



Utilization of family planning services in scheduled caste community of Jorhat district, Assam

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Abstract

Introduction: Keeping in view of increasing population growth rate of India, it has become an utmost necessity to limit the family size which can be achieved by practicing the government health and family welfare programme among the people of different societies, castes, religions and regions.

Objectives: The objectives of this study are to access the knowledge of family planning services offered by government and adoption of various contraceptive methods by Scheduled caste women of Jorhat district, Assam.

Methods: A community based cross sectional study was conducted among 384 no. of married women in a period of sixth months.

Results: 98.1% had knowledge on family planning methods, 87.2% had positive attitude while 65.7% used the Government policies regarding family planning.

Interpretation and conclusion: Government need to take more attentive initiative to remove the gap between knowledge and utilization of government family planning services.

Keywords: scheduled caste, family planning, utilization, government policy

1. Introduction

India is the second most populous country of the world. Keeping in view of this increasing population growth, it has become an utmost necessity to limit the family size which can be achieved by practicing the different family planning methods. Family planning is defined by WHO as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country”.^[1] The Govt of India launched a family welfare program in 1950's to accelerate the economic and social development by reducing the population growth. In 1951, India launched the state sponsored unique programme. India's demographic and health profile has changed considerably. The fertility and mortality rates have declined to about two-fifth. The National Family Welfare Programme in India has traditionally sought to promote responsible and Planned Parenthood through voluntary and free choice of methods best suited to individual acceptors. In April 1996, the programme was renamed Reproductive and Child Health (RCH) programme and given a new orientation to meet the health need of women and children more completely^[2]. It is thus, necessary to develop special program to tackle the needs of different groups. But before launching a special program, a thorough understanding the differentials and determinants of fertility and mortality is essential.^[3] The programme now aims to cover all aspects of women's reproductive health throughout their lives. With regard to family planning, the new approach emphasizes the target-free promotion of contraceptive use among eligible couples, the provision to couples to choose contraceptive methods and to assure high quality care (IIPS & ORC Macro, 2000)^[2]. Although Indian Population policy changed over time, the demographic goal to reduces fertility and stabilize

population remained its main feature. The immediate objective of National Population Policy was to address the unmet needs of contraception in order to bring the total fertility rate to replacement level by 2010 and its long-terms objective was to achieve population stabilization by 2045. Several state Governments also formulates state population policies that were contrary to the principle enshrined in the national policy^[4]. Nationally, the use of contraception has increased over the period, in a mere period of six and half years between NFHS-1 & NFHS-2, the contractive prevalence increased from 41 percent during 1992-93 to 48 in 1998-99 (IIPS & ORC Macro, 2000). But there exist large-scale variations and diversities in the demographic situation and socio- economic and cultural milieu between and within the states and regions of the country.^[5] One of the main objectives of the health and family welfare programme is to spread the knowledge of family planning method and develop among the people and attitude favourable for adoption of contraceptive method.⁶ Use of various contraceptive methods varies within different societies, castes, religions, and regions. The Scheduled Caste (SC) and Scheduled Tribe (ST) are the two most backward socio- economic communities in Indian society. During the period of British rule in the Indian sub-continent, they were known as the depressed classes. As per the 2011 census, in India scheduled caste people constitutes 16.41% of total population i.e., there are approximately 14 crores of scheduled caste people in India.^[3] Many study shows that SC people are not equally developed as the general people so far as their education, socio-economic and demographic condition, social status etc. Unfortunately studies in case of SC people are not so available and did not attract scholars very much. There are a few surveys which provide information on the socio-demographic profile and the different level of family planning practice along with the associated factors among the

different caste group. Studies conducted in this direction suggest that utilization of family planning methods is not so satisfactory in India and is very critical among the scheduled caste community. Many studies show that very often people do not utilize the family planning facilities available to them.^[7] Therefore, it is the duty of the government and the concerned citizens to know the problems faced by the SC people. Considering all the factors, this study was carried out to assess the utilization of family planning methods among the women belonged to the SC community. A structured questionnaire was used to collect information on attitudes towards and understanding of family planning methods and child spacing, including patterns of spousal communication and decision making, knowledge of supply sources, access to services, actual family planning use with reasons for non use, intention for future use of contraceptives, and level of unmet need. Our study was undertaken to find the reasons for these unmet needs and factors affecting the outcome of family planning programs and to have a better understanding of the situation in order to help government in formulation of policies and modify its approach particularly for this community. The objective of the study to access the knowledge of family planning services offered by the government and utilization of various contraceptive methods by Scheduled caste women of Jorhat district, Assam. Also, to identify probable social remedies for family planning accessibility in this particular community.

2. Methodology

A cross sectional community based study was done among the scheduled caste women of Jorhat district, Assam within a period of six months.

Sample size

Considering 54.2% as the prevalence of practice of family planning methods by women of reproductive age group from NFHS-4, Assam⁶ along with relative error 5%, the sample size was determined as 384 under 95% confidence interval.

Inclusion and Exclusion criteria

Married women of reproductive age group (15-49) years belonged to Scheduled Caste community were included in the study. Unmarried and women who were not willing to participate would be excluded.

Study setting

A sample of 384 married women of Scheduled caste community was taken purposively. Written informed consent was taken from all the women of reproductive age group after initially explaining the purpose and scope of the study. After getting consent, the required information was recorded in a predesigned, pretested, structured proforma. Information regarding attitude about family planning of the respondents was assessed by asking some questions based in qualitative approach.

Statistical analysis

The collected data were tabulated and analyzed using SPSS-version 23.

3. Results

The study shows that 50% of the respondents belonged to age group (25-34) years. Among them 28.8% of the participant had passed middle class while 22.1% had passed higher

secondary class. 2.1 % females were found illiterate. A majority of women (63.7%) were housewives. Approximately 67.5% of women earned less than Rs. 1000 per month.

Table 1: Background characteristics of 384 females.

Characteristics	No. of cases	Percentages
Age		
15-25	71	18.4%
25-35	192	50%
35-45	118	30.8%
Above 45	3	0.8%
Education		
Illiterate	8	2.1%
Primary	41	10.6%
Middle class	110	28.8%
HSLC	80	20.8%
HS	84	22.1%
Graduate	57	14.8%
University	4	0.8%
Occupation		
Govt.Job/Private Job	99	25.8%
Professional	40	10.5%
Housewives	245	63.7%
Income		
<1,000	259	67.5%
1,000-5,000	79	20.5%
5,000-10,000	32	8.5%
>10,000	14	3.5%
Employment status		
Employed	86	22.5%
Unemployed	298	77.5%
Type of family		
Nuclear	248	64.5%
Joint	136	35.5%

Our study revealed that almost all study participants (98.1%) had knowledge on family planning methods, around 87.2% had positive attitude about these methods while only 65.7% of them were using any type of methods.

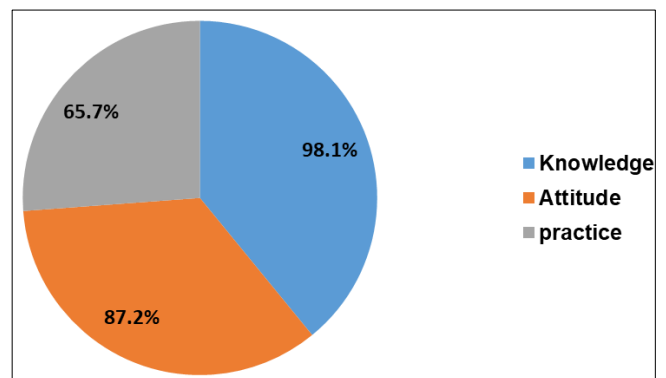


Fig 1: Comparison of Knowledge, Attitude and Practice of FP methods

Among the users 74.6% were using modern methods and others (25.6%) were using traditional methods. 33.3% females said that they availed various contraceptive methods from health care institutions and 29.4% from Government Hospital and 23.6% from medical shop/pharmacy.

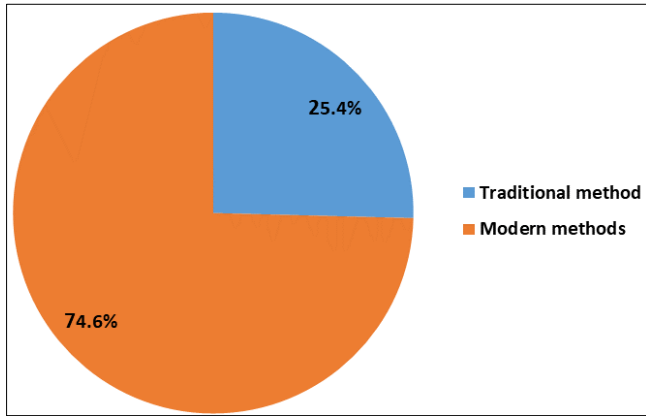


Fig 2: No. of family planning user (Traditional and Modern)

Oral Contraceptive methods were used by maximum no. of study participants (47.1%) followed by condom (21.6%) and Copper-T(13.7%). Sterilization were used by only 7.2%

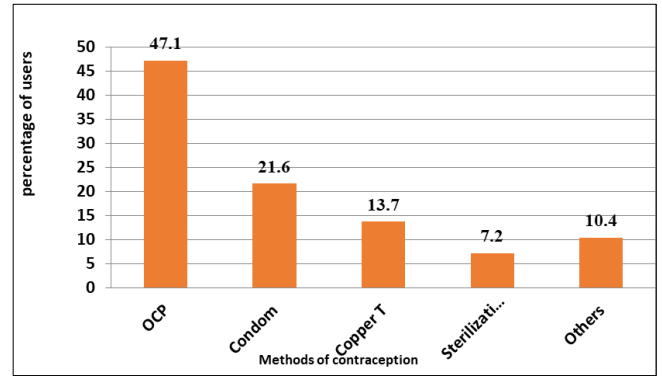


Fig 3: Practice of various contraception methods in Scheduled caste community

According to national program of National Health Mission (NHM) following eight methods of contraception are in use with their service provider and centers where the services can be availed now-a-days [8].

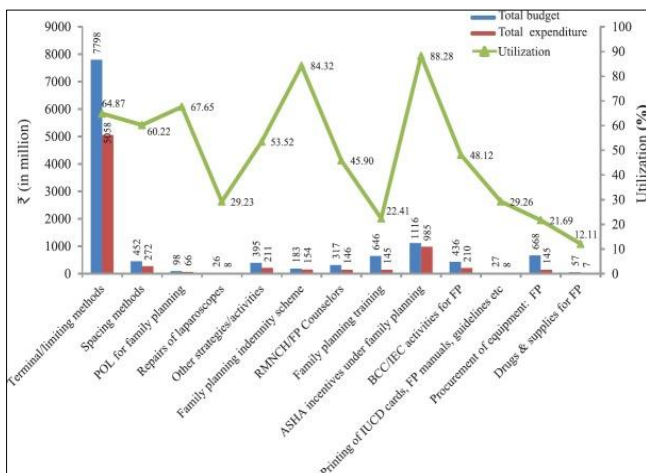
Table 2: Different methods of contraception used in India under public system

Methods of contraception	Service provider	Service location
Spacing methods		
IUCD 380 A and Cu IUCD 375	Trained & certified ANMs, LHVs, SNs and doctors	SC and Higher level
Oral Contraceptive Pills	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub centre & higher levels
Condoms	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub centre & higher levels
Limiting methods		
Minilap	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels
Laparoscopic Sterilization	Trained & certified Specialist Doctors (O&G Sp. & General Surgeons)	Usually CHC & higher levels
NSV: No Scalpel Vasectomy	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels
Emergency contraceptive pills		
Emergency Contraceptive Pills (ECPs)	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub centre & higher levels

*Source: National Rural Health Mission, MOHFW, Govt. of India, New Delhi, India

Among the States which have utilised the funds provided for the Family Planning programme and State/UT wise expenditure under the component 'Family Planning' in 2015-16 Bihar secured in top position followed by Chattisgarh. Our state Assam is in 12 th position [9].

compensation, 1.45% on spacing methods and 13% on family planning-related activities such as procurement of equipment, transportation, Information Education and Communication (IEC) and staff expenses in 2016-17.



Source: Ref. no.10

Fig 4: Allocation, expenditure and utilization of FP budget 2016-2017

In case of family planning, India spent 85% expenditure on female sterilization with 95.7% of this money going towards

According to the analysis of the National Health Mission (NHM) Financial Management Report, of the total money for family planning, 64% was directed for providing terminal or limiting methods, 9% towards ASHA incentives for family planning activities, 5.3% for training, 5.5% for procurement of equipment, 3.7% for spacing methods and 3.6% towards BCC/IEC activities for family planning. Of the total expenditure for FP activities, 68% was spent on terminal or limiting methods of which compensation for female sterilization constituted 92.7%; 13.3% was incurred for ASHA incentives, 3.7% was incurred for spacing methods of which incentives to providers for post partum intrauterine contraceptive device (PPIUCD) insertion constituted 73.2% and compensation for intrauterine contraceptive device (IUCD) insertion at health facilities constituted 14.2 per cent, 2.8% on interpersonal communication (IPC)/BCC activities and two per cent was spent for training.¹

4. Discussion

Family planning behaviours are inter-indirectly related with socio-economic and demographic characteristics of a population. It was seen that education had a positive influence on utilization family planning services. The similar

result was also obtained by Sumedha M Joshi^[12]. In our study average age at marriage was obtained as (19.73±3.81) with maximum of 30 years and a minimum of 15 years. In a study of Haryana by Gupta et al. the mean age of females was obtained as (32.76±4.6) years^[13]. In another study of family planning in Meghalaya by Sanku Dey, the 42.1% of women got married before 18 years of age^[14]. One important result obtained in our study was that most Scheduled caste women earned very less amount of money. i.e around 67.5% females earned less than Rs.1000 per month. Clearly most women depended on their husband or other family member financially. A large no. of SC women of reproductive age group were housewives and most of the scheduled caste women were facing the unemployment problem. The knowledge of family planning method was almost universal and most of the Scheduled Castes women were aware of at least one modern method. According to NFHS-2016, the practice of any method for all women in Assam = 52.4% and Jorhat = 53.0%^[15]. While in our study it was obtained as 65.7%. In a study done by B. Raveendra Naik, It was obtained that 76% scheduled caste women were using any type of family planning methods^[16]. Our study revealed that more than 50% of study participants know the various family planning services provided by Government but only 24% of them had utilized these services. In a study done by Nazmul Hussain, it was obtained that though the level of knowledge of family planning were very high (98.69 %), only 49.17 scheduled caste family utilized family planning methods as compared to 56.73% family of other caste users^[17]. Approximately 70.6% women felt comfort with Accredited Social Health Activists (ASHA)/ Health worker regarding all types of family planning. With the objective of prevalence of family planning methods, frontline workers (ANMs, ASHAs and AWWs) must be channelized and facilitated with incentives and result based promotion to boost dissemination of knowledge at grass root level. The need for establishment of proper infrastructure and appointment of service providers in nearby health care centres are also essential and should be provided by the Government. Our study also revealed that almost 68.2% Scheduled Castes women user reported that they received contraception from public sources. In a study done by Ramachandrapa S in Karnataka, it was seen that almost 91% Scheduled Castes women user reported that they received contraception from public sources whereas only about 77 percent non- Scheduled Castes women couples received it from Government sources^[3]. It was observed that awareness on permanent methods of family planning for better than temporary methods. The poor health infrastructures and limited health workers affect the awareness about usage of contraceptive methods especially in these particular areas. Sustainable practice of family planning methods require the establishment of schools or infrastructure of health facilities and appointment of health services providers such as public, private, NGOs or cooperatives regarding utilization of family planning services offered by government. Therefore, government has to take an attentive initiative for conducting door step programs in different community. By the way, it can be assumed that elimination of socio-cultural barriers is not an easy task, but could be possible through door step campaign and promoting various programs for people belongs to this particular community. There should be focused special attention on no use, reasons for discontinuation, and intentions to use family planning in the future. The role of husband has been noted in

decision making related to the use of contraception. Thus, there is a need to involve husbands in family planning programme.

5. Conclusion and Recommendation

There exists a large gap between knowledge of government family planning services and use of these services. The problem of family planning acceptance is essentially a problem of attitude change. People are generally in favour of family planning methods but in spite of the high knowledge, the rate of contraceptive use in scheduled caste families is very low. It is important to stimulate social changes affecting fertility such as raising the age of marriage, increasing the status of women, both child and women education and employment opportunities, old age security etc. The solution to the problem is one of mass education and communication so that people may understand the benefits of a small family. So, our study suggests that Government need to take more attentive initiative to remove the gap between knowledge and utilization of government family planning services. Moreover, the various family welfare programme need to do more to promote knowledge of modern methods through education campaigns and IEC programmes in the areas of scheduled caste community and make serious efforts to fulfil the unmet need of family planning methods.

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