AN EXPLORATION OF DRIVERS OF BIRTH SPACING AMONG RURAL WOMEN: EVIDENCES FROM THREE BLOCKS OF PATNA DISTRICT, BIHAR.

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Contents

Rationale for the study

The Sustainable Development Goals are the outline to accomplish a better and sustainable future for all. They address the global difficulties we face, including those identified with poverty, inequality, climate, environmental degradation, prosperity, peace, justice and equity. The Goals interconnect and so as to desert nobody, it is significant that we accomplish each Goal and focus by 2030.

Population growth rate is the main factor acting as a constraint towards achieving sustainable development goals.

Family planning alone is a means to bring more benefits to many populations at less cost than any other single technology available now to the human race- UNICEF.

A family planning-sustainable development goal model have identified family planning programs to be more cost-effective intervention to achieve SDGs effectively and efficiently.

Family Planning-Sustainable Development Goal Model(Reference of Health Plus Policy Publication)

			
• Proportion of the population below the international poverty line. • Overburden on economy • Limited opportunities.	• Prevalence of moderate or severe food insecurity • Prevalence of stunting among children under 5 years of age.	• Maternal mortality ratio • Under-5 mortality rate • Adolescent birth rate per 1,000 women in that age group.	• Proportion of children at the end of primary school achieving at least a minimum proficiency level in reading. • Early child marriage • Increased Labor market

Family Planning-Sustainable Development Goal Model(Contd.)

6 CLEAN WATER AND SANITATION	8 DECENT WORK AND ECONOMIC GROWTH	11 SUSTAINABLE CITIES AND COMMUNITIES
• Proportion of the population using safely managed drinking water services • Proportion of the population using safely managed sanitation services	• Annual growth rate of real GDP per capita • Proportion of children aged 5–17 years engaged in child labor	• Proportion of urban population living in slums • Informal settlements • Inadequate housing

Literature Review

- Bihar is the fifth economically backward state of India due to several reasons among which one of the highest reasons is overpopulation. Factors that influence population growth are unmet needs of family planning, age at marriage and first child birth, spacing between births, and various other socio-economic factors (Annual report 2015-16, Department of Health & Family Welfare, GoI).
- Population of a state influences several social parameters among which one of them is health and nutrition, such as reproductive, maternal, and sexual health issues and levels and trends in births, deaths, and migration that determine population growth and age structure (Health, Nutrition, and Population Discussion paper, World Bank).
- Higher fertility increases the risk of maternal and infant mortality. Some determinants of high fertility in India are early marriage which result in too early, too frequent and too many pregnancy, female illiteracy and lack of use of contraceptive methods (International Journal of reproduction, Contraception, Obstetrics and Gynecology,2016).

Importance of family planning services

- It prevents health risks in women related to pregnancy by allowing delay and spacing especially in young women.
- It also reduces the rates of unintended pregnancies, which overall reduces the need for unsafe abortion.
- Short interval birth often causes problem to child health and may even result in infant mortality, family planning plays a major role in reducing infant mortality.
- Its use helps in preventing sexually transmitted infections including HIV/AIDS, and thus reduced risk of unintended pregnancies among HIV infected women results in fewer infected babies and orphans.

Importance of family planning services

- Early marriage and childbirth acts as a barrier for education among women, thus by making informed choices through family planning provides an opportunity for women to pursue higher education and build their career.
- Small family size helps in the good nurture of the children.
- This is very beneficial to the adolescents as adolescent mothers more tend to have preterm or low birth-weight babies which increases the rate of neonatal mortality.
- Family planning acts as a key to slow down unsustainable population growth and its negative impact on the economy, climate, environment, regional and national development.

Motivation of the study

- Bihar is the third most populous state, which has seen a tremendous decrease in its TFR from 4.2 in 2006 to 3.3 in 2016.
- Bihar has been reported as the worst TFR among the states in India at 3.3 in 2016 (Source: NITI Aayog)
- The spacing interval in Bihar is of two years on an average which is considered good for the rural community
- Yet, MMR of Bihar is 165 which is sixth highest state in the country and IMR is 38.
- So, this study is conducted to understand the factors contributing towards the acceptance of family planning method which can help to improve the health indicators of the state.

Objectives

To have a basic understanding about the perception of rural women towards the family planning method through assessment of following:

- To find out the different drivers of birth spacing among rural women of Bihar.

Research Question

There are different indicators playing role for the usage of family planning method such as socio-economic and geographical factors, level of awareness and knowledge about the benefits of family planning methods, source of availability which arises a central research question:

- What are the factors affecting the acceptance and decision making of family planning methods?

Methods

- **Study settings**

The study was conducted in Patna district of Bihar. The district was selected as it has the lowest TFR in Bihar (NFHS-4) and birth spacing was also found to be appropriate. Thus, it was assumed that information collected from Patna was likely to provide best estimates of family planning method usage in Bihar and can also guide us regarding the program implementation strategy in other districts having poorer family planning indicators such as high TFR or low modern contraceptive prevalence rate (mCPR).

- **Study design**

The study employed a qualitative design. It is explorative cum descriptive in nature, conducted over the time period from 25 February 2019 to 3 May 2019.

- **Participant profile and data collection**

The study respondents were currently married women of age 15-25 years having 0 – 1 living children. The respondents were identified from three blocks from which one village was sampled purposively based on operational feasibility. In the selected villages, eligible respondents were identified with the help of Anganwadi workers. In-depth interviews were conducted with four eligible women in Fatwah block, four in Daniyawan block and three in Naubatpur block of Patna district.

Methods(Contd.)

- **Data collection instruments and procedures**

An interview guideline, designed with inputs from family planning experts working for Bihar Technical Support Program (BTSP), was used for the in-depth interviews. The principal domains of inquiry were awareness about different family planning methods and their usage. Additionally, the study guideline also explored socio-demographic characteristic of the respondents, factors influencing adoption of family planning among the respondents, source of family planning related knowledge and beneficiary perceived role of FLWs in imparting behavior change. At the time of data collection, participants were assured of confidentiality of the information they shared.

- **Ethical approval and consent to participate**

Ethical approval was taken from the organization to conduct the study. Eligible participants were explained about the procedure and informed verbal consent was taken from all of them. Participants could object their participation anytime at the interview.

- **Data Analysis**

The interviews conducted were audio tapped with the consent of participants, and the recordings were transcribed. The transcriptions were then coded using pre-formed codes identified from literature and some in-vivo codes were generated from the unique quotations. Using a grounded theory approach the codes were then grouped (using a result matrix) and relevant themes were identified. The analysis was conducted manually by a single investigator.

Findings

Indicators	Percentage distribution (N-11)
Distribution of respondent based on their age	
15-20 years	54 Percent
20-25 years	46 Percent
Distribution of respondent based on their education	
Primary	27 Percent
Secondary	10 Percent
Senior secondary	36 Percent
Higher education (Pursuing Graduation)	27 Percent
Distribution of respondent based on their occupation	
Unemployed	100 Percent
Employed	0 Percent
Distribution of respondent based on their husband occupation	
Skilled labor	45 Percent
Unskilled labor	27 Percent
Farmer	18 Percent
Unemployed	10 Percent
Distribution of respondent based on their husband migration status	
Migrant	19 Percent
Non-migrant	81 Percent

Observed findings based on different thematic areas of family planning method

- **1. AWARENESS AND KNOWLEDGE OF FAMILY PLANNING AND ITS METHODS**
- **1.a) Common knowledge of Family Planning**

Most of the respondents observed were aware of family planning. They were however, unaware of the term “FAMILY PLANNING” but most of them were having the concept that one can plan for delay of first child or spacing between two children. Majority of them have heard about the traditional and modern family planning methods.

- **1.b) Impact of education on awareness and knowledge**

Education doesn’t play a crucial role with awareness about FP methods as it was observed that women from illiterate to higher educated group (up to Graduation) were aware about most of the traditional and modern FP methods namely withdrawal, injectables, condom, copper-T, Rhythm method, Pills, Sterilization. Maximum numbers of women observed have heard about different FP methods but most of them were not having any detail knowledge about the effectiveness of them.

- **<u>1.c) Source of awareness</u>**

The major source of awareness in the community were the neighbors and family members who played the role of key messengers. Few numbers of women observed confessed that they have heard about it after her marriage from her husband only. As stated by one of the respondents,

"वो तो हम को भी पेहले ना पता था, ये तो मेरे हस्बैंड जी बताये थे"

("I didn't know about it earlier, my husband told me"-1 parity women, Patna)

- Hospitals were also found to be another major source of awareness either through medical staff (doctor or ANMs) or IEC material. As stated by some of the respondents,

"जहाँ बाबु हुई थी वही डॉक्टर बताया था"

("Doctor told me in the hospital at the time of delivery"-one parity woman, Patna)

"फ़ोटो सटा रहता है हॉस्पिटल में"

("Posters are displayed in the hospitals"-one parity women, Patna block)

- **1.d) Knowledge about availability**

Maximum number of women observed were unaware about the source of availability of different FP methods. As said by one of the respondents,

"तो इ सब नही पता था कि कहा मिलता है नही मिलता है"

("I was not aware of the place from where I can get it"-zero parity woman, Patna)

- **1.e) Counselling by Frontline Workers**

It was observed that there was no counselling done by the FLWs in the community. Some of the newly married women observed were even unable to identify ASHA or Aganwadi worker of her village. As stated by a newly married woman,

"नही हम नही जानते है यहाँ का आशा कौन है"

("I don't know who the ASHA of this village"-one parity woman, Patna)

- 2. FAMILY PLANNING ADOPTION PRACTICES

- **2.a) Impact of education on FP practices**

Education does not influence the FP practices as among each educational group, maximum number of women observed were found to be non-users. Most of them were aware of limiting methods only i.e vasectomy (female sterilization) and only a few numbers of women knew tubectomy (male sterilization) too.

- **2.b) Most widely used FP method**

- Female sterilization is the most common method practiced in the community. Most of the women observed believe that any spacing method adopted may delay the second childbirth due to the infertility caused by using it. This belief prevails as the women assert that there are many examples of women in the community who have suffered a lot due to the infertility and had to visit temples, perform superstitious customs, undergo regular checkups and many more. So, they think one should give birth to number of children they want and then they should do sterilization.
- Despite of having awareness about different modern spacing methods, few women observed have adopted it while most of the women who uses spacing method were found to be practicing traditional method mainly withdrawal.

- **<u>2.c) Perceptions about traditional method</u>**

- It has been observed that women observed in the community are influenced towards the wrong but strongly ingrained traditional practices, irrespective of their educational level. As stated by one of the graduate women in the community,

"माथा धो लेंगे तो, बाल धो लेंगे तब "

("After washing my hairs", (after her menstrual cycle)-one parity woman, Patna)

- Whereas one of the women with primary education claimed that one can eat sewing needle for spacing method.

"सलैया वाला कटिया"

(Sewing needle, zero parity woman, Patna)

- **<u>2.d) Taboos associated with the use of contraception</u>**

- There are still some taboos which stop women from using contraception as women in the community still believe that there should be no discussion on the topics like family planning with the family members. It is being also observed that newly married women are restricted from going out of the house and the elder members didn't interact with them on this topic either in their paternal home or in their in-law's house. As stated by one of the women,

"सोच भी नहीं सकती है ये सब करना पति भी नहीं बोलते है"

("I cannot even think about doing it, even my husband also doesn't talk about it"-one parity woman, Patna)

- **3. EFFECT OF DIFFERENT FACTORS ON SPACING PRACTICES OF FAMILY PLANNING**
- **3.a) Effect of wrong or incomplete knowledge of family planning method on FP practices**

It was found that observed women who were using any of the FP methods either traditional or modern were having an incomplete knowledge about the effectiveness i.e about the duration, consumption pattern, days to be calculated for spacing, etc whereas the women who haven't practiced any method were having no knowledge about any of the FP methods. As stated by one of the women wrongly practicing the Rhythm method stated that,

"10 दिन एम.सी. होने के बाद करे तो बच्चा नहीं ठहरेगा"

("Intimacy after 10 days of menstrual cycle will not lead to pregnancy"- one parity woman, Patna)

- **3.b) Effect of parity on birth spacing**

Parity influences the usage pattern of FP methods as maximum number of observed women practicing spacing methods were of two parity in comparison to one parity women or the woman who wanted to delay her first pregnancy.

- **3.c) Effect of migration on birth spacing**

Respondent whose partner doesn't migrate were found to be practicing the spacing methods whereas the women whose husband migrate were not practicing any of the family planning method as they count it as a reason of natural spacing.

- **4. UNMET NEEDS DURING FIRST CHILD BIRTH**

Nearly half of the women observed have confessed about the unmet needs at the time of their first childbirth either due to family pressure or due to the lack of awareness or availability. Few of them have reported the failure of traditional FP method (withdrawal) resulting in early pregnancy.

- **5. REASONS AND PERCEPTIONS REGARDING FP CHOICE AND PRACTISE**
- **5.a) Reasons for spacing between two children**

Some of the reason's women think for spacing are adverse effect on maternal and child health, completion of self-education, shyness of becoming mother at an early age resulting in mocking jokes by community members. As stated by a young-women,

"ऐसे अच्छा नही लगता है..... देखता है हँसता है लोग देखके कि इतना जल्दि बच्चा हो गया"

("People laugh and make fun of pregnancy in smaller age"-zero parity woman, Patna)

- **<u>5.b) Prevailing myths about family planning method</u>**
- Different perceptions were found regarding the side effects of modern FP methods. But the most common method for which maximum number of observed women have expressed their perception was copper-T and injectables and some for condom. Some of the statement are:

"सुई तो दिक्कत करता, वो ही देह हाथ फूलता है का जो है, मोटापा बढ़ जाता है"

("Injections are harmful, it swells body and also increases weight"-one parity woman, Patna)

"कॉपर-टी अक्सेरा-वुक्सेरा करवाएं तो उस में निकलवे नहीं किया कॉपर-टी लगवाएं, वो ही दिक्कत होए, पेट में दर्द रहता था"

("Copper-T lost in the body after insertion and was not found in the x-ray also, so it causes discomfort and stomach aches"-one parity woman, Patna)

"ऐसाही केतना कहता है की कोंडोम से रोग हो जाता है एड्स कौची कहता है"

("Some people say that condom causes AIDS"-one parity woman, Patna)

- The main source behind developing these perceptions were either through the stories in the community or through self or others bad experiences.

- **5.c) Reasons for not using family planning method**
- Some of the reasons for not using any of the FP methods were family pressure, lack of awareness, infertility, myths to be prone to some disease, incomplete knowledge as some of the observed women reported that as they are menstruating for a time period of more than one and half years after the child birth so they are not practicing any of the family planning method or either they do not intimate with their partner after the childbirth and goes to her paternal house and thus considers no need for spacing method. But the major reason for not using spacing method is family constraint, as stated by one of the respondents,

"घरवाले बोहोत बोलते थे, वो करते थे फिर सोचे की जाने दीजिये अभी नहीं होगा तो भी अच्छा है होगा हो जाएगा तो भी अच्छा है"

("We make sexual relationships, there was a constant pressure of the family members, so after a while we thought that if we conceive it is good or else also it is good"-zero parity woman, Patna)

- **6. DECISION MAKING**
- **6.a) Decision maker for spacing methods**

It was being observed that maximum numbers of women observed were not free to make self-decision or with their husband together, but the in-laws play the major role in decision making for adoption of spacing method and in most of the cases in-laws deny for the practice of family planning.

- **6.b) Decision maker for limiting methods**
- Few of the couples collectively make decisions for limiting and the roles of in-laws were not much involved in making decision.
- It has been observed that few of the women were courageous to step forward and take self-decision for limiting the childbirth as they consider that it can affect both maternal and child health.

"पति के भी 3 बच्चा चाहिए पर उसको एगो बेटी चाहिए जे तीन गो में जो होना है होतइ न त हम ऑपरेशन कराम न केगो जनमैते रहते"

("My husband wants 3 children but one girl child, if a girl child is among the three child it is good or else, I will do sterilization, how many children will I give birth to?"-one parity woman, Patna)

- **<u>7. PREFERENCE METHOD FOR FAMILY PLANNING</u>**

- There was a mixed response on method preference among the users. Some of the women observed preferred to consume injectables because it can be remembered easily while they reported that they forget to take pills timely.

“ सुई लगवाएगे, दवाई में याद पड़ेगा तो खाऐगे नहीं खाऐगे भूल हो जाएँगे ”

(“I will prefer injectables, as if I will remember pills I will take or else I will miss it”-one parity woman, Patna)

- While some of them preferred to pill as it is easily available and can be consumed without the permission of in-laws.

“ गोली आसानी से मिल जाता है इसीलिए ”

(“Pills are easily available”-zero parity woman, Patna)

- Some of them preferred to use condom whereas some of them denied as it causes dissatisfaction to her partner.

“ कंडोम से उनका कम मिलता है आनंद “

(“He is less satisfied by using condom”-one parity woman, Patna)

Conclusion

The present study reveals that most of the women were aware about the different FP methods but the knowledge about need and benefits of spacing of child birth is inadequate, to use FP methods. Friends and family members were the key person who act as a source of awareness. There were still many misunderstandings about the practices which were not being followed up by specialist or FLWs to eradicate the misconceptions and to enhance the promotion. Awareness about the source of availability was still very limited as a result the basket of choices was being restricted as they were guided only about the very limited choices. The various factors that significantly influence family planning methods use in the study area were age, parity, migration, family pressure, incomplete knowledge, traditional factors, availability, satisfaction level, decision making power, and lack of counselling.

Suggestions

- Special programs of expert counselling on basket of choices of family planning methods should be aired on radio at each Aganwadi Centers where the women of reproductive age should be invited by the FLWs along with their mother-in-law and a separate program should be conducted for both, which will not act as a barrier for married women to come out of the house. ANMs should conduct couple counselling especially to the newly married couple to break their discomfort about the topic so that they can talk and decide collectively which will enhance the delay and spacing practices effectively.
- Special programs with incentivization should be launched at the season of high migration in the specific blocks having higher migration rate so that the couples are attracted towards it.
- Voluntary agencies including youth clubs, women organizations, labor union (mainly focusing for men), religious societies, para-medical workers in health centers and interns working in the public health should be involved through non-formal programs for educating the eligible couples towards the importance of birth spacing so that sterilization of women of early reproductive age can be delayed.
- Services should be made easily available, affordable and accessible through a variety of delivery points, such as clinics, community-based channels, retail outlets etc. Technologies such as condom vending machine should be advanced for the availability of services.

THANK YOU