

Full Length Research Paper

Correlation of factors affecting family planning and adopted techniques used in the State of Uttarakhand, India

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The State of Uttarakhand has experienced fertility decline significantly among couples residing both in rural and urban areas irrespective of their socio-economic conditions. In search of factors influencing fertility decline in the State, this study tries to explore family planning use, reasons of differentials in general and sterilization use it correlates in particular among rural women in Uttarakhand. Data collected from a random sample of 800 women, in the reproductive age group drawn through a random sampling based on the female literacy rate spread over four district of Uttarakhand. It was revealed that the major reasons perceived by rural women for using family planning were 'less income and high expenditure' and 'desire for quality of children.' The sterilization use was more by the women with good socio-economic conditions as compared to their counterparts. The different factors which are positively associated with sterilization use are – membership in mahila -sangtan (clubs for rural women), professional desire for sons and daughters, educational aspiration for sons and daughters, desire to have house and economic constraints for having children.

Key words: Couples, socio-economic conditions, family planning, rural women and sterilization.

INTRODUCTION

India was one of the developing countries which identified family planning as basic to development (D. Paul, 1992)¹. The survival of children was key to small family and the need to dovetail post-partum programme. Family planning is an integral part of the package of health, nutrition and health education (Madhivi, 1992)². India, in the recent past, has a rapid fertility decline at the aggregate level (National family health survey-2, 1998-99)³. The pace of this decline, however, is not uniform and varies widely across states due to the cultural and economic heterogeneity and also due to variation in programmatic efforts (Srinivasan, 1991)⁴.

There is this due to the north-south divide in the demographic pattern. While in the southern and western parts of the country fertility has declined significantly, the north Indian states they still continuing with very slow pace of decline in fertility (Ram, 1997)⁵. "We all know that

there has not been much change in social parameters that can influence population and people, accept small family norms. In such situation, India's family planning is the only factor that can have effect on fertility." It is being viewed and implemented as a people's programme involving the active cooperation of many sectors and participation of the community at large. The aim of the family planning programme in early stage was to reduce births by fixing contraceptive targets only. But, now it has been changed to bring down fertility through improving maternal and child health care. The "target oriented approach" has been shifted to "community needs assessment approach" in which needs of the community have to be assessed based on the requirements of the people in the implementation of family welfare and maternity and child health programmes. The extreme cases are where; girls are even viewed to perform the traditional sons' roles both in economic and sociological terms. The psychological disvalues emerged important affecting factors. Children are definitely viewed as burden in more than economic scene. The modern life-style

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Table 1:-Percentage Distribution of Respondents used Family planning by method and socio-economic background characteristics.

Characeristics	Percentage of women used family planning												
	Sterilization		Copper-T		Pills and Injection		Condom		Rythm		Non-User		Total
	R	%	R	%	R	%	R	%	R	%	R	%	R
Age:													
25-30	194	36.8	9	1.7	2	0.3	8	1.5	3	0.5	313	59.2	529
30 Above	133	49.4	4	1.4	3	1.1	1	.4	3	1.8	129	48	271
Religion:	R	%	R	%	R	%	R	%	R	%	R	%	R
Hindu	319	43.2	13	1.8	.5	5	.5	5	.3	2	391	53.2	735
Muslim	15	27.5	8	14.8	4	7.5	1	2.2	3	5.5	23	42.5	54
Christian	5	45.5	00	00	00	00	00	00	00	00	6	54.5	11
Caste:	R	%	R	%	R	%	R	%	R	%	R	%	R
Scheduled Cast& Tribes	99	41.1	00	00	1	0.4	00	00	1	0.4	140	58.1	241
Non- Sc	240	42.9	23	4.2	16	2.8	20	3.6	14	2.5	246	44.0	559
Education:-	R	%	R	%	R	%	R	%	R	%	R	%	R
Illiterate	125	40.2	4	1.2	9	2.5	3	1.0	4	1.2	168	53.9	313
Primary level	70	38.4	14	7.6	00	00	10	5.4	00	00	88	48.6	182
Above Primary	136	44.9	11	3.6	03	0.9	03	0.9	02	0.6	150	49.1	305
Marriage Age:	R	%	R	%	R	%	R	%	R	%	R	%	R
Less than 25	258	44.5	8	1.5	4	0.6	8	1.5	02	0.3	299	51.6	579
Above 25	94	42.5	03	1.3	02	0.4	01	0.3	02	0.4	119	54.2	221
Family Type:	R	%	R	%	R	%	R	%	R	%	R	%	R
Nuclear	285	46.5	8	1.3	02	0.3	04	0.6	03	0.3	310	50.7	612
Joint	70	37.2	04	3.1	03	1.4	04	3.1	02	0.7	105	56.9	188
Occupation:	R	%	R	%	R	%	R	%	R	%	R	%	R
Non-workers	161	40.9	10	2.4	05	1.4	04	1.0	02	0.4	212	53.8	394
Agriculture	132	46.7	03	1.0	00	00	01	0.3	02	0.5	145	51.4	283
Non-Agriculture	57	46.3	02	1.6	02	1.6	00	00	00	00	62	50.4	123
Land holding:-	R	%	R	%	R	%	R	%	R	%	R	%	R
Landholders	104	42.3	08	3.2	01	0.6	03	1.2	01	0.6	128	52.2	245
Landless	247	44.6	06	1.1	03	0.6	04	0.8	02	0.3	293	52.7	555
Income of Family	R	%	R	%	R	%	R	%	R	%	R	%	R
5000-15000	113	40.9	07	2.4	04	1.4	03	1.0	01	0.4	148	53.8	276
Rs15000-25000	179	46.7	04	1.0	00	00	01	0.3	03	0.5	197	51.4	384
Rs.25000 above	65	46.3	02	1.6	02	1.6	00	00	00	00	71	50.4	140

makes women envisage for themselves, and an amount of attention they pay to children .Keeping this in view, the present study is an attempt to examine the family planning behavior and its correlates among rural women in Uttarakhand (Family Planning Programme in Uttarakhand Department of Family Welfare ,2005)⁶

The objectives of this study are follows:

1. To study the socio-economic background of the respondents related to family planning.
2. To study percentage of respondents used family planning and their perceived reasons for acceptance.
3. To statistically study the various factor associated with family planning use.

METHODOLOGY

Area under study

With a geographical area 53,485 Km², spread across 13 districts, is unique in its topography and large rural population which is 75%of total .The study was conducted in four districts of Uttarakhand, in the year 2009.

Design of study

All the districts were divided into two regions according

Table: 2:- percentage of respondents used family planning and their perceived reasons for acceptance.

Reasons for using family Planning		Total	Percentage
1.	Family Planning permanently used		
	Yes	375	46.8
	No	425	53.2
	Total	800	100
2.	Sources in flouncing Family Planning	Total	Percentage
	Voluntarily	273	72.3
	Nurse's Motivation	83	22.2
	Other's motivation (Media, pamphlets, etc)	19	5.0
	Total	375	100
3	Reasons For Use		
	Low income and high expenditure	152	40.5
	Excellent upbringing of children	61	16.2
	To maintain maternal and child health	49	13.0
	Awareness and modish trend to have less children	37	9.8
	To impart good education for children	26	6.9
	High living status	20	5.3
	To fulfill the needs of children	15	4.5
	Dowry problem	07	1.8
	For the smooth running the family futures savings	05	1.3
	To get fame in society	03	0.8
Total		375	100

to their geo-physical characteristics .Districts within each of these two regions were, identified as hill and plain areas of Uttarakhand according to their population size.

Population under study

From each district 10 villages' out of total of 40 villages, were selected. In each village, 20 eligible women were selected as the respondent. After identifying the villages the information of eligible women was obtained from the registers maintained by the primary health care centre.

Sampling and sample size

A total number of 800 women, 20 from each village, were selected using random sampling procedure. This paper is based on simple and rapid comparisons of frequency percentages are suggested as an alternative to scoring and scaling methods.

Data analysis

The data obtained from 800 women in the reproductive age group were analyzed through quantitative techniques. Correlation through regression analysis was carried out to assess the factors associated with sterilization use.

RESULT

The respondents under study consisted of various religions in which majority belonged to the Hindu religion with an exception of 8 percent which belonged to the other religion. Considering caste characterization of the respondent's majority belong to non-scheduled caste i.e. 70% in comparison to scheduled caste i.e. 30%.About 61% of the respondents were literate and 39% of the respondents were illiterate , it means that percentage of literate respondents is more than illiterate respondents in using family methods. Regarding the marriage age of the respondents 72%less than 30 years of age use family planning methods and above 30 years of age 28% of the respondents use it. With respect to the family type, majority of the respondents were living in nuclear families i.e.76% and sustention number of respondents belonged to joint families i.e. 24%, about half of the respondents were working and among them the majority were engaged in agriculture i.e. 35%. Observing the family income of the respondent's majority belonged to the family income lying between Rs.15000-Rs.25000.

The analysis of the above table 2 shows that 46.8% of respondents used family planning and 53.2% did not used it. That table further shows that 72.3% of the respondents voluntarily used family planning ,22.2%of the respondent used the family planning through Nurses motivation and 5.0% of respondent used family planning through others motivation. The table also shows the reasons for the use of family planning by the

Table 3. Correlation through regression analyses for the various factor associated with family planning use

S.N.	Variables	B	SE B	Exp(B)	Sig.
I	Membership in Mahila sanghtan Yes No ^κ	.5112	.2469	1.5577	.0163
II	Educational aspiration for sons Low and high level education: Yes No fixed level education: No ^κ	.4112	.1232	1.4106	.0026
III	Educational aspiration for daughters Low and high level education: Yes No fixed level education: No ^κ	.3116	.1302	1.4104	.001
IV	Professional aspiration for sons Low and high level education: Yes No fixed level education: No ^κ	.2071	.1502	1.2504	0.241
V	Aspiration to have house : Yes No ^κ	.2214	.1322	1.3762	.0251
VI	Economic disvalues of children: High Low	.7428	.1748	2.2215	.0000

respondents. 40.5% of the respondent used the family planning because of less- income and high expenditure. 16.2% of the respondents used family planning due to good upbringing of children , 13.0% of the respondents used it to maintain maternal and child health, 9.8% of the respondent used it due to awareness and modern trend to have less kids , 6.9% of the respondents used it to impart good education for children, 5.3% used it due to high living status, 4.0% respondents used it to satisfy the needs of the children, 1.8% used it due to dowry problem, 1.3% used it to running the family well and for future savings and 0.8% of the respondents used it to get prestige in society.

Correlation through regression analysis was carried out to find out the factor associated with sterilization use. The results from table-3 reveal that membership of mahila- sanghtan, educational and professional desire for sons; educational desire for daughters, desire to have housed, and economic disvalues of children were positively associated with family planning use (The study has been justified by the findings of Manjamuthu, 2007, Journal of rural development, titled family planning use and correlates in rural Tamil Nadu, India). It is expected that respondents who are members of the mahila- sang tan are more exposed and also are in better reach of health and developmental programmes. Most ANMs,(Assistant Nurses Midwives) both from governmental organizations try to reach respondents in village through mahila- sanghtan. Very often these 'sanghtan' are well organized and meet regularly once in every month .During these meetings, opportunity is taken to talk about the advantages of small family size, maternal and child health care and nutrition. As expected educational aspirations for sons and daughters were clearly related to the acceptance of family planning .The finding confirms the objectives that even among low socio-economic group, if aspiration for good quality

children rises, it will led to increased use of contraception. A closely related discussion which emerged as important determinant of sterilization acceptance was economic disvalues (Manjamuthu, 2006)⁷. It is perhaps logical that respondents who aspire a certain life-style would find children as obstacles and therefore, economic disvalue. In the subsequent section fertility behavior is examined.

Conclusion:

Though there are various socio-economic factors that affect the percentage distribution of respondents using family planning, but significant proportion of it than used sterilization. The major reasons for using family planning as respondent by women were less-income and high expenditure and possibility of good children. The sterilization by the women with good socio-economic condition as compares to that those of their counterparts. Membership in mahila sanghtan educational and professional aspiration son's .As aspiration by the respondents regarding educational aspiration for sons and daughters were clearly related to the acceptance of family planning. The study of (Manjamuthu, 2006, Journal of rural development, titled family planning use and correlates in rural Tamil Nadu, India) and the result of above study confirm the objective that even among low socio-economic status, if aspiration for good quality children rises, it will lead to increased use of contraception. A closely related discussion which emerged as important determinant of sterilization acceptance was economic disvalues. The regression analysis showing correlation between various factor effecting family planning and various techniques used in it was applied by taking sterilization use as dependent variable. It took value of children aspiration, attitude and perception regarding other issues of change as

independent variable.

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