with 57-59% of women who earn and have the main say alone or jointly with their husbands in the use of their earnings.

There is strong evidence of the continued son preference in India. Girls are under-represented in births and over-represented in child deaths. The sex ratio at birth is much lower in NFHS-3 than it was in NFHS-1. Although most ultrasound tests are for diagnostic purposes, there is clear evidence that the tests are also being used by women for sex-selection of births in all wealth quintiles. Nonetheless, sex selection of births is more evident among births to women in the highest wealth quintile than among others, particularly the lowest quintile. Gender equality in children's school attendance in urban areas, but in rural areas, female disadvantage in education is marked and an increase with age has also been noticed. Dropping out beyond primary school is a major problem, not just for girls, but also for boys. A consequence of high dropout rate beyond the primary school level is the low educational attainment of adults. Even among the population between 20-29 years of age, only 27% women and 39% men have 10 or more years of education.

Defining Family Planning

Family planning means to have children in a desired number and each child at as desired time (Matsunge,'66). Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing. The aim of family planning programmes has been to enable couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information and means to do so, to ensure informed choices and make available a full range of safe and effective methods. Family planning has two main objectives — firstly, to have only the desired number of children and secondly, proper spacing of pregnancies (Dabral and Malik, 2004).

Quirolgico-Lugue and Leon ('74) have defined family planning from modern perspective as "the rationale voluntarily and moral management of all the processes of family life including human reproduction" (Lydia and Maria,'74). James ('78)

defined Family planning "as the conscious action of couples to regulate the number and spacing of their children in accordance with personnel preferences".

Family planning was earlier synonymously used with birth control, but now it denotes a broader meaning. Nowadays, the term family planning implies a broader meaning than just controlling family size or spacing births. It is no more confined to only a birth control exercise, but it also deals with the health and welfare of mother, children and family groups, contributing effectively for the socio-economic movement of the country. Along with birth-control exercise, it also deals with health and welfare measures of mother, children and family groups, contributing effectively for socio-economic development of the society. Despite the fact that contraceptive usage has increased over a period of time, there exists a knowledge, attitude and practice, gap regarding contraception (James,'78; Ramesh *et al*.,'96).

The reasons for not using any family planning methods are lack of knowledge and education, religious beliefs and fear of side effects.

Factors influencing population growth can be grouped into following 3 categories:

- *Unmet need of family planning*: This includes married women who wish to stop child bearing or wait for next two or more years for the next child birth, but not using any contraceptive method.
- *Age at marriage and first childbirth*: In India, 22.1% girls get married below the age of 18 years and out of the total deliveries, 5.6% are among teenagers i.e. between 15-19 years. Delaying the age at marriage and first child birth could reduce the impact of population momentum on population growth.
- *Spacing between births*: Healthy spacing of 3 years improves the chances of survival of infants and also helps in reducing the impact of population momentum on population growth. (*http://nrhm.gov.in/nrhm-components/rmnch-a/familyplanning / background.html*)

While it may appear self-evident that two-child family is a happy family, widespread acceptance of the two-child norms has not yet taken place in our country due to various religious, cultural and socio-economic factors. Concerted efforts, therefore, are needed to provide the necessary information and education to people, especially in rural areas and urban slums, to motivate them to accept the two-child family norm. It is indeed imperative on the part of everyone to advocate and adopt the small family norm and constructively contribute their share in their own work settings and in the developmental efforts aimed at achieving the quality of life and physical, mental and socio-economic well-being of people, and the family and community at large.

The objective of this research was to study the available methods of contraception and the status of women in decision making about birth control method for determining the family size. The factors affecting awareness, practice and usage of family planning methods in rural Himachal Pradesh were also studied.

a) To find the available methods of contraception in the study areas.

b) To assess the status of women in decision making about birth-control methods.

c) To study socio-cultural factors determining the family size.

MATERIALS AND METHODS

Data on family planning were collected from 350 married women of reproductive age group. For the study, only one married woman from each household was considered. Respondents chosen were in the age-group of 20 to 30 years. The universe for the present study was Mehnja village and Ghuggar village of Palampur block in Kangra district of Himachal Pradesh, India. Married women of reproductive age-group and only one married woman from each household was included in the study. Purposive sampling and snowball technique were used for collecting data.

The primary data were collected by using observation, schedule, interview and case study methods. Data on contraceptive use and factors influencing the use was collected through interview-led schedule from married females under the reproductive age-group.

RESULTS AND DISCUSSION

Data from the field suggest that among all 77% respondents were such where both the couples are using contraceptive whereas only 23% were such who had never used any contraceptive methods to control family size (Fig. 1).

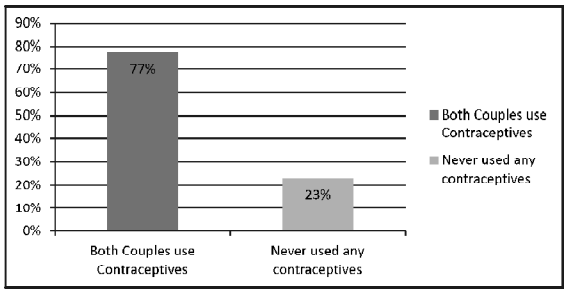

Figure 1: Contraceptive use among the respondents

It was found that 40% of the respondents knew about oral pills and condoms. Even all over the world, oral pills were used by over 60 million women (*http://www.madehow.com/Volume-4/Birth-Control Pill.html*) whereas condom is also a very popular male contraceptive. It was also seen from the field data that very few had heard about IUD's as a method of contraception. According to the respondents, they had neither used nor knew about any herb used for abortion. The only traditional method used for spacing child birth was by calculating the ovulation period.

It was found that 40% respondents opted for oral pills whereas 38% opted for condoms, 10% choose traditional methods (Fig. 2).

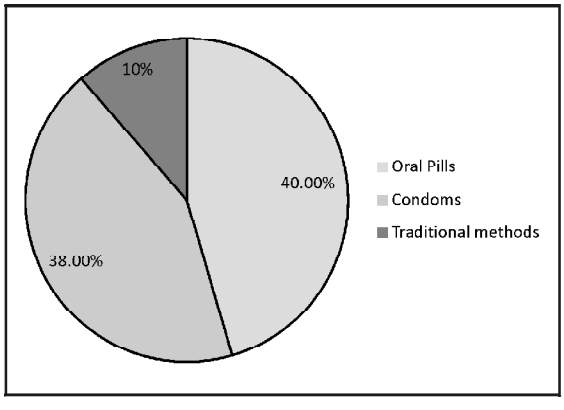

Figure 2: Awareness about available contraceptives

However, a study by (Prateek, 2012) revealed that 52.4% women were aware about contraceptive practices, of which only 32.2% were actually using them. Out of these subjects, 89.66% used temporary methods and 10.34% used permanent methods. Cu-T (41.37%) was the most preferred method. Also, 93 subjects (51.6%) had an unmet need for contraception. Religion, education status and age at marriage were significantly associated with contraceptive usage.

The level of family planning acceptance is indicated in terms of contraceptive prevalence rate in the present study. The decision of using a contraceptive is influenced by many factors. It may be due to economic condition, motivation, incentives and preference for male child. The researcher during her fieldwork observed that the women's status in a patriarchal family was sub-ordinate in matters dealing with decision making. Even on the issue of deciding the size of family, the decisions of elders were given more importance. The influence of a male partner on a female's reproductive health decisions is also an important area of reproductive health research that has garnered greater attention in the last decade (Bankole and Singh,'99).

Interestingly, there were case histories where couples themselves wanted to undergo sterilisation but the pressure of elders in their family compelled them to go in for a second child (a male) who according to their family elders would help propagate the kin into next generation. Meanwhile, the results of a study by Bloom *et al*. (2001) on a sample of 300 women in Varanasi demonstrated that women with greater freedom of movement obtained higher levels of antenatal care and were more likely to use safe delivery care. The influence of women's autonomy on the use of health care appears to be as important as other known determinants, such as education. Family and gender-based constraints on women are likely to limit their use of temporary contraceptives. Social pressures for early marriage and early child-bearing, lack of decision-making power in household, and limited physical mobility impedes their ability to access services. A variety of factors converge to shape a woman's attitudes about the use of and the need for contraception. Another factor that influences a woman's contraceptive use is her level of satisfaction

with her chosen method, whereas many women are dissatisfied with their contraceptive options.

Results from the present study showed that only 68.7% couples of the two villages discussed about the use of family planning methods. Also, 31.3% respondents were those who had never discussed about the use of family planning methods, either among themselves or with their husbands. Out of these 68.7% couples, only 48.7% respondents had discussed about use of contraceptives after first child birth with their husbands and 20% respondents had discussed the use of contraceptive before child birth (Fig. 3).

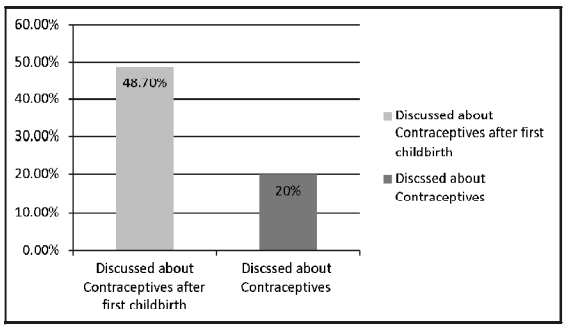

Figure 3: Responses of couples regarding family planning

The above results throw light on the male perspective of family planning. Similar findings were revealed by Chacko (2001), who examined the determinants of contraceptive use among married women in four villages in rural West Bengal. The study exposed that one of the major factors that influence contraceptive use among married women in their reproductive years are the number of sons she has.

It was also observed from the present study that among all the respondents, 23% were those who were unaware of the Family Planning methods. 8.57% respondents were of the opinion that even if told about their benefits of these methods, they would not adopt them. 14.43% admitted that if they are convinced, they would adopt the Family Planning methods. The field data showed that out of 77% contraceptive user couples, only 11% were those where only the female counterpart used contraceptives while 66% were those where only the males were users. Again, 23% were such where both male and female had never used any contraceptive nor were currently using.

Even if the couple used any method of birth-control, it was in consonance with the knowledge and permission of their husbands. Similar results were reflected in the study (Mboane, 2015) in which they concluded that the healthcare decision making power of husband/partner in a relationship had a significant negative effect on the Mozambican women's intention to use contraceptives. The findings showed the implications for addressing the role of men in the design and implementation of successful family planning programs to improve the contraceptive uptake rate among women in Mozambique. Family size has implications on the quality of life including health, nutrition, educational attainment of children, social status of families as well as their ability to adequately cater to the needs of their families.

Data from the field showed that all the respondents had heard of family planning methods. It was seen that 77% respondents were of the view that they should restrict the number of children and have a small family. Since most of the couples had single child or two daughters, because of son preference they wanted to take another chance. However, 23% were such who did not want to restrict their family size. Out of those 77% respondents who had restricted their family size, 33% couples were such who already had a son and a daughter, which according to them had completed their family. 20% couples had two sons, so they had gone for restricting the family size. 11% couples had two daughters and according to them, good education and a good standard of living were the only things that mattered and not the sex of the child. Only 3% couples had one son after three daughters who actually completed their family, and as a result they preferred using contraceptive for restricting their family size. 10% couples had either one son or one daughter.

A total of 47% respondents regarded their economic condition as a cause that influenced them for using contraceptives as a birth control method and 30% regarded small-family attitude as the reason that influenced them to use a contraceptive. On the other hand, both the economic condition and small-family attitudes can also be linked. If a family adopts small-family norms, it definitely will help to better the economic condition of a family, which was seen in both the villages. Most of the respondents were of

the view that having a small family basically helped them in giving a better quality and standard of life to their children. If they had two children, what mattered to them was the quality of upbringing they could give them and what did not matter was the sex of the children. The respondents were in favour of acceptance of birth control methods and limiting child birth which counts to 77% to give a better life to their children in all possible ways. But there were some families/couples who though restricted their family size, it was only because they already had either two sons, or one son and one daughter, which according to them had completed their family. The want of a male child was also a determining factor in limiting the family size.

CONCLUSION

For the success of family planning programme, there is a need to motivate the people of India who are illiterate, ignorant or tradition bound. They think and act according to the rural value system. Even in urban areas of India, vast sections of the population hold on to old beliefs, traditions and values. The traditional joint family system is a barrier to the small family norm. The birth of a child is not the matter of fate but a matter under human control (*http://www.yourarticlelibrary.com*). It was revealed that education played a very important role in creating awareness amongst the studied village people regarding the birth control methods. With less number of children to support, the standard of living of a family will improve. Thus, family planning is necessary for better health and long life of mother and child and for the overall prosperity and happiness of the family. The respondents favoured the acceptance of birth control methods and limiting child birth to give a better life to their children in all possible ways. There were a few families/couples that though restricted their family size, it was only because they already had either two sons, or one son and one daughter, which according to them had completed their family. The urge of a male child was also a determining factor in limiting the family size. Most of the respondents were of the view that having a small family chiefly helped them in giving a superior quality and standard of life to their children. If they had two children, what mattered to them was the quality of upbringing they could give them and what did not matter was the sex of the children.

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