

## Knowledge, Adoption of Contraceptive and Fertility: An Analysis Based on Social Accountability

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### Abstract:

*Family Planning is an integral part of the population policy of each country. India was the first country in the world to adopt this programme in 1952. Although reproductive health advocates consider family planning programs the intervention of choice to reduce fertility, there remains a great deal of skepticism among economists as to their effectiveness, despite little rigorous evidence to support either position (Pörtner et al.). Fertility may be considered as most important factor to be studied as regards development. Fertility investigation needs special directions because it is the only relevant method to control high population growth and achieve sustainability. Family planning can enable to curb the fertility and to achieve the goal of demographic dividend, healthy nutrition for women and children and improve status of women in society.*

*The relevant data collected by interviewing 150 childbearing women respondents showed that 123 (82 %) respondents had*

*knowledge of family planning methods and 81 out of 123 respondents adopted family planning methods. Knowledge and adoption in contraceptive methods as well as fertility has been varying by the socio economic strata in the study area. There is growing evidence from other health and education subsectors that monitoring and accountability led by the civil society, also known as “social accountability,” produces significant and long lasting results. That’s why this paper analysis the effect of socio economic differential on the knowledge and adoption of family planning as well as level of fertility.*

**Key words:** Family planning, contraceptive methods, female sterilization, Demographic dividend, population policy.

## **Introduction**

More than 220 million girls and women in developing countries who need modern contraceptives, information and services are unable to access them. This results in more than 60 million unintended pregnancies every year and puts girls and women at serious risk of death or disability during pregnancy and childbirth, and unsafe abortion.

This is why the London Summit on Family Planning in July 2012 was a transformative moment. At the summit, new financial and policy commitments were made by global leaders, including an additional \$2.6 billion to enable 120 million more women to access family planning services and resources by 2020. These commitments have produced progress to date – donors have disbursed more funds for family planning programs, countries have started to address barriers to family planning access and a rigorous measurement and evaluation agenda has been established (Caroline Poirrier 2014).

Family Planning Programme provides a rational way for making the family life happier, harmonious and fruitful. An Expert Committee (1971) of the WHO defined family planning as: “a way of thinking and living that is adopted voluntarily upon the basic of knowledge, attitudes and responsible

decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contributes effectively to the social development of the country.” Family planning through contraception aims at achieving two main objectives: (i) to have the desired number of children and (ii) to have these children by proper spacing of pregnancies. The contraceptive methods are broadly categorized into barrier, chemical, natural or surgical (Weeks, 2002) types. Surgical method that includes sterilization (vasectomy and tubectomy) is a permanent method of birth control while others are temporary methods. Induced abortion is the post-conception method of family planning and is performed if there is a need to terminate an unwanted pregnancy because of failed contraception. Attitudes towards fertility regulation, knowledge of birth control methods, access to the means of fertility regulation and communication between husband and wife about desired family size are essential for effective family planning.

Onokerhoraye (1997) defined family planning as the provision of birth prevention information services and appliances. It also involves teaching men and women about their babies and teaching them how to prevent births usually with contraceptives but sometimes also with abortion or sterilization.

India was the first country to launch family planning programme long back in 1952. In the first 50 years there have been many changes. Initially, the emphasis was on popularising the rhythm method, though by the late 1950s, some modern methods were made available. Small bonuses were offered to those who underwent sterilization (Chandrasekhar,1968).

Due to unsatisfactory progress in controlling population growth during 1960s a variety of birth control methods and large monetary incentives were introduced. During this period more emphasis was on male sterilization (vasectomy) and insertion of intra- uterine device (IUD). But during 1980s tubectomy (female sterilization) and laparoscopy got popularity

because women preferred for permanent methods of birth control (Basu,1985).The name of family planning programme was changed to integrate health care, family planning and nutrition services. The recent population policy stresses on fertility reduction through family welfare programme. The above said changes were made to unfold the acceptance of family planning methods across the various societies and communities.

A diverse picture regarding, knowledge, attitude and practices across the states of India is evident due to differentials in socio-economic, cultural factors and type of infrastructure availability. In India the programme promotes responsible parenthood with a two child family norm (regardless of the sex of the child) through the voluntary use of contraceptive methods and a variety of maternal and child health care schemes. The contraceptive methods provided by the programme are vasectomy, tubectomy, intrauterine devices (IUD), oral pills, condoms, diaphragms etc. Besides, free services are also provided for induced abortion or medical termination of pregnancy (MTP) as well. The family planning services are promulgated extensively through a network of Sub-Centres, Primary Health Centre's, and Community Health Centres in rural areas, and hospitals, dispensaries in urban areas (Bhasin and Nag, 2007).

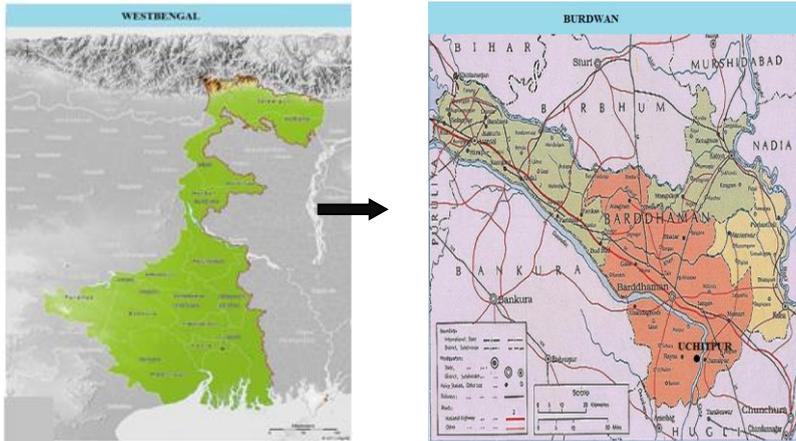
The rate of contraceptive use by eligible couple in India is 43.5% as opposed to 87% in Japan and China (Ministry of Health and Family Welfare, 1993-94). This is the challenge faced by the Government in tackling the problem of population explosion. A WHO expert committee has defined five methods in 1975 to evaluate the success of Family Planning Programmes (WHO, 1975). One of them is the evaluation of knowledge, attitude, motivation and behaviour among people.

The knowledge and attitude of people towards family planning methods are important determinants in the adoption of family planning methods by them (Reddy *et al.*, 2003).

Instead of slow rate, adoption percentage is found to have increased not only in urban areas but also in the country side. There has been, however, some controversy regarding claim of the extent of performance between the Ministry of Health and Family Welfare and the Registrar General of India's assessments based on sample registration surveys. The official claim of couples accepting family planning methods in 1987 was recorded as 49.7 million, while the estimates of experts committee put it 44.0 million only. This difference however, does not undermine the vital role which family planning plays (Singh *et al.*, 1996).

### **Study Area:**

India still lives primarily in the villages. It is essential to the understanding of the dynamics of rural life to make any headway in comprehending Indian society. This work an attempt has been made to understand the contemporary social formation and their impact on family planning and fertility for achieve towards demographic dividend. Uchitpur is a village of Raina 1 block of Burdwan district in West Bengal, India. This village is located at the south of Damodar River, near Jamalpur block head quarter. 1664 population is staying in this village where 75.30 percent people are belonging sc caste and out of that is other caste. 13.52 percent child population in this village. 84.23 percent is literate in this village. In this village have strong fertile land which produce rice, potato, musur, mustard etc. 909 is the sex ratio of this village while 991 is the child sex ratio of that village.



### **Objectives:**

Keeping the above facts in mind the present paper aims at analyzing the knowledge and the rate of adoption of family planning methods and level of fertility across the various communities, age groups, education categories, family types and house types in Uchitpur village, Burdwan district.

### **Database and Methodology:**

#### **Database:**

In this study data base on both primary and secondary sources. Fertility migration data are collected by the primary survey held on 29 and 30 march 2014 in uchitpur village. The primary data are based on sample survey. In this village 150 sample are collected on the basis of social structure of the village, where 81 samples are SC family, 18 are OBC family and 51 are General caste family. The sample survey based on two questionnaires first is fertility questionnaire and second is demographic schedule.

In secondary data are collected from primary census abstract 2011 of Mugra gram panchayat. ICDS and Mugra gram panchayat birth registration are used also as a secondary data.

### **Methodology:**

- The whole data are analysis by the SPSS 16 software, where descriptive statistics (like mean, cross tabulation, compare mean, ratio, frequency etc.) and co-relation are used.
- With the help of SPSS 16 software new variable are created that is called pseudo variables.
- Analysis data are representing by the diagrammatic methods.
- For calculation of birth rate, death rate, migration and other demographic character by the suitable demographic methods.

### **Sampling Techniques:**

The study was carried out in Uchitpur village, Burdwan District, West Bengal. In order to fulfill the above objectives, 150 sample women respondents were chosen from 7 para (a small cluster of human habit in a village), encompassing more than thirty seven percent of the total households of uchitpur village. In this process, respondents have been selected from each distinct category on the basis of share of the cast population. To give the due representation to each prominent community as per their share in the total population, sample includes 34 percent General / advanced community, 12% other backward community (OBC), 54% scheduled caste community (SC). The information collected include caste, age, family type, education and house type wise knowledge about family planning methods, the methods adopted and sources of knowledge and there fertility. The data were collected by primary field survey and analyzed using computer software.

## **Results and Discussions:**

Knowledge of family planning methods is regarded as a key for the success of this programme. Caste is the important cultural factors that determine the use of family planning methods. They play a crucial role in forming the values, attitudes and action of people regarding family planning.

Table 1 reveals the caste wise knowledge of family planning measures. 82% respondents of all communities know about the family planning methods. The highest share is found in OBC community where 100% respondents are familiar with family planning methods. In general community knowing of family planning rate is 91.67%. But in SC community only 72.72% respondents know about the family planning due to their old traditional system and low educational level. Out of total respondents, 17.5% respondents are not familiar with family planning measures. Lowest fertility is occurring in the OBC community where adoption of family planning is high. On the other hand socially backward SC community fertility is higher than OBC and General community.

The socio- economic and cultural conditions of the people have direct bearing upon the adoption of family planning programme. High population pressure, low literacy particularly that of females and stratified caste structure in the study village is chief reasons of low adoption level of family planning programmes. In Uchitpur village out of the total 123 knowing respondents, only 81 respondents have adopted family planning programme but in SC community this programme has been adopted by only 41% respondents (table-2). This fact is most disturbing from population control point of view.

Age of the women is an important demographic variable for determining fertility, mortality, migration and knowledge of family planning methods. From the point of view of family planning the age of women is crucial. It is clear from table 3 that in the age groups of below 25 year 85.7 percent

respondents have knowledge about family planning methods followed by 78.6 percent respondents of above 25 year age group. This is clearly indicating that recent increase of literacy rate and education stimulates knowledge and adoption of family planning in the lower age group of women.

Table 4 evidences that age plays a pivotal role in adoption of family planning. The highest proportion of adoption has been found in higher age group. For instance 70 percent respondents of the above 25 years age have adopted contraceptive method to control the birth. Although the adoption in lower age group such as below 25 years is slightly lower but these age groups are more crucial for higher family size. Due to lack of adoption of family planning in below 18 years age group, high fertility (1.70 MCEB) is occurred than above 18 age group (1.46 MCEB).

Education plays an important role in access to knowledge and practice of family planning methods. The knowledge of family planning method is nearly widespread among all educated women.

Table 5 shows that 80.5% literate respondent and 48.3% illiterate respondents know about family planning methods. It is clear from the table that in women having education above high school the magnitude of knowledge about family planning methods is three times higher than illiterate women. Thus there is no doubt about the role of education in expansion of family planning programmes. Literacy and education create awareness of people that why low fertility belongs to higher education group than other. Primary school passed respondent have high fertility (1.81 MCEB) than high (1.64 MCEB) and above high school passed (1.51 MCEB).

Undoubtedly the spread of literacy promotes greater acceptance of family planning programmes. This can be observed from table 6 where 82.4 percent literate respondents and 12.0 percent illiterate women respondents have adopted different methods of family planning. With increasing level of

education adoption is also increasing in considerable proportion.

Family type wise knowledge about family planning methods is given in table 7. In nuclear family system couples are free to make their decision about the size of family. While in Joint family, children are not regarded as burden of their parents because they are also cared by other family members.

There is higher chance of knowledge about family planning methods in joint family on account of more members in the family. This hypothesis is being not satisfied in the study area because the degree of knowledge about family planning methods is higher in nuclear families (88.9%) than joint family system (69.0%).

Table 8 shows that 70.5 percent of nuclear family and 40.5 percent of joint family respondents have adopted different family planning methods. On an average 67.5 percent respondents of both family systems have not adopted family planning methods. From this table one can infer that family type has no considerable association with adoption of family planning programme. It is an only natural for a joint family to be low age at marriage in set up and the burden of bringing up children is not an individual responsibility but a joint responsibility (Sinha and Zacharia, pp. 108). That's why joint family have a high fertility (1.85 MCEB per women) than nuclear family.

It is clear from the table 9 that out of the total respondents, 90.0% Pucca house respondents, 100.0% Semi Pucca house respondents and only 40.5% of Kuchcha house respondents have knowledge about the family planning methods. This indicates about the higher proportion of knowledge with better economic conditions.

Table 10 point outs that the highest adoption of family planning methods is found in respondents who own Pucca houses but in the respondents who live in Kuchcha houses the magnitude of adoption of family planning methods is lower

(45.7%) due to their poor economic condition and knowledge. It is clear from the diagram that out of the total respondents, Pucca house respondents have 1.6 mean children ever born, that is lower than Kuchcha house respondents. This indicates about the lower MCEB with better economic conditions, means reverse relationship between those variable.

Poverty is a pseudo variable on the behalf of economic condition for adoption of family planning as well as fertility. Poverty stimulates fertility; most of the people belong to below poverty line, and think children are the asset of old age and source of income. So they stimulate fertility. This is clear in the sample village uchitpur where BPL people have 1.69 children per women that are 0.11 higher than non BPL family women mean children ever born.

According Prof. Bouge feels that the relation between fertility and income level can be presented by U curve. Among lower income groups the fertility will be high, for middle income group the fertility will be the least and it will again show further increases among high income group. In the surveyed village, this theory is proved and there low income group (below Rs. 30000) fertility is too high (1.88 MCEB per women) than the middle (1.55 MCEB per women) and high income (1.60 MCEB per women) group.

### **Methods wise Adoption of Family Planning:**

The knowledge about various methods of family planning is an important aspect of any study pertaining to population control because all methods do not fall under the category of permanent birth control. In Uchitpur village the most commonly used method is female sterilization (46.0%), followed by Oral Pills (22.6%), Condom (18.5%) and IUD (12.35) insertion.

### **Sources of Knowledge of Family Planning Methods:**

Communication plays a vital role in ensuring the knowledge for choice of family planning methods. Effective communication empowers people to seek what is best for their own health and to exercise their right to good-quality health care. As noted, people make many of their biggest family planning decisions, including whether to control their fertility and whether to use a family planning method, before ever seeking contraception.

In order to make informed choices, therefore, most people need to know a lot about family planning long before they decide to visit a health care provider. A review of literature shows that the sources of information for women on contraceptive use are magazine, personal relations, mass media and health personnel (Reddy *et al.*, 2003). In Uchitpur village the major source of knowledge about family planning methods are health personnel (50.0%), followed by personal relations i.e. spouse friends and relatives (38.2%) and Mass media (11.8%).

### **Conclusion:**

The success of the family planning programme has been constrained by several factors such as lack of support from all the section of society, lack of inputs and integrated approach including literacy, nutritional health care and welfare of people, especially women and children. It is realized that people will respond to the family planning programme more readily, if they are assured of the survival of two children. This all would require a sustained and consistent effort towards motivation supported by practical programmes of improving health and socio- economic conditions of the people.

It is clear from the foregoing discussion that knowledge of family planning methods among female respondents is substantial and increasing gradually. The majority of women have favourable attitude towards family planning. However, there is a wide gap between the knowledge and the practice of

contraception among women respondents. Female sterilization still appears the most popular contraceptive method for limiting the family size.

There is a need to shift from women centric approach to couple centric approach for family planning. The authors opine for strong political will and commitment of the people along with improved socio- economic condition, vigorous implementation of family planning strategies through mass campaign and adequate supply of family planning materials. Education appears an important predictor for increasing family planning programme.

## **TABLES**

**Table No.-1**

FAMILY PLANNING		
Caste	Knowing	Not knowing
General	91.67	8.33
Obc	100	0
Sc	72.72	27.28
Total	82.5	17.5

**Table No. 2**

ADOPTION FAMILY PLANNING		
Caste	Adopt	Not adopt
General	70.21	29.79
Obc	85.12	14.88
Sc	41.32	58.68
Total	65.85	34.15

**Table No.3**

FAMILY PLANNING		
Age group	Knowing	Not knowing
Below 25	85.7	14.3
25 and above 25	78.6	21.4

**Table No. 4**

ADOPTION FAMILY PLANNING		
Age group	Adopt	Not adopt
Below 25	58.5	41.5
25 and above 25	70	30

**Table No. 5**

FAMILY PLANNING		
Literacy	Knowing	Not knowing
Literate	80.5	19.5
Illiterate	48.3	51.7

**Table No. 6**

ADOPTION FAMILY PLANNING		
Literacy	Adopt	Not adopt
Literate	82.4	17.6
Illiterate	12	88

**Table No. 7**

FAMILY PLANNING		
Family type	Knowing	Not knowing
Joint	69	31
Nuclear	88.9	11.1

**Table No. 8**

ADOPTION FAMILY PLANNING		
Family type	Adopt	Not adopt
Joint	70.5	29.5
Nuclear	40.5	59.5

**Table No. 9**

FAMILY PLANNING		
House type	Knowing	Not knowing
Kuchcha	40.5	59.5
Semi-pucca	100	0
Pucca	90.5	9.5

**Table No. 10**

ADOPTION FAMILY PLANNING		
House type	Adopt	Not adopt
Kuchcha	35.7	64.3
Semi-pucca	72.4	27.6
Pucca	66.8	33.2

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**APPENDIX:**

