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Probable Social Remedies to Improve the Family Planning Methods- A study on Awareness and Attitude of Adolescents in Rural Jharkhand

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Abstract

The study was conducted to identify awareness and attitude level of rural adolescents regarding family planning methods in Simdega district of Jharkhand. The district constitutes nearly 90 percent of rural population, well-colored of traditions, customs and cultures which restrict the rural population from accessing family planning methods. The study found maximum awareness level in terms of temporary methods of family planning. Around 68 percent male adolescents were aware about condom, whereas 47 percent of female adolescents were aware about pills. Furthermore, 52 percent of male and 38 percent of female adolescents' attitudes for timing on practicing the family planning methods were after two children to limit further off springs. However adolescents were less aware about other temporary methods. Some other traditional social remedies to improve the family planning methods in rural areas are also observed. It was found that awareness and acceptance of family planning methods is still low; attributing to poor health infrastructure and services. The probable remedies could be creating enthusiasm towards family planning accessibility, imparting correct information on reproductive age/system and sexuality, and providing value oriented education, prevalence of contraceptive methods and openness against hesitation in bringing rural population into mainstream.

Keywords: Awareness, social remedies, FP methods, rural adolescents

JEL Classification*:* I11, I18, I20, I21

Paper Classification: Research Paper

Introduction

Health promotion to human being is a universal objective of the countries worldwide. Family planning is considered as one of the essential factors to promote healthy social life by operationalizing the "limiting procreation and child caring strategies". The accomplishment of strategies extremely depend on availabilities and accessibilities of modern contraceptive methods i.e. pills, condoms, IUCD, injectible, sterilization etc., in nearby healthcare centers. In this context, contraceptive method plays a vital role to promote safe motherhood and preventing sexually transmitted diseases. Moreover, it renders services for infertility, safe and affordable abortion or

accurate information regarding reproductive health care, including risk and benefits of family planning. In general, the family planning intends to bring about behavioral change and sound health promotion to human beings in their daily life.

Literature Review

With respect to the above emerging reproductive health issues, the Government of India, which is the first few Governments in the world to adopt family planning as its official policy in 1951, initiated organized Family Planning Program in 1952 (Jain, 2010). Since then, the Government of India conducted several programs in India for addressing the reproductive health issues. Still services and uptake of family planning methods, other than sterilization, remained limited. It may be because of gap between communication of advocacy and process of intervention.

The Ministry of Health and Family Welfare in a meeting at the National Population commission on October 2010, formulated strategy of fourfold elements to achieve population stabilization by 2045. These elements are on underway and focusing on (i) establishing a division to increase the access to services and advocacy efforts; (ii) establishing postpartum centers in all areas; (iii) increasing the supply of contraceptives at the door steps of each village; and (iv) enhancing compensation to women undergoing sterilization (Jain, 2010). These programs still have not yet put its desirable impact especially, in the rural areas of all the states countrywide including the state of Jharkhand. It means there may be the gap between acceptability of information and educational level for both service providers and beneficiaries.

With this respect, the Government of Jharkhand, Department of Health and Family Welfare (DoHFW) also worked out a strategy for health policy initiatives in 2004 and reviewed it in 2009-10. It emphasized on achieving desired family-size, ensuring healthy-family for supporting the state and national goals of replacement-level fertility and population stabilization (Surender, 2010). These strategies targeted to achieve, a total fertility rate (TFR) of 2.1 children by 2020 and contraceptive prevalence rate (CPR) of 60 percent by 2015, replacement level fertility rate of 2.1 by 2020, improving knowledge of modern spacing methods to 90 percent by 2015, use of modern contraceptives to 60 percent by 2015. Besides, the policy also envisages promoting informed choice of contraceptives; widening the choice of contraceptives available; empowering communities and women in family planning; essentially involving all stakeholders (from public, private, NGO, and organized or cooperative sectors) on encouraging the use of modern contraception, particularly spacing methods.

As of above, a qualitative assessment of feasibility factors was carried out in six districts of Jharkhand according to different proportion of tribal population in the form of (i) gathering information and evidence on operational and implementation aspects of FP services; (ii) identifying barriers in accessing FP services in both rural and urban poor; and (iii) identifying potential strategies to address these barriers. However, it is found that poverty is the key barrier to access family planning/ reproductive health services. In addition, barrier of facility and structure, equipment and supply, deployment of human resources, human resource capacity and skill, financial resources and communication efforts in FP were found (Surenders, 2010). It means, there may be a lack of interest in acceptance of contraceptives among both service providers and service beneficiaries as well. It has been seen in the Census 2011 that the total fertility rate which is high i.e. 3.5 in Bihar and 3.3 in Uttar Pradesh. It means it is required to pay more attention to the replacement level of fertility. Family planning services are not being availed by women, as they are not considered as fertility decision makes by their partners (Ansari, 2012).

Hence, the unmet need of family planning is high in a country like India and state like Jharkhand. The spacing method is used as a limited extent in rural population especially among women, resulting unhealthy reproductive and child health in many districts of the state. It is because, only nine percent of women in Jharkhand, 23 percent of women in UP and 18 percent of women in India have little knowledge about their fertile period (Bobby, 2013). It is because of traditionally accepted social concepts which restrict adoption of modern concepts specifically in rural population of the state.

According to 2001 census, more than 31 percent of the total population is young population between the ages of 10-24 years. Amongst them 22 percent are adolescents, between the ages of 10-19 years, having poor knowledge and unawareness regarding need and access to family planning methods. Rural adolescents (married women up to the age of 18 years) of the state face several health risks due to early marriage (47.5 percent), associated with early pregnancy, high fertility, close spacing between births, unwanted pregnancy and pregnancy termination. Pregnancy below the age of 16 years possesses four times higher risk of maternal death than the pregnancy in higher age. Similarly, the death rate of their newborns of such women is 50 percent higher than women pregnant in their twenties. Because 76 percent of rural women do not use any contraceptive method to avoid pregnancy and reproductive health risk (Surenders, 2010) Moreover, about 25 percent of women (15-49 years) have unmet need of family planning; 11 percent for spacing and 12 percent for limiting (Kumar, 2013). It means that there is need of special attention towards the improvement of reproductive health issues. But social pressures to perform as an adult, not-standing with the physical, mental and emotional changes during adolescence, make them vulnerable to risky health behavior. Thus, it is adversely increasing unmet need and unwanted fertility in rural areas of the state of Jharkhand (Surenders, 2010).

As the adolescents are future parents of the nation, awareness and knowledge about the family planning methods is most important to control the number, interval and timing of their future pregnancy and birth (Bano, 2012). According to this study, it was observed that adolescent girls are well aware about the family planning and their future planning. This may be due to better educational standards and awareness among adolescent girls. This study also was undertaken in the school going adolescent girls. It may not be observed in case of non-going school adolescent girls. Moreover, it may also differ in terms of geographical position, socio-economic condition and traditional conceptualization of the communities especially in the rural areas all over the country.

Besides, age of the women is very much associated with unmet need of family planning. Because unmet need of spacing is very high, i.e., 17.3 percent among the age group of 15-24 years which is also incorporated in variation region wise and literacy status of the women (Sherin, 2013) Because it may also be the reason that illiterate women and adolescents are far away from openness in relation to family planning methods. It is also observed through the study of fertility determinants in Jharkhand that education and wealth have positive impact of fertility and contraceptives. But more focus is required to improve the advice and care services related to family planning. Hence, fertility level for both women and adolescent is much higher in rural areas of the Jharkahand (Rajnee, 2015). It means there are some significant gaps between education levels, acceptance level in rural population. Moreover, there may be constraints of social conceptualization that restrict acceptance of family planning methods in rural population of Jharkhand.

Research Gap and Contribution of the Study

From the literature review, several gaps were found, like, gap in communication advocacy, process of intervention, lack of awareness of family planning methods, lack of educational levels for both service providers and beneficiaries. Few studies were focused on adolescents in the age group of 14-19 years of age. Even the use of qualitative research especially focus group discussions were lacking. The researcher found hardly any studies in Simdega district of Jharkhand. Therefore, the present study was undertaken.

In the backdrop of above review, this study was conducted to identify, what are the social indicators which are hidden in a society and hence that restricts the usage of family planning methods. It also tries to focus on the awareness and attitude level of adolescents in relation to family planning, who are the future back bone of health standards of the nation. Moreover, this paper aims at providing adequate knowledge on social indicators to service providers through which education and acceptability could be improved in relation to family planning accessibility by rural population. It will help to reach the replacement level of fertility in a country like India.

This study will be helpful for social workers, health educators, research institutions, NGOs and Government organizations for planning to work in the grassroots level for the development of knowledge and awareness among adolescents in the context of family planning.

Objectives of the Study

1. To study awareness and attitude level of rural adolescents in Jharkhand regarding the prevalence and accessibility of family planning methods.
2. To identify probable social remedies to family planning accessibility in rural areas.

Research Methodology

The Area

Simdega district is the most rural tribal dominant district of Jharkhand which constitutes 94 percent of total population. Literacy rate of rural population of the district is 52.35 percent as per the Census, 2001 & 2011. The rural population has poor health status including family planning in accessibilities. Socio-economic backwardness, poor education and poor status of health infrastructure are the barriers to access family planning in the district.

Sample Size

The study was employed in six villages of three different tehsils of Simdega district. With the purpose to assess the knowledge or awareness level of rural adolescents and social remedies to improve in accessing family planning methods, the study covered 106 adolescents comprising of 60 girls and 46 boys in the age group of 14-19 years.

Techniques

The study was descriptive in nature. In order to select tehsils and villages, envisioning geographically remote and poor tribal population, systematic random technique was employed. Data was collected with structured and individual interview techniques in terms of quantitative study. In order to know more about attitude regarding contraceptives methods, qualitative study was also conducted which incorporated four focus group discussions (FGDs) consisting of

two FGDs each with adolescent girls and boys. Statistical tools Statistical Package for the social sciences (SPSS) version 20 was used for analysis purpose.

Results and Discussion

Awareness level in rural adolescents regarding contraceptive methods

Education is one of the cornerstones for decision-making and access to family planning users and providers (WHO: Department of Reproductive Health and Research, 2007). With respect to awareness and services, the Ministry of Health and Family Welfare (MoHFW) formulated a strategy in October 2010. The strategy focused in increasing the supply of contraceptives methods to the door steps of each village. But still it is unreached in rural villages due to less number of ASHAs (only 498 ASHAs out of 920 villages) in the State of Jharkhand as depicted in DLHS-3, 2007-08. Hence, the rural adolescents of the district are still unaware about the family planning methods and its utility. Screening this, the Figure 1 clearly depicts the highest level of awareness in case of boys is condom (67.6 percent) and in case of female is female sterilization (50 percent) followed by pills, i.e., 43.1 percent and 47.1 percent respectively. It was also found that adolescents have little knowledge about other family planning methods.

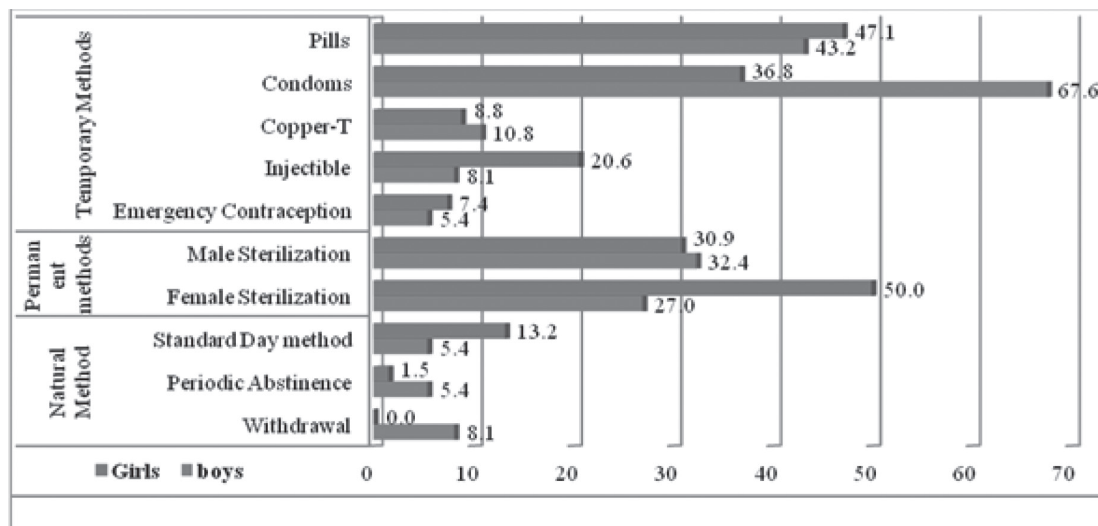

Figure 1. Awareness level in rural adolescents on various contraceptive methods

Thus, creating awareness in adolescents regarding contraceptive methods using the doorstep campaign is the most important element for bringing about need and access of modern contraceptive methods.

Knowledge Regarding the Sources of Family Planning Methods

Knowledge regarding sources of contraceptive methods is one of the important factors for its need and accessibility. Availability of health care facilities (SHCs, PHCs, CHCs DH, and dispensaries); grocery and drug storages; and health workers (ASHAs, AWWs, MPHW etc.) in nearby villages are equally important. In this context, rural areas of Simdega district are worse as compared to other parts of the State.

Therefore, most of the rural adolescents of the district do not have knowledge about the sources of contraceptive methods. Figure 2 show that only 17.4 percent and 15.9 of adolescents have knowledge regarding the availability of temporary family planning methods specifically condom and pills in health facility centers. In relation to condom and pills, adolescents that have little better knowledge on source of availability in grocery and drug storage constitutes 27.2 percent and 26.4 percent followed by health workers at 22.3 percent and 23.2 percent respectively. It is astounding that most of the adolescents gave a high response to “can’t say” option in case of ECP, Injectible and IUCD. Hence, it is essential to strengthen both social and physical infrastructure of health care sectors on priority basis to increase knowledge about other contraceptive methods in rural areas of the district.

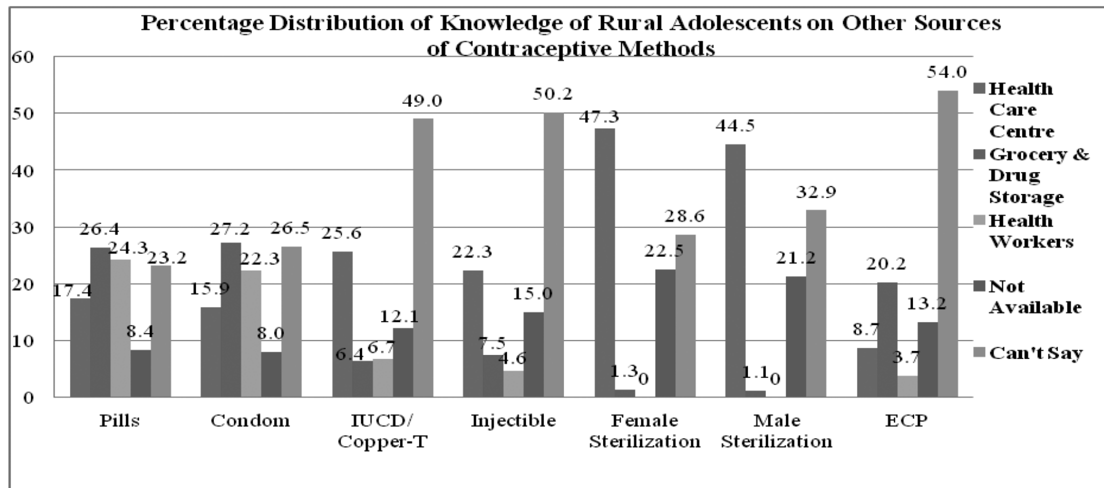

Figure 2. Knowledge of rural adolescents on other sources of contraceptive methods (in percentage)

Attitude of Rural Population Regarding Access to Contraceptive Methods

Attitude modification plays a vital role in human growth and development. This modification standardizes the health and health care services of the people. Thus, the Government put efforts especially to increase the acceptance and practices of contraceptive methods as a tool through initializing various programs in rural areas but this effort still remains to be succeeded.

It is due to absence of correct information in the rural population of the district. In fact, it is also observed in the study that even today most of the adolescents do not accept the contraceptive methods. In this background Figure 3 elaborates that adolescents (boys - 51.5 percent and girls - 37.8 percent) understand the necessity of family planning methods after two children. Incredibly, it is also found that no female adolescent wants to use contraceptive methods to space out children until she bears her first child. Moreover, some of the adolescents (girls -27.0 percent and boys -13.2 percent) conceptualize to practice it after having male child.

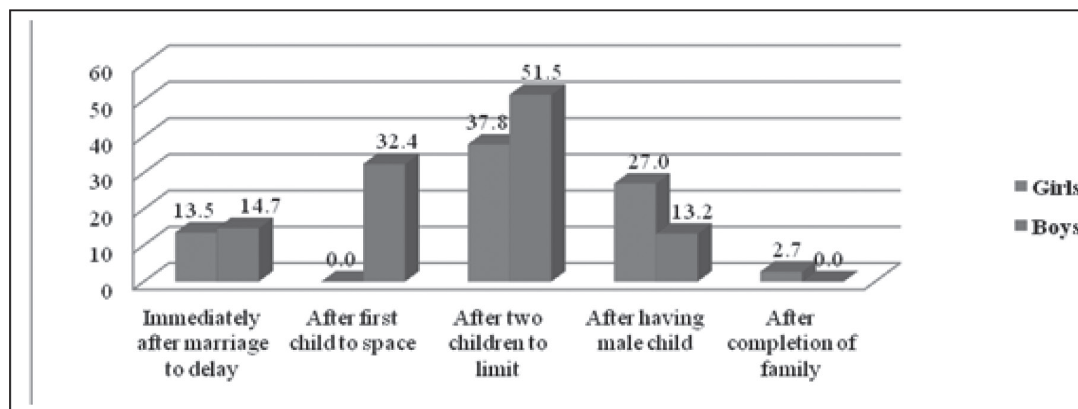

Figure 3. Attitudes of rural adolescents for timing to use FP methods

Knowledge in Relation to Consequences of Early Marriage

Early marriage is counted as not a new phenomenon in India. It is practiced especially in economic disadvantaged communities and those who are colored by customary and cultural practices (Abbhi, 2013). Consequently, an estimated 14 million adolescents between 15 to 19 years give birth each year. Also girls in this age group die during pregnancy or child birth, possessing two times higher than women in their twenties (Abbhi, 2013). It shows that early marriage often pushes females to maternal death and the death of their new born babies as well.

Thus, it is most important to impart knowledge to adolescents on the consequence of early marriage, correct reproductive age and sexuality. This will scale down such kind of incidences and improve the health conditions.

It is found that in the Simdega district, comparatively the girls are more knowledgeable and aware than boys regarding the consequence of early marriage, But the overall awareness is still low when compare to the other parts of the state. So, the Government of Jharkhand has to pay attention to it by initializing programs for spreading of correct information on reproductive age, sexuality and acceptance of modern family planning methods for bringing sound health especially in rural population.

Practice of Contraceptive Methods in Rural Areas

As per the DLHS-3; 2007-2008, currently married women who are neither in menopause nor currently pregnant and want child after two years or later, are not using any family planning methods. Similarly, fecund women who are neither pregnant nor amenorrhoeic and are, unsure whether they want no child or another child, are also not using any family planning methods. This indicates that they either are not aware or do not want to practice the family planning methods.

In fact, some rural people of the district are aware of family planning methods but have less effect because of some social barriers in rural population. Medical restrictions; financial costs; provider bias; incorrect information; negligence; and unavailability of contraceptive methods, inhibit the access to family planning in nearby rural health care centers in the state (Campbell, 2006). It also degrades the importance and accessibility of family planning methods, particularly rural population.

Remedies to FP Methods

The discrepancy, a substantial gap between women on reproductive preference and use of contraceptives, refers to as unmet need for family planning. It is due to socio-cultural barriers that needs to be eliminated immediately in order bring them into mainstream of population. Elimination of socio-cultural barriers is not an easy task, but could be possible through door step campaign and promoting various programs for rural population. Hence, the Government has to take an attentive initiative for conducting door step programs in rural areas. It will help in addressing the socio-cultural barriers, intimate partner violence when striving to meet women's demand for reproductive control and use of family planning services (London Summit, 2013).

Enthusiasm to Access Family Planning Methods

Enthusiasm is one of the most essential factors for each and every individual for his/her improvement. With this context, enthusiasm is one of the important factors for accepting and practicing of family planning method. But inauspiciously, some rural population of the district does not want to practice contraceptive methods for spacing or limiting fertility. In consequence, rural adolescents also do not want to practice family planning methods, as reflected in focus group discussion with the view of, *"There is no enjoyment with condom, if want to enjoy sex then one should not use the condom, as use of condoms do not give satisfaction" (Translated: FGD with Adolescent boys)*.

It means generalizing enthusiasm, acceptance and adaptation of family planning methods among the rural population has become more challenging task. Overwhelming, constant advocacy and motivational interactions with rural adolescents is more effective tool for bringing about modification in needs of family planning methods.

Correct Information Regarding Reproductive Age

Since the knowledge about correct reproductive age and its consequence is missing, women often do not bother to confirm their pregnancy early and it is generally confirmed after 3 to 4 months through the natural process. The result is absence of antenatal care. Even after confirmation of pregnancy, the antenatal care is limited to TT injection. Similarly, women seeking childbirth in an institution is also limited and finally child birth is conducted at home in unsafe conditions. This reflects that rural populations have no information or have little information regarding the reproductive system.

In order to impart correct knowledge regarding reproductive system, frequent workshops and meetings through role play need to be organized for rural population. Since ASHAs, ANMs, AWWs or school teachers are responsible of grass root level development, they have to conduct such role play about various aspects of reproductive system. Because rural population assembles together for watching role plays, they could gain correct information through this process.

Prevalence of Contraceptive Methods

It is clearly cited in DLHS-3, 2007-2008 that in Simdega district, only 20.1 to 30 percent of population is using contraceptive methods for limiting or spacing fertility. It implies that poor understanding of contraceptive methods prevails in this district. In fact, it is proved by adolescents of the district during focus group discussion that, *"we don't know where it is available in our village or neighboring villages. Besides, hospital is too far from our village" (Translated: FGD with Adolescent girls).*

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 centers are also essential and should be provided by the Government.

Value-oriented Education

DLHS-3, 2007-2008 cited in [Health Policy Initiative's Publication 'developing a Family Planning Strategy for the Poor (Urban, Rural and Tribal) in Jharkhand'] that the prevalence of unmet need is even higher (36.2) in Jharkhand's rural areas. 52 percent of illiterate women and one third fecund illiterate women not wanting child, do not use any contraceptive method (NFHS-3, 2005-2006). It reflects poor education and knowledge on reproductive age, sexuality and family planning methods especially in rural population of the state of Jharkhand.

Family planning is key element for healthy procreation and sound health and education is the major determinant of proper family planning as it enables individuals to determine freely choosing the means, the number and spacing of fertility. Thus, education should be imparted to adolescents along with their socio-economic development for behavioral modification, so that promotion and practice of contraceptive methods could be maximized from the bottom to top.

Openness against Hesitation

Most of the time, rural adolescents feel offended and uncomfortable by open discussion on human reproductive and sexuality.

Imparting correct knowledge to rural youths or community population regarding reproduction and importance of family planning would equip then fully. Unless and until the contraceptive methods reach to both teens and adults, it is difficult to bring sound health of mother and child in rural areas. Organizing extensive training, discussion or role plays on reproduction and sexuality, with youths and community people, could help to reduce their hesitation. Health service providers also must provide friendly services and respecting youths or community population at clinics and health care centers would be an advantage.

Conclusion

The acceptability and accessibility of contraceptive methods in rural areas of Simdega district clearly indicate that the poor education and some social determinants are upshot of family planning. It can be said that poor health infrastructures and limited health workers affect the awareness about usage of contraceptive methods especially in rural areas of the district. Lack of enthusiasm, incorrect information and hesitation have caused for limited promotion of family planning methods. It is a social lacuna; therefore it needs to be solved through society by imparting knowledge and education towards the importance of family planning for a better social life. Moreover, sustainable practice of family planning methods require the establishment of schools or infrastructure of health facilities and appointment of health services providers (from public, private, NGOs or cooperatives) to rural settings. Therefore, it can be helpful to improve the knowledge and accessibility of family planning, resulting in sound health status of mother and child in the state of Jharkhand.

References

Abbhi, A., & Kumar, J. (2013). *Child Marriage in India: An Insight into Law and Policy.* Final Report of RedElephant Foundation: on Submission to OHCHR.

Ansari, A. M. (2012). Factors determining pattern of unmet need for family planning in Uttar Pradesh, India. *International Research Journal of Social Sciences, 1*(4),16-23.

Mehar, B., Sharma, R. P., Martolia, D. S., Varma, P., Goyal, P., & Barman, S. (2012). Awareness about family planning methods among school going girls (14-19 years) of Kanpur Nagar. *Indian Journal of Preventive & Social Medicine, 43*(1), 52-55.

Bobby, R. (2013). *Scalling up natural fertility awareness methods increase access to family planning*. India/Thailand: Citizen News Services.

Jain, A. K. (2010). Family planning and fertility in India. *UNFPA - ICOMP Regional Consultation, Family Planning in Asia and the Pacific - Addressing the Chalenges*, 5.

Kumar, A. S. (2013). Trends and determinants of unmet need of family planning in Bihar (India): Evidence from National Family Health Surveys. *Advance in Applied Sociology, 3*, 157-163.

Rajnee, K. (2015). Trends and determinants of fertility and family planning indicators in Jharkhand. *Journal of Economics & Social Development, 11*(1), 129-136.

London Summit.(2013). *Family Planning.* Bill & Melinda Gates Foundation.

Surenders, M. (2010). A policy response to increase access to family planning services for the poor in Jharkhand,India. *The USAID, Health Policy Initiative, Task Order I*.

Sherin Raj, T. V. (2013). Region variation in unmet need of family planning in Rajasthan. *Health and Population - Perspectives and Issues, 36* (1&2), 26 - 44.

WHO(2007). Family Planning: A Global Handbook for Providers. *USAID: Bureau for Global Health: Office of Population Reproductive Health*.

Author's Profile

Praful Kumar Barla has a substantial experience in the field of social research and implementation in public health sector. He has been involved in various social and public health issues and interventions such as immunization, reproductive child health, family planning and nutrition. At present, he is working as a Research Officer in IIHMR University Jaipur, India, managing the implementation phases of health research projects, monitoring data quality, team management, supervision, data analysis and developing reports. He has experiences of handling various large scale research projects on public health and social development.