Chapter – VI

Family Planning and Fertility Behaviour
6.1 A BRIEF HISTORY

In India, family planning programme drew the attention of the leadership long back, because it was felt that the main reason of India’s poverty was its growing population. A reduction in fertility would make the process of modernisation, a success. It was as early as 1925 that Dr. R.D. Rawe opened a family planning clinic in Bombay, in face of all opposition. Thereafter at official level in 1930, Mysore government opened family planning clinics in the state. Indian National Congress appointed a National Planning Committee under the chairmanship of Jawahar Lal Nehru in 1935. This committee openly supported the family planning programme. In 1937 family planning clinics were opened in U.P. also. Sir P.N. Sapru successfully moved a resolution in the council of states for the establishment of birth control clinics in the country. It was adopted as a national policy in 1952. A full-fledged department of family planning was created. In 1954, Family Planning Grants Commission was setup. Since first five year plan, the government have been spending a substantial amount of money on the family planning (Hans Raj, 1994). It
envisaged to educate people about the need and necessity of using the family planning services. Extensive paramedical services were provided both in rural and urban areas. Family planning material and literature were freely supplied on mass level (D.G.H.S. Annual Report, 1962). An important legal step was taken in prevention of population growth when in April 1972 an Act dealing with Medical Termination of Pregnancy was adopted. It allowed medical termination of pregnancy by qualified doctors, under special circumstances. Successive governments have been pursuing the family planning programme with zeal and at top priority.

Efforts to encourage the trend towards lower fertility, might usefully focus as groups within the population that have higher fertility than average. In Uttar Pradesh women living in rural areas, illiterate women, poor women, Muslim, scheduled caste, and scheduled tribes women should be targeted.

In the present context of rapidly growing population in India, it becomes essential that the birth of 41 per thousand per year be brought to 25 so that the minimal standard of living may be provided to the masses. This can only be achieved if all couples with 2 or more children, estimated to be about 53 millions in India,
practice family limitation with cent per cent effectiveness for the rest of their reproduction period of life. With this end in view, the family planning programme was started in 1952. It is the only means by which, the alarming growth rate of 2.5 per cent per annum can be checked.

The population control programmes however effective it may appear, cannot succeed without the willing and active cooperation of the masses. In spite of importance of F.P.P., people cannot be changed easily, they stick to certain time-warm beliefs and customs and therefore resist new ideas.

Several general population studies have been undertaken to know the attitude and behaviour of people toward family planning. Such as United Nations (1954)\(^3\) in pilot survey of rhythm method of family planning, Aggarwal (1968)\(^4\) about adaptability of FP methods, and Jain (1966)\(^5\) about reconsideration of family planning targets, have analysed these aspects in details. The influence of demographic and socio-economic factors on the attitude of the couples toward family planning has also been considered at great length in a number of studies like the one conducted by the Ministry of Health and Family Planning (1968)\(^6\)
to determine the extent and pattern of family planning practices among the people.

Efforts to encourage the trends towards lower fertility might usefully focus on groups within the population that have higher fertility than average. In Uttar Pradesh, women living in rural area, illiterate women, poor women, muslim women and women from scheduled castes and scheduled tribes have much higher fertility than literate and other women. One important feature of fertility pattern is the high level of child bearing among young women. Family planning programmers focusing on women in child bearing age group could make a significant impact on maternal health and could also reduce overall fertility in the state.

The appropriate design of family planning programmers depends to a large number of preferences. In Uttar Pradesh 94% of women want to have at least one son and 89% want to have at least one daughter. A strong preference for sons is indicated by the fact that more than half of women want more sons than daughters but only a negligible proportion want more daughters than son. An important indication of the quality of family planning services is the information that women receive when they obtain contraception and the extent to which they receive follow
up services after accepting contraception. In U.P. only 14% of users of modern contraception, who were motivated by someone to use a method were told about any other method by that person. Moreover at the time of adopting the method only 14% were told by the family planning workers about possible side effects of the method. From the information provided by National Family Health Survey (NFHS-2) picture emerges of women marrying before the legal age of marriage, having their first birth at 19 years of age, and having about four children before ending their child bearing age. However, only 38% of women with four or more living children use any method of family planning. India’s first National Family Health Survey (NFHS-1) was conducted in 1992-93. It provided district level, state level and national level information on fertility, family planning and the quality of health and family welfare services. Another important objective was to examine this information in the context of related socio-economic and cultural factors. The study was also intended to provide estimates at regional level. Uttar Pradesh is the most populous state in India and has a total land area of 2994414 kilometers. This state has more than one-sixth of the total population and one-tenth of the land area of the country. The state is divided into 19 administrative divisions and 83 districts (70 in divided U.P. and
13 in newly bifurcated Uttranchal). Geographically Uttar Pradesh can be divided into five regions, namely, Himalayan region, central plain, eastern plain, hills and plateau.

The national family welfare programme in India has traditionally sought to promote responsible and planned growth through voluntary and free choice of family planning methods best suited to the individuals. Now, the aim is to cover all aspects of women's reproductive health throughout their lives with regard to the family planning. The new approach emphasizes the target-free promotion of contraceptive use among eligible couples, the provision to couples of a choice of contraceptive method and the assurance of high quality service. An important content of the programme is the encouragement of adequate spacing of births.

6.2 TARGETS ACHIEVED

One important feature of the fertility pattern is the high level of childbearing among young women. The median age at first child birth is 19 years and women in the age group 15-19 account for 15 per cent of total fertility (NFHS-1). Studies have shown that health and mortality risks increase when women give birth at young age, both for the women themselves and for their children. Family planning programmes focusing on women in this
age group could make a significant impact on maternal and child health and could reduce overall fertility in the state. The appropriate family programming programmes depend to a large extent, on women's fertility preferences.

According to NFHS-2, 90% of currently married women know at least one modern family planning method. They are most familiar with female sterilization (97%), followed by male sterilization (93%), the pills (85%), condoms (83%) and the IUD (74%). Knowledge of modern spacing methods has increased by 16-20 percentage points since the time of NFHS-1 in 1992-93. In U.P. twenty eight per cent of married women are currently using some method of contraception, an increase from 20% at the time of NFHS-I. It is much lower than the national level. Contraceptive prevalence is almost twice as high in urban areas (45%) than in rural areas (24%). Female sterilization is by far the most popular method used by more than half of all current contraceptive users. The median age at sterilization (28 years) is two years higher in Uttar Pradesh than in India as a whole. In all, 15% of currently married women are sterilized. By contrast, only 1 per cent of women report that their husbands are sterilized. Four per cent of the women report that their husbands use condoms. Use of the pill
and the IUD remain very low, at 1% each. Contraceptive prevalence is higher by 40% among urban women and women living in households with a high standard of living. Contraceptive use rises steadily with age, peaking at 46% for women in age group 35-39 and tends to decline thereafter.

For many years, the government of India has been using electronic and other mass media to promote family planning/family welfare. Among different types of media, television and radio have the broadest reach across all categories of women. Overall 32% of ever married women watch television at least once a week and 30% listen to radio at least once a week. More than half of the women (55%) are not regularly exposed to television, radio or other types of media. Exposure to family planning message on television and radio is relatively low among disadvantaged socio-economic groups. These messages reach only one quarter to one-third of the illiterate women, women from households with low standard of living and women belonging to scheduled tribes.
6.3 ALIGARH: FAMILY PLANNING AND FERTILITY BEHAVIOUR

It was not possible to ask the women both about the use or nonuse of any family planning device in presence of their husbands. The accompanying husbands were asked to keep away from their wives at the time of interview. It was asked whether they use any contraceptive method and whether they are sterilized. Further probing of women about the nature of method used was quite embarrassing for them, so it was decided not to further probe about the method of contraceptive. The following table and figures give a picture of percentage of Urban and Rural people using sterilization and other methods according to NFHS-1 & 2 and the Aligarh survey, for Aligarh district and U.P.
Fig. 6.1: Use of Family Planning Devices in Aligarh & U.P.
(NFHS-1 & NFHS-2, Aligarh Survey)

<table>
<thead>
<tr>
<th></th>
<th>Sterilised</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>Aligarh</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>NFHS-2</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>NFHS-1</td>
<td>33</td>
</tr>
<tr>
<td>Rural</td>
<td>Aligarh</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>NFHS-2</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>NFHS-1</td>
<td>18</td>
</tr>
</tbody>
</table>

(Source: NFHS-2, April, 2001, p. 96, Aligarh Survey, 2000-02)

Table 6.1: Percent use of Family Planning Devices in
Aligarh and U.P.

<table>
<thead>
<tr>
<th></th>
<th>Sterilised</th>
<th>Others</th>
<th>Sterilised</th>
<th>Others</th>
<th>Sterilised</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>12</td>
<td>5</td>
<td>15</td>
<td>9</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Urban</td>
<td>16</td>
<td>16</td>
<td>19</td>
<td>26</td>
<td>23</td>
<td>20</td>
</tr>
</tbody>
</table>

(Source: NFHS-2, April, 2001, p. 96, Aligarh Survey, 2000-02)
As can be seen from the figure and table (6.1) there is a big increase, both in rural and urban areas in the number of people who were using any family planning method in 1998-99 since the last survey (NFHS-1) which was conducted in 1992-93. Aligarh survey (2001-2002) has shown quite significant increase in the number of people using family planning techniques, during the last three years, after NFHS-2. There must have been a significant increase in the number of people using a family planning method in U.P. as a whole as well. The visible significant difference in the figures of U.P. and Aligarh district may not be so high if a U.P. level survey would have been conducted at the same time as it was done by the author in Aligarh district.

About 23% of people are sterilised in urban areas of Aligarh district. The corresponding figures for U.P. are 19% (NFHS-2) and 16% (NFHS-1). About 55% people are using (including 23% sterilised) some technique of family planning in Aligarh district as compared to 45% (NFHS-2) and 32% (NFHS-1) in U.P. as a whole.

Similarly for rural areas 33% people in Aligarh district are using some technique of birth control (including 18% sterilised) according to our survey, as compared to 24% (including 15%
sterilised) according to NFHS-2 (1998-1999) and 17% (including 12% sterilised) according to NFHS-1 (1992-1993).

6.4 ESTIMATING ATTITUDE TOWARDS FAMILY PLANNING

To estimate the status of family planning programme in Aligarh district, some questions were designed to elicit public opinion regarding family planning and fertility control programmes.

For this purpose following sixteen important questions were asked from 1432 respondents selected in the sample coming from all strata of the society.

Statements

1. Population control is necessary for the economic development.

2. Growing population is the greatest threat to our country.

3. Food problem can be solved by checking population growth.

4. Children are God sent hence they should be welcome.

5. Poor people can improve their economic condition by adopting family planning.
6. Family planning program must be opposed.

7. Family planning can not solve the problem of unemployment.

8. An ideal family is one, which has few healthy children, rather than several sick children.

9. Family planning interferes with the law of nature.

10. We can provide basic necessities of life to our children by adopting family planning.

11. Family planning badly affects the mental health of women.

12. No wiseman will support the idea of family planning.

13. Family planning is not contrary to the religion.

14. Those who do not believe in God support family planning.

15. Large family results in increased income of the family.

16. Small family means less economic burden.

**Some Results**

The respondents were asked to classify their response in five categories, viz. strongly agree, agree undecided, disagree and strongly disagree. About the first three questions, regarding necessity of population control for economic development, threat
of growing of population and solving the food problem by checking population, more than 90% of people strongly agreed irrespective of strata. The fourth question that children are God sent, hence they should be welcome, created a division within and outside strata. More than 90% muslims agreed with the assertion, but lesser Hindus, particularly in urban areas, agreed. Muslims, both in urban and rural areas, economically poor and rich all agreed that children are God sent. But a significant number of Hindus in urban areas, literate and economically well off, did not agree with the assertion. But Hindus in rural areas, illiterate and poor, all agreed with the assertion. A section of respondents was undecided and told so. The fifth question which stated that poor people can improve their economic condition by adopting family planning, was unanimously approved by all sections of the society. A very insignificant number of respondents agreed that family planning programme must be opposed. The next six question about viability of the programme in eradicating unemployment, size of ideal family, providing better facilities to children, extracted universal approval and respondents irrespective of the strata agreed with the assertions. Most significant difference of opinion emerged regarding statement number thirteen and fourteen. Statement thirteen suggested that
family planning is not contrary to religion. Despite many Islamic countries, particularly, Indonesia, Malaysia, Jordan etc. openly asserting that Islam does not come in the way of family planning and many Islamic clerics in these countries having issued religious edicts, supporting preventive family planning, the general opinion among muslims whether urban, rural, rich or poor, literate or illiterate, was found to be that family planning is opposed to Islam. On further probing many muslims agreed that preventive family planning measures are not against Islam. But about hundred per cent muslims did not approve of post-pregnancy measures, such as medical, termination of pregnancy. Most of them agreed with the importance of family planning, still regarding it as anti-religion. The case of Hindu respondents was significantly different than Muslim. Most Hindus did not agree that family planning is contrary to religion. A small number of Hindu respondents from rural areas, who belonged to lower economic strata believed that family planning is against their religion. But it was a general agreement that religion does not come in the way of family planning and it is not a religious issue. There was no difference of opinion about importance of family planning with respect to poor and rich, rural, urban, literate and illiterate. Hindu respondents universally agreed with the statement number
thirteen. The next statement which said that only atheist support family planning was also universally opposed to. There was significant difference of opinion about the statement number fifteen which asserted that large family results in increased income. The rural urban divide was clearly visible, most of the urban disagreed with the statement where as most of the rural respondents agreed. Although a small segment in both the sections having reverse opinion, was also present. There was almost no difference of opinion regarding the last statement which asserted that small family means less economic burden.

From above findings it is very clear that the message of family planning has reached far and wide among all sections of the society. People belonging to all sections, whether Hindu Muslim, rich or poor, literate or illiterate, urban or rural, have positively received the message of family planning and are ready to adopt all possible measures to contain population growth, which is very good news for a religiously and traditionally hard country such as India. The attitude will certainly result in the fall of general fertility as a whole and will hopefully result in stabilising the population growth. It may also result in decline in the population size, as people are gearing to the notion of one
child per family, too. This notion can be strengthened with money input from the government on propaganda and advertisement, besides economic benefits for such families. Only then India can catch up with China in the field of checking population and promoting economic growth.

Opinions to actions

It has been proved by psychologists that opinion of people on a particular subject leads to commensurate action in social life and makes a lasting difference. Since early days of implementation of five year plans, the planners have been constantly allocating a large amount of money on spreading the message of family planning to stop the menace of growing population, as increasing fertility has become a great burden on India’s economy. All forms of media, electronic, print, newspapers, booklets, pamphlets and books, survey reports are being used to spread the message. To see whether the huge exercise have made an impact on ground, through change in the opinions of people, about the most important issue of limiting the family size by adopting various methods we conducted a survey. Aligarh survey 2000-02 contained a questionnaire on family planning. Females, rather married women are the most important
section of the society, as they are directly responsible for growing fertility. It is this class which should be targeted for educating about family planning. There are several questions and age-old beliefs which should be answered and changed through propaganda and arguments. Moral and religious beliefs are the most important stumbling blocks in the way of implementation of the programme. Through the study, the author decided to statistically test whether all the hard exercise of last fifty years have been able to change the public opinion, especially the opinion of married women and whether there is any impact of spread of education among women. To test whether spread of literacy has really made an impact on the attitude of married women regarding family planning, the Likert method was used.

6.5 METHOD USED

The Likert method of attitude-scale construction

An attitude is a personal disposition common to individuals, but possessed to different degrees, which impels them to react to objects, situation or propositions in ways that can be called favourable or unfavourable. While attitudes are subject to change, their directions and strengths are sufficiently enduring over long periods of time to justify treating them as personality traits. The
construction of attitude scales is treated as a special subject because it presents some unique problem. Thurstone (1950)\(^9\) was the first to suggest that social attitudes can be measured by the opinion that individual will endorse as their own. The logic behind the use of opinion to measure attitude is that there is a positive correlation between what people say on a subject and what they do about it. Thus their actions can be predicted by their opinion on a particular subject.

Likert (1932)\(^{10}\) proceeded in the development of attitude scale along lines, more similar to those of ordinary test development. His items were of the multiple-choice type with three responses, yes, undecided and no, or five responses, strongly approve, approve, undecided, disapprove and strongly disapprove. His approach was to scale the response alternatives using the category scale method and to use, these scale values as weights for the responses. He discovered that the integer values 1 to 5 in the five-choice items gave just as reliable scores as the category scale values, and the two scores correlated essentially perfectly. It has been proved that the Likert method leads to scores with higher reliability.
**Measurement of information**

In the Likert type of attitude scale five opinions instead of three are given to the respondents for every statement, as follows:

1. **Strongly Agree (SA)**
2. **Agree (A)**
3. **Undecided (UD)**
4. **Disagree (D)**
5. **Strongly Disagree (SD)**

Out of sixteen statements in the questionnaire, nine were positive and seven were negative with the following distribution.

Positive: 1 3 4 5 7 8 10 15 16
Negative: 2 6 9 11 12 13 14

According to this procedure, integer weights are associated with every response. For a positive statement, strong agreement carries the integer one. For agreement to a positive statement, weight 4 is attached and for a negative statement, the same response (agreement), weight 4 is attached. The undecided response carries the weight 3 both for negative and positive statements. For a positive statement the disagreement response fetches the weight 2 and for a negative statement the response is
allotted weight 4. For a positive statement the strongly disagreement response, the integer score 1 is attached while the same response for a negative statement the weight is 5.

<table>
<thead>
<tr>
<th>Nature of statement</th>
<th>SA</th>
<th>A</th>
<th>UD</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Negative:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

For measuring attitude a frequency distribution is constituted of the total scores of the respondents in the sample. By taking the total scores as classes, 1st and IIIrd quartiles are computed by the following formula

\[ Q_1 (\text{1st Quartile}) = L + \frac{(N/4 - F)}{f} \times i \]  \hspace{1cm} (i)

\[ Q_3 (\text{IIIrd Quartile}) = L + \frac{(3N/4 - F)}{f} \times i \]  \hspace{1cm} (ii)

where \( N \) is the sum of the frequencies, \( F \) is the cumulative frequency of the preceding class and \( f \) is frequency of the quartile class and \( i \) is the size of the class interval. Then the following procedure is used:

(i) Sample unit with total attitude score greater than \( Q_3 \) correspond to the favourable attitude.
(ii) Sample units with total attitude score less than $Q_1$ correspond to the unfaourable attitude.

(iii) Attitude scores lying between $Q_1$ and $Q_3$ correspond to the undecided attitude.

$\chi^2$ test of hypothesis

The objective is to see whether the important factor—education, has made any impact on the attitude of people towards family planning. Since education is considered to be the most important factor influencing the attitude and behaviour of people, level of education is being considered to be the dominant factor of fertility differential in Aligarh district.

The hypothesis to be tested is

$H_0$: There is no association between education and attitude of people towards family planning against the alternative hypothesis

$H_1$: There is positive association between the education and attitude.
Sample Design

As the population is heterogeneous, the appropriate sample design would be to use double stage sampling under stratified sampling followed by random sample selection. It should have been a very difficult job to stratify population again on the basis of literacy, neither it was necessary to stratify population again. I had already taken the sample using two strata - one of the urban areas and the other the rural areas (Chapter 4). After two stages of sampling, the sample was selected. Since the questionnaire contained a question about educational status of the respondents, it was quite easy to enlist them into three stratum as follows:

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Educational status</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Illiterate</td>
<td>320</td>
</tr>
<tr>
<td>II</td>
<td>Literate (Below high school)</td>
<td>328</td>
</tr>
<tr>
<td>III</td>
<td>highly literate (above high school)</td>
<td>774</td>
</tr>
</tbody>
</table>

Observed frequency table

On the basis of value of Quartile one and Quartile three, the following observed frequency table is obtained,
<table>
<thead>
<tr>
<th>Stratum</th>
<th>F</th>
<th>UF</th>
<th>UD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratum I</td>
<td>169</td>
<td>21</td>
<td>130</td>
<td>320</td>
</tr>
<tr>
<td>Stratum II</td>
<td>210</td>
<td>26</td>
<td>92</td>
<td>328</td>
</tr>
<tr>
<td>Stratum III</td>
<td>600</td>
<td>74</td>
<td>100</td>
<td>774</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>979</td>
<td>121</td>
<td>322</td>
<td>1422</td>
</tr>
</tbody>
</table>

The $\chi^2$-test (Gupta and Kapoor, 1985) for a three by three contingency table is applied to verify the hypothesis. The statistic is

$$\chi^2 = \sum_i \sum_j \left[ \frac{(O_{ij} - E_{ij})^2}{E_{ij}} \right]$$

It follows $\chi^2$-distribution with $(3-1)(3-1)=4$ degree of freedom.

Where $O_{ij} =$ The observed frequencies

$E_{ij} =$ The expected frequencies

The calculated value of $\chi^2$-turns out to be 140.187, which is highly significant as the tabulated value of $\chi^2$ with 4 d.f. and at 5% level of significance is 9.484 far less than the calculated value. Thus the null hypothesis is rejected and alternative hypothesis is accepted implying that education has had a great impact on people's opinion regarding family planning.
References:


