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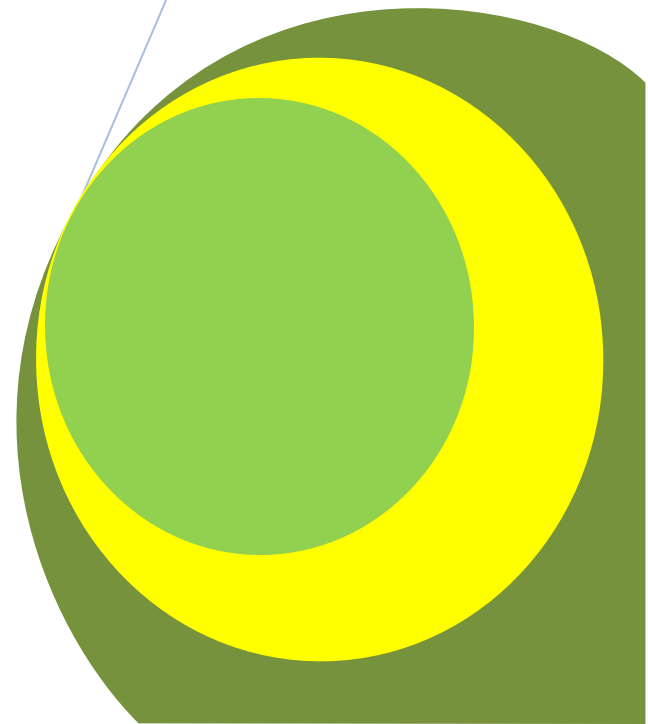
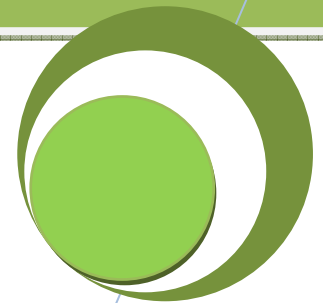
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Family Planning Knowledge, Use and Non-use: A Cross Sectional Study in Meghalaya, India

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Research Article

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ABSTRACT

Family planning method first started in India. There are different schemes and programme implemented in rural and urban areas of India on Family planning and target population showed good response and awareness on its uses. The study with this approach on its beneficial uses and sociological pattern of matrilineal society in Meghalaya was conducted in Meghalaya. The study uses the probability proportional to size method and sample size was 540. In each cluster of 30 was chosen in random pattern. From the result it was reflected that women participation is more in its uses and follow the common method of uses like pills but not going for modern method due to unmet of contraceptives.

Keywords: Family planning, Contraceptive, Participation and Women.

Family planning programme is not new in India. The concept of family planning was first introduced in India and ever since there has been highlighted methods and strategies for implementation and practices of family planning programme (Agarwal, 1975). Despite these developments in promoting family planning, the 1991 census results showed that India continued to have one of the most rapidly growing populations in the world (Elizabeth, 2001). Between 1981 and 1991, the annual rate of population growth was estimated at about 2 percent. The crude birth rate in 1992 was thirty per 1,000, only a small change over the 1981 level of thirty-four per 1,000 (Arvind and Alok, 2012). High death rate of mother during child-birth, mal-nutrition child, pre-natal and post-natal care are on the rise (Fatemeh et al., 2011). Looking into the miserable conditions of the population, the various schemes and program the allocation of family planning programmes was just 0.1 crore in the first five year plan which has increased to 3256 crores in the seventh plan. In the year 2011-12 under the Janani Suraksha Scheme 10 lakhs beneficiaries benefitted from the Scheme (Source: <http://www.indiastat.com>). Looking into the initiatives of the government the study was conducted to analyse the situation of the population in the state of Meghalaya. The area was selected as being one of the states in the Northeastern states of India to follow the material pattern where women are the head and the leader of the family. In this particular state the concept of the family planning is taken to be good due to women participation. The study tries to understand their usage and view on family planning among the educated women of Meghalaya about the planning method. The most important area noticed during the study was the unmet need for family planning due to the condition of wanting to avoid or postpone childbearing but not using any method of contraception.

MATERIALS & METHODS

The present study, Probability Proportionate to Size (PPS) method was adopted as the sampling strategy. The desired number of women to be interviewed in each cluster was 18. In each cluster the first house was chosen at random and from thereon, the next nearest house was visited until the desired numbers of mothers were interviewed. If a household had more than one beneficiary, all were included in the survey.

This study is conducted at Shillong in East Khasi hills. In that particular block there are about 1.5 lakh populations where 40% are working women. In that particular place the data will be collected from the working women who are working in banks, school and corporate sector.

The determinant of the sample-

- Age group of women ranging from 27-37 years.

- Working women basically those working in banks, school and corporate sector.
- Family background- women from a middle class family married and earning salary of Rs. 4000/- and above
- Having children not more than two

Sample size: The sample design will be the probability sampling design because each element of the population could be specified. The primary probability sampling design will also be included because it not only gives each element in the population an equal chance of being included in the sample but also makes the selection of every possible combination of case in the desired size equally like. The sample size is 540. There will be the following possible combination of cases. Suppose each having two elements from the population or three each of those combinations will have an equal chance of selection in the sample.

Stratified random sampling is also practiced. The population is first divided into number of strata i.e. from the population of 60000 only 540 working women are selected at the group of 27 to 37 years. This working women are further made specified by taking those women working in banks, school and corporate sector and after that a simple random sample is taken.

RESULTS

Socio demographic profile of the contraceptive users

334 (61.9%) of the women were Christian and 200 (37%) were Hindu. 68% of the women belonged to ST caste. A minuscule percentage i.e. 51(9.4%) belonged to general caste. About one third, 202(37.4%) women belonged to age group 31-37 years and 158 (29.3%) belonged to age group 20-25 years. About 89 (16.5%) belonged to 26-30 years of age. About half, 282 (52.2%) were illiterate and 153 (28.3%) were educated up to primary level.

Knowledge about contraception

55.6% of the women in the study were married before 18 years of age and 44.4% were married after 18 years of age. The distribution of women according to knowledge of contraception is shown in table 1.

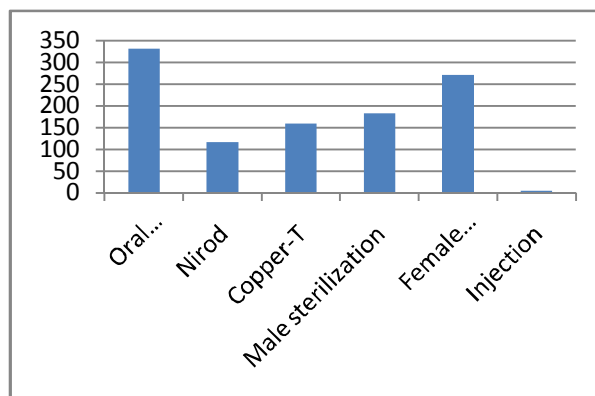
63% of the women mentioned during the discussion were aware about the method. The health worker working in the public health centre conduct awareness programme and counseling about the different family planning method. But where the public health centres are not there in the area the level of awareness come down to 37%. The reason for the lack of knowledge *about contraception* is also due to shyness and cultural taboos.

Table1: Distribution of women according to Knowledge about contraceptive methods

Knowledge	No	%
Knowledge about contraceptive method (N=540)		
Yes	340	63.00
No	200	37.00
Knowledge about the types of contraceptive method (N=340)		
Oral contraceptive pills	331	95.7
Nirod	116	34.1
Copper-T	159	46.8
Male sterilization	182	53.5
Female Sterilization	271	79.7
Injection	4	1.1

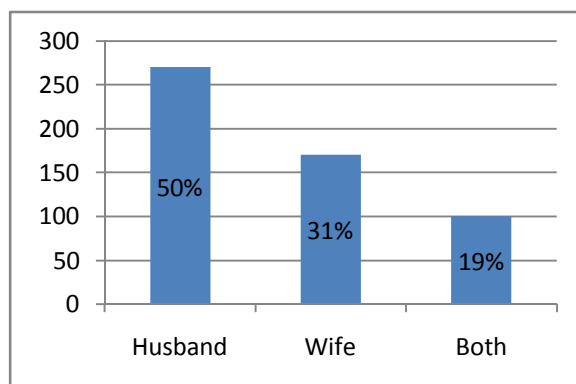
Use of contraception method

66.5% of the women were currently using contraception and 33.5% were not using any contraceptive technique. More than half (54%) of the women were using oral pills as a method of contraception. 12.2% of the women were using Nirod whereas 24.3 % of the women were sterilized and 20.8% were using copper –T. Very few (8.8%) women were using other method of contraception i.e. (DMPA/injections).



Distribution of the respondents' views regarding the number of children in the family

Out of 540 respondents both of them taking decision i.e. both husband and wife is 19%, wife 31% and husband taking decision is 50%. It is clear that no doubt the women are the maximum user of contraceptive method but husband takes the decision in deciding of children.



Unmet need of contraception

More than one- third 52 (45.6%) of the women were in unmet need of contraception. The unmet need was for pills as temporary method and rest of them were having the choice of other conventional contraceptives. Unmet need of family planning turns out to be 57%.

Table 2: Distribution of women according to their unmet need of contraception

Unmet need	No	%
method to be future (n=114)		
Yes	52	45.6
No	62	54.4
Preferred method of contraception (n=52)		
Oral contraceptive pills	18	34.6
Nirod	8	15.4
Copper-T	7	13.5
Injection	3	5.8
Male sterilization	1	9.1
Female Sterilization	9	17.3

Reasons for non use of contraceptives

About one- third 35 (30.7%) opined that the use of contraception was against religion and 20 (17.5%) did not have much knowledge about the safe use of contraceptives. Similar number gave the reason as reluctance of the husband, other reasons were financial constraints, wish to extend family, some of them have no need for contraception and others were not able to give any cause.

Table3: Distribution of women according to reasons for not using any method of contraception

Reasons	No (n=114)	Percentage
Against religious belief	35	30.7
Less knowledge	20	17.5
Opposition and reluctant of husband	20	17.5
Very costly	12	10.5
No need	12	10.5
No response	3	2.7
Prepared to extend family	12	10.5

DISCUSSION

Through the study the researcher found out both the positive and negative perspective of family planning method. Some of the women don't use the method. Participation of male partners is very low and they are the minimum user of contraceptive compare to women.

- ☞ The minimum user of contraceptive was found in the age group of 32 to 37 years.
- ☞ Decision regarding the number of children is no doubt taken by both husband and wife but still the percentage is even high in case of husband who has taken the decision regarding the number of children.
- ☞ Out of the 540 respondents 25% of the women don't consult any doctor for the reproductive tract diseases
- ☞ The choice for modern method of contraceptives generally gets increased with the increase in qualification. More of the women have qualifications and earn income and as such they go for sophisticated method
- ☞ Combined method i.e. both the husband and wife using contraceptive is very less.
- ☞ Many of the respondents are not aware about the safe period and cannot define population education.

From the study it has been found that the women are more aware about the contraceptive method. They are playing an active role both inside and outside the family. Regardless of the fact that when it comes to the ultimate decision of bearing children the male partners played the role. Women are aware about the various contraceptive method but they rely on the old one because they feel that it show less hormonal effect and also due to the promotion of the various PHC department on the common contraceptive methods like pills, condom etc. But with the increased in qualification women are more aware about the modern method of taking care of their reproductive health.

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