

# An Anthropological View on National Family Planning Programme in Rural Area of North Karnataka

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## ABSTRACT

Family Planning has been one of key priority area of the government and it has been dynamically pursued through the National Rural Health Mission launched in the year 2005. The purpose behind this programme was population stabilization as envisaged in the National Population Policy, 2000. The most important objectives of National Population Policy 2000, was to address the unmet needs for contraception and achieving a stable population by 2045 at a level consistent with the requirements of sustainable economic growth, social development and environmental protection. As a result of initiatives of the government, the country's Total Fertility Rate (TFR) has declined from 2.7 in 2006 to 2.2 in 2016 (NFHS-IV). The decadal growth rate has declined from 21.54% in 1990-2000 to 17.64% during 2001-11. The crude birth rate has declined from 23.8 in 2005 to 20.8. The present study has been trying to focus on National Family Planning Programme which is ongoing through PHC (Primary Health Centre) at Mallapur village of Athani Taluk. Since its establishment of PHC in 1992 it has been playing a big role to creating awareness and providing health care services regarding family planning.

**Keywords:** Family planning; Contraceptive pill; IUD

## INTRODUCTION

The United Nations Conference on Human rights at Teheran in 1968 recognized family planning as a basic human right. Family planning is the only way to limit the size of the family, to control the spacing between births and to improve the health of the mother [1,2]. There are several definitions about family planning. A comprehensive definition is given by WHO. An expert Committee (1971) of the WHO defined family planning as "a way of thinking and living that is adopted voluntarily, upon the basis of the knowledge, attitudes and responsible decisions by individual and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country" [3].

## STUDY AREA AND PEOPLE

The present study is based on an ethnographic field-work conducted in Mallapur village of Athani taluk in Belgaum district, Karnataka (India). Mallapur lies in the plains (bayalu simi) of Karnataka. The village is connected with some of the big

towns and cities like Athani in Karnataka and Miraj in Maharashtra. Mallapur is a multi-caste (14) village. There are three religious groups viz., Hindu, Jain and Muslim. The total numbers of households are 684, out of which 611 households is Hindu, 35 are Jain and the remaining 38 are Muslim. Within the 684 households, the hamlet had 3568 population during the period 2005-2006. The secondary data collected from the PHC is also provided in the present discussion.

## BACKGROUND OF FAMILY PLANNING PROGRAMME IN INDIAN SCENARIO

National Programme for Family Planning has been launched in 1952 in India, which is the first country in the world. This programme had brought a gradual shift from clinical approach to the reproductive child health and further, the National Population Policy (NPP) in 2000 brought a holistic and a target free approach which helped in the reduction of fertility [4]. The survey figures of NFHS-3 (2005-06) and DLHS-3 (2007-08), which are trying to show that family planning situation in Indian scenario. Nation-wide, the small family norm is generally

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accepted (the wanted fertility rate for India as a whole is 1.9% (NFHS-3) and the general awareness about contraception is almost universal (98% among women and 98.6% among men: NFHS-3). The report of both NFHS and DLHS surveys shows that the percentage of using contraceptive is generally rising. Contraceptive use among married women (aged 15-49 years) was 56.3% in NFHS-3 (an increase of 8.1 percentage points from NFHS-2) [5].

## HEALTH CARE FACILITIES IN VILLAGE AND PHYSICAL INFRASTRUCTURE OF PHC

The villager has been utilizing health care services through two different sectors such as; private hospitals and government health care center (PHC). There are six private hospitals and one PHC (Primary Health Centre) providing health care services at village since 1992. The primary health center (PHC) is located about 2 km away from the main settlement of the village and it consists of one doctor, nine paramedical staff and two non-paramedical staff. The paramedical staff includes one LHV (Ladies Health Visitor) MHV (Male Health Visitor), one male and one female staff nurse, four ANMs (Auxiliary Nurse Midwife) and one male pharmacist.

## THE ROLE OF PRIMARY HEALTH CENTRE (PHC)

Since after establishment of the PHC at Mallapur, is playing big role to provide health care services with free of cost under different national health programmes viz, TB, Malaria, HIV/AIDs, immunization programme and family planning programme [6]. The present study focuses on national family planning programme, which is providing through PHC to serve different purpose like, to prevent unwanted pregnancy, to control the size of family, to prevent and create awareness towards communicable disease such as HIV/AIDs [7-10]. To achieve these different purposes, under the National Family Welfare Programme, PHC of Mallapur is providing mainly two different types of family planning programmes and are, Spacing methods [Intra Uterine Device (IUD) and Pill for women and Condom for men] and Permanent methods [11-14].

As per the records (2005-06) of the PHC of Mallapur, type of family planning and the number of people used are, Tubectomy (298), Laparoscopy (20), Vasectomy (0), Intra Uterine Device (294), Condom (195) and Oral pills (193).

### Spacing methods

There are two types of Spacing Methods for women and one for men, they are as follows:

**Intra Uterine Device (IUD):** Intra Uterine Device (copper-T) is locally called vanki. People have various notions regarding copper-T for example if Copper-T is used, it is not possible to conceive again and also that the woman loses strength. Women also cite examples where even though the women had Copper-T inserted, they become pregnant because failure of IUD. The following case illustrates that failure of IUD.

A woman of 35 year's old, belonging to Holiyaru caste (Hindu Religion) had inserted IUD to prevent pregnancy. She had 5 children, 1 male and 4 female. She wanted to undergo permanent method of family planning but her husband not agree for the same, because he wanted one more male child. Thus, the woman decided herself to prevent further chances of conception and had IUD inserted without the knowledge of her husband. However because of the failure of IUD, she became pregnant.

**Oral Contraceptive Pills (OCPs):** Contraceptive Pill is a tablet which is used to prevent pregnancy. These are hormonal pills which have to be taken by a woman, preferably at a fixed time, daily. The ANMs supply the pills to women who want to avoid pregnancy. Very few women use contraceptive pills. Majority of the women discontinue intake of pills because they believe that taking any kind of allopathic medicine for longer duration may increase heat in the body, which in turn causes mouth ulcers and also there are chances of miscarriage when the woman wants to conceive later on. Majority of women say that taking pill to avoid pregnancy is not convenient as they are busy with their household work and often forget to take tablets regularly.

**Condoms:** These are the barrier methods of contraception which offer the dual protection of preventing unwanted pregnancies as well as transmission of Reproductive Transmitted Infection/Sexually Transmitted Infection (RTI/STI) including HIV. The brand "Nirodh" is available free of cost at government health centers.

The PHC of Mallapur has a condom outlet. The objective of promoting condom use by PHC is not just contraception but also prevention of HIV/AIDS. Even though, the health worker gives awareness to men about proper use of condoms, very few men use condoms.

### Permanent method of family planning

These methods may be adopted by any member of the couple and are generally considered irreversible. There are two types of permanent method of family planning for women (tubectomy and laparoscopy for women) and one for men (vasectomy).

**Tubectomy/laparoscopy:** Since the women of Mallapur village prefer permanent method of family planning compared to temporary methods, the majority have undergone tubectomy which is locally called holagi operation. Usually women take rest for 3 months after tubectomy. Some women have undergone laparoscopic operation which is locally called current operation. The people of Mallapur village give priority for these two methods of family planning depending on the economic condition of the family. Generally the people who are economically well off have given preference to tubectomy whereas economically poor have preferred laparoscopy. According to the people, tubectomy is safer compared to laparoscopy because people believe that laparoscopic method of family planning causes weakness in the body and also there are possibilities of failure of the laparoscopic method. The following case illustrates that failure of laparoscopy operation that leads to financial burden as well as physical weakness among women.

Gangu is 32 year old she belongs to Maratharu caste (Hindu Religion). She underwent laparoscopy after four children. However, after two to three years, she again conceived. Therefore, she had not only to give birth but also to undergo operation again. This time around, she opted for tubectomy.

People who are not economically well-off go in for laparoscopic method of family planning. They say that tubectomy method requires longer duration of time for recuperating and also is more expensive in terms of nutritious food required during the recuperating period. Usually, people who are not economically well-off are dependent on labor work, which is on daily wages as their source of income. Since one has to take rest for minimum of 3 months it is not possible for them to afford to stay away from work for such a long period of time.

**Vasectomy:** Vasectomy is the permanent method of family planning for men in which, at least 1 cm vas-tube of men is removed after clamping. It is locally called gandasara operation. The people of Mallapur village do not like to go in for vasectomy because they have fears about this method of family planning. They believe that if a person undergoes vasectomy, he loses his energy and as a result he will become physically weak and he will not be able to do hard or heavy work.

Most of the families in Mallapur are dependent on the income of the men who are the head of the households and most of them are working on agriculture land which requires hard physical work. Hence, they fear that if men undergo vasectomy they are not able carry out hard works which require physical strength. As such, it is always the women who undergo operation that is, either tubectomy or laparoscopy. According to the people, if something happens to a woman, it is not a big issue because men work and earn money to take care of the family.

Whereas, men are the main providers for the family. In case if something goes wrong after vasectomy, it is very difficult to take care of the family only on earnings of women because the wages of women are less compared to men.

Moreover the permanent method of family planning for men is also not socially accepted because the people of Mallapur believe that matters of family planning are related to women and not men. If a man undergoes vasectomy, he should rest for a few days. Sitting in the house without doing any work creates bad impression about a man and as a result people gossip about him. However there are no social restrictions for women to undergo permanent method of family planning, it is in fact accepted as well as expected that the woman should undergo family planning operation or use contraceptive as is the required case.

## RESEARCH FINDINGS AND SUGGESTIONS

Some of the following findings came out from the present research and based on these findings, the present study also given some of the suggestion to improve the totality of health of the rural people and are as follows.

### Miss conception about laparoscopy

As people have their own notion regarding the utilization of the family planning [12]. According to them laparoscopic method causes weakness in the body and also there is possibilities of failure in this method. Hence it is need to improve the laparoscopy method of family planning with hundred present successes/ without fail and need to convince women towards laparoscopic, as it do not leads any weakness or not create heat in the body.

### Social notion on vasectomy method of family planning

As there is social stigma and the notion of people regarding vasectomy is that, if men underwent for Vasectomy he may not able to do hard work because of weakness. Therefore it need to motivate and need to give proper guides for men to reduce this wrong conception and social stigma and need to bring them forward to underwent vasectomy.

### Not wish to use contraceptives

Most of the people not ready to use any one of the temporary method of family planning such as; Intra Uterine Device, Condom and Oral pills as prevent or control birth. Because of some failure of these contraception people won't believe on these. Hence it is need to give proper advice by the health workers regarding contraception, and then only it is possible to bring people to utilize these services properly.

### Poor economic condition as a big barrier for women

Most of the women belonging to poor economic condition are not giving more preference to either for temporary or for permanent method of family planning because of unawareness about utilization of health programs providing through PHC. Therefore it is urgent need to create public awareness programs in village.

### Location of hospital

As PHC of Mallapur is located 2 km for from the actual settlement of the village. Therefore it is very difficult to go alone to PHC for women particularly during pregnancy and after birth. Hence there is need to provide ambulance at least for emergency case.

## CONCLUSION

Under National Family Planning Programme, different health care services have been provided free of cost by Government of India. Nonetheless very few people are utilizing these health services. Hence there is necessary to create public awareness among people particularly about temporary method of family planning to prevent communicable diseases such as; HIV/AIDs, and also to control unwanted births which is the major reason for the overgrowth of population. Hence there is a need to bring behavioral change among village people and to motivate them to utilize modern health care services.

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