

FAMILY PLANNING & BIRTH CONTROL MEASURES ADOPTED BY LITERATE & ILLITERATE WOMEN IN KASHMIR

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Abstract

The present study was an effort to compare the literate and illiterate women for their perspectives regarding family planning and birth control measures, and to study the impact of education on attitude of women regarding family planning and birth control measures. The sample was selected through random sampling technique. For the sample, 400 married women were selected, 200 illiterate and 200 literate. Data was collected by using family planning and birth control Attitude scale constructed by Rajamanickam, M and self-constructed questionnaire. The study shows that there are no differences among illiterate and literate women for their mean scores of family planning. However, the mean scores of attitudes regarding population problems is more among literate than illiterate women and mean score regarding contraceptive methods is more among literate women than illiterate women. It is also found that overall attitude towards family planning is more among literate women than illiterate women.

Key words: *family planning, birth control, women, Kashmir.*

Introduction

Population education programmes in many countries were initiated to supplement the family planning programme and, hence, it is sometimes misunderstood both within and outside the educational system as another name for family planning education or sex education. This misconception has been one of the hurdles in starting population education programmes in some countries (Seshadri and Pandey, 1991). The family planning scenario in India is dominated by the use of sterilization, but in many states, the traditional methods for birth spacing are preferred over the modern

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methods. The family planning (FP) programme in India has always promoted the use of modern methods as evident from the high use of sterilization (Ram, 2014). The idea of family planning was conceived by the Indian society during early sixties, and due to phenomenal growth in population and their consequences as well as of public alike. The notion of family planning “cannot control over the number and spacing of children”. Everyone unanimously agree that for the development of the society or country, its population must be within the ring of limitations (Srivastava, 1986). The knowledge of family planning methods is universal in all districts of Jammu & Kashmir State, with 97 percent of the women reporting knowledge of one method or the other (International institute for population sciences, 2004). Contraceptives have been used in one form or another for thousands of years throughout human history and even prehistory. In fact, family planning has always been widely practiced, even in societies dominated by social, political, or religious codes that require people to “be fruitful and multiply” from the era of Pericles in ancient Athens to that of Pope Benedict XVI, today. Of course, the methods used before the 20th century were not always as safe or effective as those available today (Planned Parenthood Federation of America, 2012).

Nazar-Beutelspacher et al (1999) conducted a study on education and non-use of contraceptives among poor women in Chiapas, Mexico. The aim of the study was to determine the relationship between socioeconomic variables and the likelihood that a woman had never practiced contraception. A random sample of 883 women in union aged 15-49 living in the Border Region of the Mexican state of Chiapas were interviewed in 1994 as part of regional survey of reproductive health. It is found that the increased availability of family planning services in the Border region of Chiapas over the last 20 years has weakened the direct effect of schooling on contraceptive practice. Dhingra et al (2010) conducted a survey with an aim to assess knowledge, understanding and attitude of couples towards family planning across the two ecological setting of Jammu district. Sample for the study comprised 200 married couple drawn from Jammu district through stratified random sampling technique. The tools for data collected included interview schedule, questionnaire and a rating scale. The results witnessed a high prevalence of illiteracy and associated ignorance among masses (35 per cent) especially regarding the concepts and measures of family planning. Majority of rural respondents especially women folk (51 per cent) were unaware of concept related to family planning. Condoms were by far the most favorable contraceptive measures across both settings (81 per cent males and 77.5 per cent females) followed by birth spacing pills (39 per cent).

Ceylan et al (2009) examined a study to describe the impact of the post abortion family planning counseling in bringing about the contraceptives usage in women who had abortion in family planning clinic. The Diyarbakir office of Turkish family planning clinic to serve low socio-economic population skills and with using appropriate methods to women. In this study we introduced contraceptive usage of

women who had induced abortion one year ago and followed by DTFPA's clinic. The results advocate that post abortion counselling may be an effective tool to increase the usage of contraceptives. Improved and more qualified post abortion family planning counselling should be an integral part of abortion services. Hong et al (2006) conducted a survey to examine the relationship between quality of family planning services and use of intrauterine devices (IUD) in Egypt. The analysis used data from the 2003 Egypt Interim Demographic and Health Survey (EIDHS) that included 8,445 married women aged 15–49, and the 2002 Egypt Service Provision Assessment (ESPA) survey that included 602 facilities offering family planning services. The EIDHS collected latitude and longitude coordinates of all sampled clusters, and the ESPA collected these coordinates for all sampled facilities. IUD use among women who obtained their method from public sources was significantly positively associated with quality of family planning services (RRR = 1.36, $p < 0.01$), independent of distance to the facility, facility type, age, number of living children, education level, household wealth status, and residence. Quality of services related to counseling and examination room had strong positive effects on use of IUD (RRR = 1.61 for counseling and RRR = 1.46 for examination room). Obtaining IUD from a private source or using other contraceptive methods was not associated with quality of services.

Xiaowen et al (2004) examined a survey to ascertain the perspectives of the family planning services providers in eight sites in China on the provision of sexual and reproductive health services to unmarried young people. The survey has shown that family planning workers in China are ambivalent about the provision of sexual and reproductive health services to unmarried young people which potentially possess a significant obstacle to the adoption of safe sex behaviours by young people as well as to the provision of sexual and reproductive health information and services to young and married people in China.

Objectives

The present study is based on the following objectives:

1. To study the impact of education on attitude of women regarding family planning and birth control measures.
2. To compare the literate and illiterate women for their perspectives regarding family planning and birth control measures

Materials and methods

The present study was conducted in Kashmir region of the J&K state. The primary as well as secondary source of data was utilized to obtain the information. The sample for the study consisted of married women only, comprising age group of 18-50 years, and illiterate as well as literate women. As per census 2011, the total population of married women in J & K in the reproductive age group of 15-49 years is 2011, 867. The sample size for present study was calculated as 384, which was finally considered as 400. Thus the sample for the present study comprised 400 married

women in the age group of 18-50 years, out of which 200 were literate and 200 were illiterate. The tools used for the present study comprised Self constructed questionnaire regarding, awareness, adoption, perception and impact regarding family planning and birth control measures. Moreover, Family planning and Birth Control Attitude Scale constructed by Dr. M. Rajamanickam (1998) was also used under the study. The data obtained through scale and questionnaire was consolidated, analyzed and interpreted as per the requirement of the objectives, using specific statistical tools for example percentage, chi-square and correlation. The p-value of ≤ 0.05 was considered significant. IBM SPSS 20 Software was used for data analysis.

Results and Discussion

Tables 1 depict birth control as per educational status of women. It is found that 36.5 per cent (f=73) illiterate women and 39.0 per cent (f=78) literate women strongly agree that every family after giving birth to one child should practice birth control to reduce the rapid increase of population. While as, 15.5 per cent (f=31) illiterate women and 25.0 per cent (f=50) literate women strongly disagree with it. These differences in results of illiterate and literate women are found statistically significant $\chi^2(4, N=400) = 16.115, p < 0.05$. Nansseu et al (2015) depicts that the level of awareness about family planning and contraceptive methods is quite satisfactory; the level of contraceptive uptake is not optimal. More adapted education and counselling interventions should be undertaken among women and family planning messages directed to men need to be included too.

Birth control should not be forced upon the people. It should be left to the wishes of both husband and wife. This is agreed by 34.0 per cent (f=68) illiterate women and 36.5 per cent (f=73) literate women. Whereas, 16.5 per cent (f=33) illiterate women and 26.5 per cent (f=53) literate women strongly disagree with it. Such notion among illiterate and literate women are found statistically highly significant $\chi^2(4, N=400) = 24.171, p < 0.05$.

The only practical solution to the population problem is, strictly enforcing birth control program in the interest of the nation and everybody's happiness. This is disagreed by 37.0 per cent (f=74) illiterate women and 41.5 per cent (f=83) literate women. Even as, 17.5 per cent (f=35) illiterate women and 12.0 per cent (f=24) literate women strongly agree by it. Such perception between illiterate and literate women are found statistically insignificant $\chi^2(4, N=400) = 4.758, p > 0.05$.

Birth control is an artificial method of racial suicide. We should not accept it. This is strongly disagreed by 32.5 per cent (f=65) illiterate women and 37.0 per cent (f=74) literate women. However, 18.0 per cent (f=36) illiterate women and 18.0 per cent (f=36) literate women strongly agree with it. These attitudes of illiterate and literate are found statistically significant $\chi^2(4, N=400) = 16.891, p < 0.05$.

Economic and social development, size and quality of labour force, educational and employment opportunities would meet with great disastrous consequence if, nation does not adopt some radical birth control method urgently. This is agreed by

33.5 per cent (f=67) illiterate women and 27.5 per cent (f=55) literate women. While as, 26.0 per cent (f=52) illiterate women and 19.0 per cent (f=38) literate women strongly disagree with it. These differences in results of illiterate and literate women are found statistically insignificant $\chi^2 (4, N=400) = 8.18, p > 0.05$. Pegu et al. (2014) seen that in spite of having good knowledge about family planning methods and positive attitude, there are some factors like desire for large family, pressure from husband, religious concern etc, lead to non-use of contraceptives.

Indian women, irrespective of rich and poor, race or religion, should not be disturbed with the birth control program. They must have freedom to give birth to as many children as they desire. This is strongly disagreed by 35.5 per cent (f=71) illiterate women and 34.0 per cent (f=68) literate women. Although 18.0 per cent (f=36) illiterate women and 19.5 per cent (f=39) literate women agreed with it. These differences in results of illiterate and literate women are found statistically insignificant $\chi^2 (4, N=400) = 1.947, p > 0.05$.

Table 2 shows the mean scores of attitudes regarding family planning and birth control among illiterate women and literate women. There is no differences among illiterate and literate women for their mean scores of family planning (M=23.34, SD=3.09, N=200 and M=23.49, SD=2.79, N=200 respectively), birth control measures (M=26.71, SD=2.16, N=200 and M=26.62, SD=1.98, N=200 respectively), fertility control (M=23.72, SD=1.65, N=200 and M=23.79, SD=1.68, N=200 respectively), birth control methods: abortion (M=23.81, SD=1.35, N=200 and M=23.76, SD=1.41, N=200 respectively), sterilization (M=23.03, SD=2.87, N=200 and M=23.25, SD=3.30, N=200 respectively) and age of marriage (M=27.06, SD=3.43, N=200 and M=27.59, SD=3.28, N=200 respectively). The mean scores of attitudes regarding population problems is more among literate than illiterate women (M=23.99, SD=2.34, N=200 and M=24.35, SD=2.07, N=200 respectively), regarding contraceptive methods is more among literate women than illiterate women (M=25.31, SD=2.34, N=200 and M=24.84, SD=1.98, N=200 respectively) and regarding attitude overall is more among literate women than illiterate women. (M=196.63, SD=8.34, N=200 and M=197.99, SD=9.26, N=200 respectively)

Table 1: Birth control as per educational status of women

	Education					
	Illiterate		Literate		Total	
	F	%	F	%	F	%
After birth to one child, family should practice birth control ($\chi^2=16.115, df=4, p=.002$)						
($r=.057, p=.254$)						
Strongly disagree	31	15.5	50	25.0	81	20.25
Disagree	19	9.5	21	10.5	40	10.00
Unable to decide	5	2.5	11	5.5	16	4.00
Agree	72	36.0	40	20.0	112	28.00
Strongly agree	73	36.5	78	39.0	151	37.75

	Education					
	Illiterate		Literate		Total	
	F	%	F	%	F	%
Birth control should not force upon people but should be left to their wishes ($\chi^2=24.171$, $df=4$, $p=.000$) ($r= .008$, $p= .868$)						
Strongly disagree	33	16.5	53	26.5	86	21.50
Disagree	46	23.0	13	6.5	59	14.75
Unable to decide	8	4.0	7	3.5	15	3.75
Agree	68	34.0	73	36.5	141	35.25
Strongly agree	45	22.5	54	27.0	99	24.75
Strictly enforcing birth control program can control over population ($\chi^2=4.758$, $df=4$, $p=.313$) ($r= .063$, $p= .210$)						
Strongly disagree	59	29.5	67	33.5	126	31.50
Disagree	74	37.0	83	41.5	157	39.25
Unable to decide	7	3.5	3	1.5	10	2.50
Agree	25	12.5	23	11.5	48	12.00
Strongly agree	35	17.5	24	12.0	59	14.75
Birth control is an artificial method of racial suicide ($\chi^2=16.891$, $df=4$, $p=.002$) ($r= -.093$, $p= .064$)						
Strongly disagree	65	32.5	74	37.0	139	34.75
Disagree	52	26.0	71	35.5	123	30.75
Unable to decide	12	6.0	2	1.0	14	3.50
Agree	35	17.5	17	8.5	52	13.00
Strongly agree	36	18.0	36	18.0	72	18.00
Employment opportunities would reduce without family planning ($\chi^2=8.18$, $df=4$, $p=.085$) ($r= .044$, $p= .379$)						
Strongly disagree	52	26.0	38	19.0	90	22.50
Disagree	21	10.5	30	15.0	51	12.75
Unable to decide	9	4.5	7	3.5	16	4.00
Agree	67	33.5	55	27.5	122	30.50
Strongly agree	51	25.5	70	35.0	121	30.25
Women must have freedom to give birth to as many children as they desire ($\chi^2=1.947$, $df=4$, $p=.745$) ($r= -.023$, $p= .641$)						
Strongly disagree	71	35.5	68	34.0	139	34.75
Disagree	55	27.5	59	29.5	114	28.50
Unable to decide	4	2.0	7	3.5	11	2.75
Agree	36	18.0	39	19.5	75	18.75
Strongly agree	34	17.0	27	13.5	61	15.25

Based on field survey (N=400)

df denotes degree of freedom

P denotes Kears Pearson level of significance

χ^2 denotes chi square

r denotes spearman's correlation

Table 2: Attitudes regarding Family Planning and Birth Control Measures as per educational status

	Education	Mean	Std. Deviation	Std. Error Mean	t-value	p-value
Population Problem	Illiterate	23.99	2.344	.166	1.626	.586
	Literate	24.35	2.078	.147		
Family Planning	Illiterate	23.34	3.092	.219	0.50	.314
	Literate	23.49	2.794	.198		
Birth Control	Illiterate	26.71	2.164	.153	0.43	.930
	Literate	26.62	1.989	.141		
Fertility control	Illiterate	23.72	1.654	.117	0.38	.596
	Literate	23.79	1.689	.119		
Birth Control Methods: Abortion	Illiterate	23.81	1.358	.096	0.36	.645
	Literate	23.76	1.419	.100		
Contraceptive method	Illiterate	24.98	2.124	.150	0.82	.157
	Literate	25.16	2.247	.159		
Sterilization	Illiterate	23.03	2.876	.203	0.71	.141
	Literate	23.25	3.303	.234		
Age of Marriage	Illiterate	27.06	3.437	.243	1.59	.334
	Literate	27.59	3.284	.232		
Attitude Overall	Illiterate	196.63	8.348	.590	2.14	.044
	Literate	197.99	9.268	.655		

Based on field survey (N=400)

Conclusion

Family planning contributes to reduction in population growth, poverty reduction and preservation of environment as well as demand for public goods and services. The study shows that there are no differences among illiterate and literate women for their mean scores of family planning. However, the mean scores of attitudes regarding population problems is more among literate than illiterate women and regarding contraceptive methods is more among literate women than illiterate women. It is also found the overall attitude is more among literate women than illiterate women. Better-educated women are much more likely than less-educated women to practice contraception, and women who work outside of the home are more likely than those who do not to use contraceptives. There is also lack of knowledge and awareness of the women regarding method of family planning give rise a problem to mother as well as child and in the family.

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