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**KNOWLEDGE, ATTITUDE AND PRACTICE (KAP)
TOWARDS FAMILY PLANNING: CASE STUDIES ON
WOMEN OF FOUR DIFFERENT AGE GROUPS**

Introduction

In India, the scenario of family planning has changed over the decades. The Indian Government initiated the Family Welfare Programme in the year 1951 with an objective to improve the health conditions of mother and children. With time, the objective of the state towards family development underwent successive changes. Finally, the Government of India adopted the resolutions undertaken in Cairo (1994) and subsequently in Beijing (1995) (UN, 1995a and 1995b) conferences and broadened the objectives of the Family Planning Programme and renamed it as Reproductive and Child Health Programme. The objectives of this new programme were to be more inclusive by considering various aspects of reproductive and child health (like women empowerment, care for the adolescents, involvement of males in reproductive health and so on) and the approach more people friendly than ever (Santhya, 2003). The effect of this shift in reproductive health strategy by the Indian Government has been reflected in the National Family and Health Survey Report 3 (2005-06) (IIPS and ORC Macro, 2007). It appeared from the said report that compared to previous two surveys (NFHS-1 and 2), the users of other reversible contraceptive types (like oral contraceptive pills, intra uterine devices, injectables contraceptives) have increased dramatically; although use of female condom and emergency contraceptive pills are of recent addition (IIPS 1995, IIPS and ORC Macro 2000, IIPS and ORC Macro 2007). A similar type of changing scenario in contraceptive uses has been observed in the context of West Bengal.

The use of specific contraceptive methods is determined by two related processes: the decision to adopt family planning method and to choose the contraceptive type. Again, choice of contraceptive type and family planning method in a community are likely to be related with factors such as the availability and knowledge of existing facilities, suitability of a method and the communities' perception about a specific method (Hull, 1983; Hollerbach,

1983; Jain, 1989; Bulut *et al.*, 1996; Lete *et al.*, 2003). The provision of a wide range of contraceptives increases the opportunity for individual couples to select a method that suits their needs. The National Population Policy affirms the government's commitment to the provision of quality services, information and counselling, and expanding contraceptive method choices in order to enable people to make voluntary and informed choices (MOHFW 2000). The passing of the 72nd and 73rd Constitutional Amendments and the Panchayati Raj and Nagar Palika Acts in 1992 set in motion. The process of democratic decentralization initiated by the Government of India by passing 72nd and 73rd amendments and bringing in Panchayati Raj and Nagar Palika Act (1992) has brought the Family Welfare Programme, legally, in the domain of locally elected bodies. In addition, organised pressure from multiple constituencies to bring issues of quality and choice into the family planning programme, and the recognition of inherent constraints in the programme contributed to changes in policy approach (Visaria *et al.*, 1999).

Women require autonomy in receiving proper reproductive healthcare like in fertility regulation, pregnancy and birth planning and in the use of essential obstetric care services. Thus, family planning is one of the important ways for women to take control of their own lives to meet their practical needs to perform conventional roles more effectively and make more choice possible to find new roles and opportunities (Nam, 1991; Barnett *et al.*, 1999; Sen and Batliwala, 2000; Jejeebhoy and Sathar, 2001; Gupta and Yesudian, 2006). In a country like India, where there is a patriarchal set-up, gender discrimination in decision making autonomy is still present both inside as well as outside the house (IIPS and ORC Macro, 2000). Thus, reproductive health issues and the decision-making processes related to these can only be properly comprehended if the socio-cultural contexts within which they occur are taken into consideration (McDonald, 1996; Obono, 2001).

Objectives

In view of the above perspective, the present study aims to compare the knowledge, attitude and practice (KAP) and the decision making ability of women towards family planning practices across four different age groups.

Materials and Methods

Area of the Study

We conducted this study in municipal ward numbers 7, 8, 9 of the Kolkata Municipal Corporation, West Bengal. These areas are located in North Kolkata region namely Kashi Mitra Ghat Street, Ramkanto Bose Street, Rabindra Sarani, Hathkhola, Urepara, Sovabazar. These are very old settlements established during the colonial period and one still finds the traditional culture of Kolkata.

Participant

Data have been collected from 81 households covering 100 participants, aged between 17 years and 80 years. The study participants have been divided into four groups on the basis of their age- Group A (37) (30 years and below), Group B (18) (above 31 years to 40 years), Group C (35) (above 41 years to 50 years), Group D (20) (above 51 years to 80 years). The participants were selected on the basis of operational convenience.

Methods of data collection

The participants were a priori informed about the nature and purpose of the work. Prior appointment was taken with the participants before conducting the interview. After a round of warming up session (discussion on contemporary movie, politics and so on) with the participants, interview on the topic of research was conducted. The participants were asked to share their life experiences regarding knowledge, attitude, and practices towards family planning and role in taking decision towards family planning. The details of their narrations were recorded and later transcribed in the form of cases.

Types of data

Information on socio demographic variables includes educational levels and occupational types of the participants and that of their husbands, types of family, monthly household expenditure, age at marriage and marital status. Detailed information was collected from each of the participants on their (non)adoption of family planning methods and its reason(s), the switching over patterns in contraceptive use, the role of family relations in their contraceptive behaviour, attitude and general perception towards family planning and their decision making ability in choosing contraceptive types and/or family planning.

Each of these cases under Groups A, B, C and D were studied closely. The excerpts of the cases for each of these four groups along with supportive (selective) document have been presented in the result section.

Duration of data collection

The present study was conducted during May to August 2013. The duration of the interview with each participant was close to one and a half hours.

Results***Socioeconomic status of the participants***

Table 1a shows that majority of the participants of younger group (Group A) have received education till graduation and above (62.16%). Most of the participants from rest of the groups received education between 'Primary level and below secondary level'. Table 1b shows that majority of the husbands

of these participants, irrespective of the groups have received education up to graduation level and above. Table 2a shows that majority of the study participants, irrespective of the age groups are only homemakers, and the frequency increases from Group A through C, but not for Group D. An appreciable section of the participants from Group A are students. Table 2b shows that majority of the husbands of the participants were engaged either in business or service. This holds true for all the groups. Table 3 shows that majority of the participants of all the groups belong to the monthly household expenditure category Rs. 15,000- < Rs.24,000, followed by the category Rs. 24,001- < Rs.34,000. Table 4 shows that majority of the participants live in 'joint family', and the representation in this category decreases from older to younger age groups (Group D>Group C>Group B> Group A). The representation in the category of 'nuclear family' is most from the youngest age group (Group A).

Table 5 shows that majority of the participants of Groups A and B practice irreversible contraceptives (condom, OCP and withdrawal). Male dependent contraceptive types were observed to be more in Groups A and B.

Case studies

The following are the excerpts from each of the groups. The excerpts of each of the groups have been supported by some selected cases. Before presenting each case, information related to present age, age at marriage, educational status, marital status, age at menopause (for Group C and D) parity and the sex of the child(ren) of the participants are presented.

Group A

Excerpts

Most of the participants were aware about various types of contraceptives along with the brand names prior to marriage. Some of the participants reported using oral contraceptive pills prescribed by gynaecologists for the treatment of 'Polycystic Ovarian Syndrome'. A section of the participants preferred using condom because it has no side effect. They also practice withdrawal method to prevent pregnancy. The participants of the group appreciate the publicity made in the media on different contraceptives and believe this would help couples to plan pregnancy. Few of the participants also considered planning of pregnancy important especially for those who are working. All the participants of this group took active role (but to a varied degree) in taking decision on matters related to birth planning and in choosing contraceptive types. The cooperation from the husbands has been observed in most of the cases. Some of these participants also discussed on contraceptive matters with their mothers and/or mothers-in-law and had a priori knowledge regarding these issues from media, friends, and husband.

Presented below are some cases representing Group A

Case 1: Age: 23 years, age at marriage: 18 years, educational status: class VIII, marital status: married parity: 2, daughters: 2, sons: 0.

Knowledge

Prior to marriage this woman knew little about contraceptive types. After the birth of her daughter she came to know about the use of oral contraceptive pills from a doctor. Her mother-in-law is frank with her and suggested to use oral contraceptive pills. At present, her husband is serving a medicine company and the woman is receiving many information from him. She has seen a packet of condom but never used it.

Practice

During the early days of marital life the couple did not use any contraceptive. The woman conceived within 1 month after marriage. She and her in-laws wanted to terminate that pregnancy. But her husband decided to retain the pregnancy since that was their 1st child. In due course she delivered (vaginal delivery) a girl child. At the time of daughter's delivery, the gynaecologist suggested the woman to use oral contraceptive pill (OCP) as a birth control measure. She does not remember the brand name of that OCP but has used it consecutively for six months. She did not encounter side effects of using this pill. She had to stop using the contraceptive because of the cost. Later, her husband brought another oral contraceptive pill named 'Sukhi'. After using that type of OCP for some time, her menstrual cycle skipped for 4 consecutive months for which she had to consult a doctor. The consulting doctor diagnosed it as a side effect of using OCP and advised to stop using any OCP. But, this did not help her in resuming the menstrual cycle. Additionally, she observed some kind of discomfort inside her body that is similar with last pregnancy. She conveyed this information to her husband who suggested her to go for a 'Preganews' pregnancy test. This test proved her to be pregnant; this was further confirmed by a doctor that the woman was in the 4th month of pregnancy. Since they were not well off and the first child was then two and a half years old, her mother-in-law suggested her to abort the child. She went for abortion along with her husband and mother-in-law. But, the doctor refused to abort the foetus because the law of this country does not allow terminating a pregnancy that is of more than three months. Her husband and mother-in-law have suggested woman to go for sterilisation after the delivery of this child but she denied.

Attitude

The woman supports advertisement of contraceptives. She believes that the process would help woman to protect themselves from unwanted pregnancy; but, the media should not explicitly advertise for these products.

Case 2: Age: 27 years, age at marriage: 19 years, educational status: graduate, marital status: married, parity: 1, daughters : 0, sons : 1

Knowledge

The woman was aware about the use of condom and oral contraceptive pills from sources like media, friends and relatives.

Practice

The couple received a packet of condom as gift in their marriage from their friends. The woman is aware of the various brand names of condoms available in the market; and the husband buys the type in consultation with his wife. The mother and aunts of the woman advised her not to use any type of OCP as it has many side effects. She was not in favour of having a child shortly after marriage. But her mother and aunts argued in favour of having the first child as early as possible, otherwise with increase in age child bearing would become difficult. She convinced her husband and planned for the first child, during periods they mate frequently.

Attitude

The woman perceived the importance of the use of contraceptives and supports the advertisement been presented in the media in generating awareness among the people.

Case 3: Age: 23 years, age at marriage: 17 years, educational status: class VIII, marital status: married, parity: 3, daughters: 0, sons: 1

Knowledge

Prior to marriage, this woman used to live in a village. Her family was very conservative and did not allow her to go outside alone or meet with her friends. So she had no source of knowledge.

Practice

After marriage, the couple started to use condoms as contraceptive. Her husband used to bring condoms of various brands. The couple decided to have a child after a year or so. The woman had two successive pregnancies of which one ended with miscarriage. In one occasion, the woman became pregnant untimely and was compelled to terminate it by her husband. And in another occasion, the woman conceived untimely and had to administer 'Unwanted 72', a drug that terminates pregnancy at early stage. The drug was brought by her husband. The husband of the woman sometimes used to force her for sexual intercourse and in most of these occasions they did not use any protection.

Attitude

The woman opined that taking precaution is better than going for abortion. Abortion is very harmful to health as well as it creates mental pain also. Thus, knowledge about contraceptives and its benefits should be known to every eligible woman; and considers the role of media to be very important because one may feel shy to discuss on these issues with a medical practitioner.

Case 4: Age: 30 years, age at marriage: 27 years, educational status: class VIII, marital status: married, parity: 1, daughters: 1, sons: 0.

Knowledge

Prior to the marriage she knew about contraceptive measures like copper-T, oral contraceptive pills and condom. She gathered knowledge about these measures from the classmates, magazines and news papers and other medium of publications.

Practice

After marriage she did not use any oral contraceptive pills as she was aware about its side effects. At the same time her husband did not prefer to use condom or any other contraceptive measures. He love child so much so that he does not want to avoid her wife's pregnancy. This was another cause of not using contraceptive measures. The elder sister of her husband died accidentally at an early age. He believed that his sister may take birth as his baby (according to the Hindu's conception of rebirth).

She did not want to conceive just after her marriage. But she was forced by her husband as well as her family members and relatives. She conceived few months after her marriage. Later on she realized that, after marriage conception of child is needed for increasing the bonding within the family as well as in between the husband-wife.

After the birth of her daughter they used to follow withdrawal method. Her husband also does not want to use any contraceptive measures. She used a homeopathic liquid prescribed by her home physician if she missed her menstrual cycle for 3/4days. Nowadays, the frequency of mating has become reduced since their daughter has grown up.

Attitude

She appreciates the role of media in the publicising of contraceptive use and thereby generating awareness among the people. At the same time she subsumes that media should do these advertisements in a subdued form.

Group B

Excerpts

The participants of this group have moderate level of knowledge about contraceptive types. A few of them knew about the brand names of various contraceptives, but frequency is unlike those of Group A. Majority of the participants started using any contraceptive after the birth of the first child; and these are mostly oral contraceptives. In most of the cases, the elderly family members played certain role regarding taking decision on abortion and in family planning issues, especially related to choosing of oral contraceptives. The participants were not against the advertisement of contraceptives in the media, but have objections to the explicit way of its presentation.

Presented below are some cases representing Group B

Case 1: Age: 40 years, age at marriage: 18 years, educational status: class VI, marital status: married, parity: 4, daughters: 2, sons: 2.

Knowledge

The woman had no idea about the contraceptive types prior to marriage. She came to know about the use of abortion and ligation after she delivered two children.

Practice

The children born to this woman were not planned. Her first and last two children were born at an interval of one year and three years respectively. The couple had a regular sexual life. After the birth of second daughter the woman wanted to use contraceptive. She also approached her husband but he refused to do so as he wanted son. Her mother-in-law supported her son in this matter. After the birth of her first son she was asked by an aunt-in-law to go for ligation. She approached her husband on this matter. But her husband did not permit her to do so. Her mother-in-law wanted another grandson. The woman conceived for the fourth time, which she wanted to terminate. But she received resistance from her mother-in-law in terminating the pregnancy. She delivered a son and later (almost forcefully) underwent sterilisation. She did not experience any health problems after undergoing sterilisation. In some occasions, the husband of this woman had sexual intercourse without the consent of his wife.

Attitude

Few years ago, the husband of this woman died. Now the responsibility to rear the children rests on her. She considers that women should be aware about family planning and should have a say in it. She is not in favour of the way advertisements are being made on contraceptives in the media.

Case 2: Age: 36 years, age at marriage: 23 years, educational status: class X, marital status: married parity: 1, daughters: 1, sons: 0.

Knowledge

Prior to the marriage she was unaware about contraceptive measures. But now-a-days through media and her family members she knows about contraceptive measures like condom as well as various kinds of oral contraceptive pills.

Practice

The couple did not use any contraceptive immediately after marriage. And because of this she conceived within few months. After their first child was born she was prescribed by the doctor an oral contraceptive pills named 'Femilion'. She used these pills for six years continuously. She noticed no such problems by using these pills.

Later on she switched over to 'Subidha' as the price of 'Femilion' increase too much. After using this she noticed that the menstrual discharge realised at a little amount. Instead of this she is using the pills continuously.

Attitude

She supports the publicity made in the media regarding contraceptive and other family planning issues. However, the overt nature of advertisement was not acceptable to her. She fears that this may affect the mentality of young generation.

Case 3: Age: 33 years, age at marriage: 19 years, educational status: class X, marital status: married parity: 2, daughters: 1, sons: 0.

Knowledge

Prior to marriage she knew about the contraceptive measures like condom, copper-T, and oral contraceptive pills. At the time of pregnancy she was asked not to take pineapple and any sour fruits as this may lead to miscarriage.

Practice

Since the couple wanted to have a child shortly after marriage they never used any kind of contraceptive measures. In spite of their best effort the couple failed to conceive in the first year after marriage. They consulted a doctor and found that there is an obstacle in the reproductive tract for which she failed to conceive. She needed an operation by which the obstacles may be removed and she could conceive easily. She was very shy to go for the operation.

At this time her maternal aunt informed about a deity where if one prays wholeheartedly then the desires are fulfilled. She believes that following the advice of her aunt she conceived within few days and delivered a healthy daughter at the scheduled time.

The couple used to follow withdrawal method. Since their room is shared by nine members, the couple could not mate frequently. Three years ago she suffered from some gynaecological problems for which the doctor advised her to take oral contraceptive pills named 'Ovuluk-LD'. She used the pills for 1.5 years. She never felt uneasy with these pills. After that 'Ovuluk-LD' become out of stock. For this reason doctor prescribed her 'Similion'. After using this OCP, she felt uneasiness like headaches and scanty menstrual discharge, but in spite of these health problems she continued using this contraceptive.

Few days ago she conceived again. But the couple together decided to undergo abortion for two reasons (1) their daughter is grown up (2) they could not bear the expense of rearing up two children.

Attitude

She opined that young women of contemporary generation are career oriented and thus should be seriously conscious about planning their family. She further, considered the role of media and support from the elderly (female) family members to be crucial in this regard.

Case 4: Age: 32 years, age at marriage: 23 years, educational status: post graduation, marital status: married, parity: 1, daughters: 0, sons: 1.

Knowledge

Previously she knew about the contraceptive measures like oral pills, condom.

Practice

The woman being Hindu married to a Muslim individual. Just after the marriage her husband wanted to have a child, which the woman did not like. Incidence of un-protective sexual intercourse made this woman pregnant. She wanted an abortion, but her husband was against it and she was compelled to continue with the pregnancy. After the delivery of her son her husband consulted a gynaecologist who referred her to administer oral contraceptive pills named 'Doliuton - N'. Doctor suggested her to leave a gap of one month at the interval of 1/2 years. If then any abnormality occurs then she should visit a gynaecologist. But she noticed no such abnormalities. She is using these pills continuously for nine long years. Her husband always purchased it from the market.

The couple used condom rarely during the early days of their marriage life. But it was irritating to them so that they stopped using these.

Attitude

The woman thinks that each and every woman needs to become self sufficient and should earn. For this reason they need to know the use of various contraceptive measures. Advertisement through mass media is good but sometimes the presentation types are not acceptable. She finds the use of oral contraceptive pills as a good measure to protect from unwanted pregnancy.

Group C

Excerpts

Most of the participants of this group learned about contraceptives after the birth of their first child. They could not think of using any contraceptives before the birth of their first child. The participants were not aware of the various types of oral contraceptive pills, but did have the knowledge of the use of condom, copper-T or loop, abortion, ligation. The husbands and in-laws of these women had a strong role in deciding on birth spacing and abortion. Few of the participants initially used oral contraceptive pills but, later discontinued knowing about its side effects; rest of them did not use it at all learning about the side effects of using OCP. Presently, a section of the participants was helping their next generation women (daughter or niece) about the benefits of contraceptive use. They believe educating young girls about family planning is important for their future. The participants were divided in their opinion regarding the advertisement of contraceptives made in the media; some were supportive, but the rest find it shameful.

Presented below are some cases representing Group C

Case 1: Age: 43 years, age at marriage: 15 years, educational status: class X, marital status: married, parity: 3, daughters: 2, sons: 0.

Knowledge

The woman was naive about family planning prior to marriage.

Practice

The woman conceived a child within a year of her marriage; and the couple wanted to go ahead with the pregnancy since it was their first issue. After the delivery of the child, the consulting gynaecologist referred her, a pill whose brand name is 'Today'. She had to insert the pill inside her vagina for resisting pregnancy. Since then the woman has been using that pill.

After a period of four years of the birth of her first child (daughter) they planned to have their 2nd child. That was again a girl child. The woman conceived for the third time much later, when her both daughters were grown (elder daughter was in graduation and younger daughter was in class VIII) up. The couple jointly decided to terminate that pregnancy thinking this to be an embarrassment for both of them.

Attitude

The woman considered it necessary to aware young girls of contemporary generation about the use of contraceptives before marriage, so that they remain prepared for their future. She believes that young women of contemporary generation are career oriented and so they need to have a proper knowledge of planning their family. She is not against the advertisements that are being made in the media by contraceptive companies, but this should not be in an explicit manner.

Case 2: Age: 44 years, age at marriage: 26 years, educational status: class XII, marital status: married, age at menopause: 41 years, parity: 3, daughters: 0, boys: 2.

Knowledge

Prior to marriage the woman knew about contraceptive types like oral pills and condom and ligation.

Practice

Just after marriage she did not use any kind of contraceptive and as a result she conceived within a couple of month. Her mother-in-law used to enquire from her whether she had missed the periods. She missed her periods in the second month of her marriage. When her mother-in-law got to know about it, she took her to the doctor for a check up. After the urine test she was diagnosed to have conceived. Although the pregnancy was not accepted by the couple yet they decided to continue with it because the mother-in-law of the wife was suffering from cervical cancer and she wanted a grandchild.

After the birth of her first child her husband started using condoms. The use of condoms did not give them the desired pleasure, so later they started practicing withdrawal, following which they remained protected for the next three years. When she conceived for the second time her elder son was very young, and her mother-in-law's condition was too serious. Under this circumstance they decided to terminate the pregnancy with the permission of their in-laws.

Two years later she conceived again; and that was again a non-planned one. The couple decided to go ahead with this pregnancy. She underwent ligation after the delivery of the last child.

The woman has never used any contraceptive pills in spite of her awareness on this issue. She heard from her friends, relatives and elderly persons about side effect of using oral contraceptive pills.

Attitude

She encouraged the role of media in advertising contraceptives. But she has strong reservation regarding the explicit ways these are being dished out. She further commented about the difficulty in observing television programmes along with the other members of the family. Her elder son quickly changes the channel when such advertisements are telecast.

Case 3: Age: 41 years, age at marriage: 14 years, educational status: class VIII, marital status: married, parity: 4, daughters: 1, sons: 2.

Knowledge

The woman got married at a very early age. She knew nothing about the contraception types. Later she learned about the use of contraceptive pill and ligation, but failed to remember the source of knowledge.

Practice

Initially she did not have the knowledge of any contraceptive. As a result, she conceived within three months of marriage. She wanted to terminate the pregnancy to avoid taking responsibility of rearing a child at a young age. However, she was not allowed by the family members to undertake such step including her husband. After a period of two years she conceived for the second time. This was also an unplanned pregnancy. So, she planned to undergo ligation after the birth of second child. But doctors refused to operate her since she was then only 18 years old.

After the birth of second child she started using contraceptive pills which her husband used to procure from the medical shop. Her husband was aware about contraceptives. She used those pills consecutively for five years. During this time because of her ignorance she conceived again, but terminated the pregnancy with the consent from her family members.

The woman conceived for the last time at the age of 28 years which is again due to her own fault; she missed to take the oral contraceptive pills in time. In the beginning she failed to recognise to have conceived again because there was no sign of pregnancy. So, she was continuously taking oral contraceptive pills as usual. About five months later she felt irritation in her lower abdomen. Upon medical examination it was diagnosed that the woman has conceived. She decided to abort the foetus, but the doctor did not allow her to do because the pregnancy period was five months.

The woman underwent ligation after the delivery of the last child.

Incidentally, her husband once attempted to use condom but she did not find it to be comfortable. As a result she had thrown it out. She observed some side effects of the use of oral contraceptive pills like lower abdominal pain, breast pain and back pain as well as low intensity of menstrual discharge.

Attitude

She expressed a very positive attitude towards contraceptive use and regrets for not having appropriate knowledge on this issue. She considered people should become more concerned in planning their family, but did not support the explicit advertisement made in this regard. She perceived this to be shameful and might have a bad impact on school going children.

Case 4: Age: 44 years, age at marriage: 26 years, educational status: graduate, marital status: married, parity: 2, daughters: 2, sons: 0.

Knowledge

The woman knew about the contraceptive types like oral pills, condom and copper-T and ligation.

Practice

After marriage, this newly married couple always used condom. They planned their 1st child after 2 years of marriage and 2nd child after 4 years of marriage. They used condom until the birth of their second child.

After the birth of their younger daughter she used copper-T as a measure of birth control. She was informed by the health practitioners from where she could get copper-T. She was also suggested to change the loop at an interval of 5 years. Since now she had changed the copper-T for 3 times. She experiences heavy menstrual discharge and thinks to be the side effect of using copper-T.

Attitude

The woman strongly supported in favour of using contraceptives to plan a family. But, she argued for a guarded mode of advertisement in the media.

Group D

Excerpts

Many of the participants of this group did not use any contraceptive. Most of them cited two reasons. These are as follows- (a) ‘...there were no

ways of knowing about issues related to family planning'; (b) '...we were not allowed to move out from their home'.

Some of these participants learned about contraceptive types and uses from elderly persons or from the hospitals, but were not able to use it. The elderly persons used to think that child birth is the 'Gift of God'. A section of these women did not want to give birth beyond a limit because they believe too many child birth affects health. The use of OCP and condoms were rare. They understood the necessity of using the contraceptives. And for this reason they are in support of using contraceptive by the women of younger age groups. Neither their husbands nor the other elderly family relations allowed them to undergo ligation or abortion; because these acts were considered to be an insult to 'maleness'.

Presented below are some cases representing Group D

Case 1: Age: 73 years, age at marriage: 16 years, educational status: Class V, marital status: widow, age at menopause: 35 years, parity: 8, daughters: 3, sons: 5.

Knowledge

This woman got married at the age of 16. She had no idea about sexual relationship. She got to know about sex and related issues from her husband. After marriage, she came to know about contraceptive measures like use of cream/foam (probably spermicide), copper T, and ligation from her husband.

Elderly female family members like mother and mother-in-law informed her that the fruits like pineapple, papaya are natural means of contraception. During pregnancy she was asked not to take these foods.

Practice

At first she did not use any kind of contraceptive measures. After the birth of her 4th child she started using foam for this purpose. Her husband always purchased it from the medical shop and asked her to use. She failed to resist her pregnancy by the help of this contraceptive measure. Each of her 7 children born at the interval of 1.5 years and the last one was born just after 1 year from the birth of her 7th child.

The first five children born to this woman were delivered at home and the rest three at the hospital. At the time of delivery of her 7th child the woman wanted to perform ligation. But her husband did not allow her to do so. When the woman conceived for the 8th time she was determined to abort the child. Again she failed to get husband's permission. At this time she gave a condition in front of her husband that she would deliver this child only if her husband gave permission for ligation. Her husband agreed to do so. The woman

underwent ligation after the birth of the 8th child. It is interesting to note that the woman conceived the last child during the period of lactating amenorrhea of her 7th child.

Attitude

She feels that a woman should have a say regarding any sexual relationship and conception. In her case, she never invited husband for having sex. And in most of the occasions she had to yield to the demands of her husband, be it sexual relations or conception. She believes that media is doing a good job by propagating knowledge about family planning. At the same time she finds these advertisements so explicit that it becomes embarrassment for her while observing the television programmes.

Case 2: Age: 63 years, age at marriage: 16 years, educational status: Class IV, marital status: married, age at menopause: 58 years, parity: 6, daughter: 1, sons: 4.

Knowledge

Before marriage the woman was not allowed to go outside because the situation during that time was very bad. In that time her parents were not friendly with her. She was not so educated also. So that she knew nothing about contraceptive measures.

Practice

Similarly the husband of this woman was naive in issues related to contraceptive use. As a result she conceived within one year of her marriage. After the delivery of her elder son she started using oral contraceptive pills. Her elder brother suggested her husband the name of the oral contraceptive pills. She does not remember the name of the pill.

She used this pill continuously for three years. She noticed certain problems like heavy blood flow during menstruation, pain in lower abdomen and back, palpitation, weight increase. Poor economic condition of the family was another reason for not using pills.

Later at the interval of five years she conceived thrice.

She aborted her last child. She planned to abort her 5th child also, but then it was too late for abortion. She stated their economic condition for the reason of abortion. She became fed up rearing up many children and doing all her works side by side. Her husband was with her. Except her husband nobody knew about her abortion.

Attitude

She was not in support of media publicity, and considered it to be shameful. However, she was in support of contraceptive use in order to have a family in a planned way.

Case 3: Age: 60 years, age at marriage: 20 years, educational status: class IV, marital status: widow, age at menopause: 57 years, parity: 3, daughter: 2, son: 1.

Knowledge

Prior to her marriage she did not know about contraceptive measures. During those days women had no exposure unlike the present days. She also did not have any idea about even sexual relationship.

Practice

She never used any contraceptive measures. All the children born to this woman were not planned. Her first son was born one year after marriage. Unfortunately he survived only for 18 days. One year after this incident she delivered a girl child followed by three years later another girl child. After these two child births the couple used to practice withdrawal as a measure of birth control.

Attitude

She did not support the explicit way of advertising of contraceptives which is being made in the media. Further, she considered it to be very shameful and might create bad impact on school going people; more so, this might provoke extramarital and premarital relationships. But she is not against the use of contraceptive. She considered that every woman should have the right to choose contraceptive and decide in planning their family.

Discussion

Although there are differences across different age groups regarding knowledge and practice towards family planning yet the attitude towards family planning is similar among these groups. Furthermore, the decision making ability towards family planning by the women representing the youngest group (Group A) seems to be more pronounced compared to the rest.

The use of contraceptive among married woman increased in all regions of the developing world, and in Asia 66% of the couples are adopters of family planning (Seiber et al. 2007). The trend in family planning practice and the use of contraceptives in India are characterised by predominance of non-reversible methods, limited use of male/couple-dependent methods, substantial level of discontinuation, and negligible use of contraceptives among both

married and unmarried adolescents. An official report of the Ministry of Health and Family Welfare (MoHFW), India, states that 50.87% of the eligible couples of the country were effectively protected against conception by various contraceptive methods in the year 2000 (MoHFW 2003). NFHS-2 data show that sterilization accounted for 84% of the contraceptive prevalence rate due to modern methods, and 75% of overall current contraceptive prevalence (IIPS and ORC Macro 2000). A review of data on contraceptive behaviour of adolescents in Asian countries shows that India is the only country where such a pattern prevails (Pachuari and Santhya 2002). Data from NFHS-2, based on the responses of currently married women, show that one in ten currently married couples were using male/couple-dependent contraceptive methods (condom, vasectomy, withdrawal and periodic abstinence) in 1998-99 which translates into 21% of total current contraceptive prevalence. The use of male/couple-dependent methods was as low as 2%-3% of currently married couples in Mizoram, Bihar and Karnataka, and as high as high as 23%-28% of currently married couples in West Bengal, Delhi and Punjab (IIPS and ORC Macro 2000).

We observed in our study that the participants of older age groups mostly practised irreversible methods of family planning. But the trend in such behaviour decreased gradually towards the younger age groups. The participants of younger age groups seem to be more in favour of the use of reversible methods of family planning. Data from NFHS-3 shows that around 39% of the currently married woman, who have ever used any contraceptive had discontinued its use after certain period of time and this discontinuation rate is higher in the northern and north eastern compared to that of the southern states (IIPS and ORC Macro, 2007). We found in our study that the rate of discontinuation with contraceptives is more frequent among the participants of middle age groups. For example, the participants of age groups B and C [who used Oral Contraceptive Pills (OCP), as a measure of birth control] discontinued with a contraceptive fearing of side effects, due to high cost and casual approach towards contraceptive. It is known that vasectomy is safer, less invasive, and easier to perform and less expensive than the female sterilization. However, in India, women still continue to be sterilized far more frequently than men (Puri *et al.*, 2004; IIPS and ORC Macro, 2007) and the present study shows similar trend; out of 100 participants none of the cases of vasectomy has been reported. The reason behind could be the traditional gender role ideologies to have a control over woman's body or from a belief that vasectomy is an emasculating procedure or will reduce the male sex drive. In India, there have been some efforts to promote the use of male birth control methods such as vasectomy through information, education and communication (IEC) campaigns and training of surgeon in 'no-scalpel' vasectomy and use of condoms. These initiatives have given some positive results in some parts of the country, but not in others (Santhya, 2004). For example, in our study population, a few of the couples of the youngest age group (Group A) reported to use condom.

Studies from several parts of India have noted the critical role of husband, in-laws and other in the decision making process related to the use of contraception (Barua and Kurz 2001; Dharmalingam 1995; Ghosh 2001; Jejeebhoy and Kulkarni 1996; Ravindran 1993; Gupta *et al.* 2001; Khan and Patel 1997). We observed a similar trend in our study, barring for the participants of Group A. There are instances of forced termination of pregnancy and non co-operation from husbands and/or in-laws of the participants of older age groups regarding family planning issues, but there are few exceptions.

In the year 2000, the Indian Government adopted a new National Population Policy with a medium term objective of bringing total fertility down to replacement level by 2010. India's new approach to family planning emphasizes promoting contraceptive use among eligible couples, providing a choice of contraceptive methods (including condom, pill, IUDs, and male and female sterilization) and ensuring high-quality care (Westley and Retherford 2000). The Government of India took urgent steps to propagate and popularise contraceptive behaviour among the eligible couples through the use of mass media like electronic and print (Guria *et al.* 2009). In the present study the participants of older age groups (Group C and D, and to some extent Group B) perceived the importance of role of media in generating awareness among the people regarding contraceptive types and in promoting contraceptive behaviour. Simultaneously, majority of these participants argued against the explicit way the advertisements are being made in the media. They are of the opinion that such media exposure might indulge in premarital sexual relation and affect young children. The youngest group of participants opined differentially than their older counterparts. They considered that advertisement of contraceptive types and its use through media would raise the level of awareness among the adolescent, which would help them to prepare their mind set during post marital life; this corroborates with the findings of Watsa (1994).

We are aware of the limitations of our study. These are as follows: cross sectional study does not allow adequate representation from different socioeconomic strata and ethnic groups of the society; the area selected for the study stand for a section of traditional Kolkata population; and no representation from the rural areas. The study could have been more interesting if the pattern of family planning practices be studied across (at least) three generations from the same family. However, in spite of these limitations the research highlights the change in the trend of contraceptive behaviour and decision making ability of women towards family planning through their own life experiences.

Conclusion

Questions are now being raised in the academia to understand how contraceptive use could be an important help in improving the 'quality of life'

of women. Researchers in the field of family planning have to enlarge their vision and to focus on women's perceptions and experiences with family planning, their reproductive health needs and the effect of family planning on their lives. Such type of researches would then become useful for the health planners and policy makers of this country in preparing the 'population development' policy.

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Table 1a
Educational status of the participants by age groups

	Non literate	Below primary level	Primary level to below secondary level	Secondary level to below higher secondary level	Higher secondary- below graduation level	Graduation level and above
Group A	-	-	8 (21.62)	1 (0.027)	5 (13.51)	23 (62.16)
Group B	-	-	11 (61.11)	1 (0.05)	6 (33.33)	-
Group C	-	-	13 (52.0)	-	6 (24.0)	6 (24.0)
Group D	2 (10.0)	3 (15.0)	7 (35.5)	-	4 (20.0)	4 (20.0)

The figures in the parenthesis indicates percentage

Table 1b
**Education levels of the husband s of the participants by
age groups**

	Non literate	Below primary level	Primary level to below secondary level	Secondary level to below higher secondary level	Secondary level to below higher secondary level	Graduation level and above
Group A	-	-	6 (33.33)	-	2 (11.11)	10 (55.55)
Group B	-	-	8 (44.44)	2 (11.11)	3 (44.44)	5 (27.78)
Group C	-	-	10 (40.0)	2 (8.0)	3 (12.0)	10 (40.0)
Group D	-	-	4 (20.0)	10 (50.0)	2 (10.0)	4 (20.0)

The figures in the parenthesis indicates percentage

Table 2a
Occupational types of the participants by age groups

	Home maker	Service	Own account	Private tutor	Student	Others*
Group A	11 (29.73)	7 (18.92)	-	4 (10.81)	12 (32.43)	3 (8.10)
Group B	9 (50.0)	3 (16.67)	-	-	-	6 (33.33)
Group C	14 (56.0)	2 (8.0)	1 (4.0)	2 (8.0)	-	6 (24.0)
Group D	15 (75.0)	2 (10.0)	-	1 (5.0)	-	2 (10.0)

*Others- *Aya*, Professionals

The figures in the parenthesis indicates percentage

Table 2b
Occupational types of the husband of the participants by age groups

	Business	Service	Retired	Others*
Group A	5 (27.78)	11 (61.11)	-	2 (11.11)
Group B	6 (33.33)	7 (38.89)	-	5 (27.78)
Group C	8 (32.0)	10 (40.0)	-	7 (28.0)
Group D	7 (35.0)	4 (20.0)	3 (15.0)	6 (30.0)

Others* - Priest, labour

The figures in the parenthesis indicates percentage

Table 3
Monthly household expenditure (in rupees) of the participants by age groups

	Below 15,000	15,000- <24,000	24,001- <34,000	34,001- <44,000	44,001 & above
Group A	1 (2.7)	17 (45.95)	13 (35.14)	3 (8.11)	3 (8.11)
Group B	1 (5.55)	13 (72.22)	1 (5.55)	2 (11.11)	1 (5.55)
Group C	-	10 (40.0)	8 (32.0)	1 (4.0)	6 (24.0)
Group D	3 (15.0)	12 (60.0)	4 (20.0)	-	1 (5.0)

The figures in the parenthesis indicates percentage

Table 4
Family types of the participants by age groups

	Nuclear	Joint
Group A	22 (59.46)	15 (40.54)
Group B	11 (61.11)	7 (38.89)
Group C	15 (60.0)	10 (40.0)
Group D	15 (75.0)	5 (25.0)

The figures in the parenthesis indicates percentage

Table 5
Family planning types adopted by the participants

	Oral contraceptive pills	Condom	Copper – T	Ligation	Abortion	Withdrawal	Foam/ cream/ spermi- cide
Group A	11(61.11)	14 (77.78)	-	-	3 (16.67)	15 (83.33)	-
Group B	14 (77.78)	15 (83.33)	2(11.11)	3 (16.67)	9 (50.0)	15 (83.33)	1(5.56)
Group C	10 (40.0)	10 (40.0)	-	3 (12.0)	6 (24.0)	18 (72.0)	-
Group D	4 (20.0)	4 (20.0)	-	1(5.0)	3 (15.0)	5 (25.0)	1(5.0)

The figures in the parenthesis indicates percentage

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