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Rejection of Family Planning Method: A Study of Vadodara

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ABSTRACT:

This research report examines the state of family planning in India, with a focus on achievements, challenges, and recommendations for improving access to quality family planning services. Despite significant progress in expanding access to family planning services, challenges persist in ensuring universal access to quality services. The report identifies several challenges, including low utilization of family planning services among marginalized communities, inadequate quality of services, gender disparities in access to services, and limited availability of long-acting reversible contraceptives. The report also provides recommendations for addressing these challenges, including increasing demand for family planning services, expanding the range and quality of contraceptive methods, addressing gender inequalities, and strengthening health systems.

Keywords: *Family planning, misconceptions, family planning methods*.

Introduction:

Family planning is an essential component of reproductive health that plays a critical role in improving maternal and child health outcomes. In India, family planning programs have been in existence since the 1950s, with the goal of controlling population growth and reducing maternal and infant mortality rates. Despite significant progress in expanding access to family planning services, challenges persist in ensuring universal access to quality services. This research report aims to provide a detailed analysis of the current state of family planning in India, including its achievements, challenges, and recommendations for improving access to quality family planning services.

Achievements in Family Planning: India's family planning program has made significant progress over the past few decades in expanding access to family planning services and reducing fertility rates. The Total Fertility Rate (TFR) has declined from 5.9 in 1951 to 2.2 in 2017, which is close to the replacement level. Additionally, the Contraceptive Prevalence Rate (CPR) has increased from 10% in 1970 to 54% in 2017, indicating significant progress in expanding access to family planning services. The Government of India has also taken several initiatives to expand access to family planning services, including the introduction of free and subsidized family planning services, the integration of family planning services into primary healthcare, and the launch of various family planning campaigns.

Challenges in Family Planning: Despite significant progress, several challenges persist in ensuring universal access to quality family planning services in India. One of the significant challenges is the low utilization of family planning services, particularly among marginalized communities, including women from rural areas, low-income households, and scheduled castes and tribes. Additionally, the quality of family planning services is inadequate, with many health providers lacking training in client-centered counseling and contraceptive methods. There are also gender disparities in access to family planning services, with men being largely excluded from family planning decisions. The limited availability of long-acting reversible contraceptives, such as implants and intrauterine devices, is another challenge, particularly in rural areas.

Recommendations for Improving Access to Family Planning Services: To address the challenges in family planning, the following recommendations are suggested:

1. Increasing demand for family planning services: Awareness-raising campaigns and community engagement can be used to increase demand for family planning services, particularly in rural areas. The campaigns can address myths and misconceptions about contraceptive methods and highlight the benefits of family planning.
2. Expanding the range and quality of contraceptive methods: There is a need to increase access to a range of contraceptive methods, particularly long-acting reversible contraceptives, such as implants and intrauterine devices. The quality of family planning services should also be improved, including training health providers on client-centered counseling and ensuring the availability of adequate supplies of contraceptive methods.
3. Addressing gender inequalities: Gender disparities in access to family planning services can be addressed through gender-sensitive programming, such as involving men in family planning decisions and promoting male engagement in reproductive health. Additionally, empowering women through education and economic opportunities can improve their access

4. Strengthening health systems: Improving the quality of family planning services requires a strong health system that can deliver quality services. Health systems can be strengthened by investing in infrastructure, equipment, and supplies, and by training and deploying skilled health providers.
5. Addressing social determinants of health: Family planning is influenced by various social determinants of health, such as poverty, education, and cultural beliefs. Addressing these determinants requires a multi-sectoral approach that involves collaboration between various stakeholders, including government agencies, civil society organizations, and the private sector.

Problem statement:

The investigators have felt that there is a growing need for the awareness of family planning and it has been considered as a taboo. The concept of family planning has not been taken seriously by the people and hence the child and maternal health has been compromised and given less importance and that leads to the growing infant and maternal mortality and co-morbidity rate. It was observed that total 656 to 753 deliveries were taking place from the month of august to November, while the numbers of IUCDs were only 15 to 68.

Thus, in order to gain some insight towards the concept of family planning, the preferences and misconception of people towards family planning, they have conducted a short study titled as **"To study the underlying reasons for the rejections of family planning among the patients of Gynaecology and Obstetrics Department, Sir Sayajirao General Hospital in Vadodara."**

Objectives of study

1. To identify the different family planning methods used by female patients.
2. To know the misconceptions related to family planning method.
3. To know the reasons underlying for the rejections of copper-t.

Research Methodology

Sample: 120 post-partum female patients of gynecology and obstetrics department.

Methodology: simple random sampling is used for the data collection.

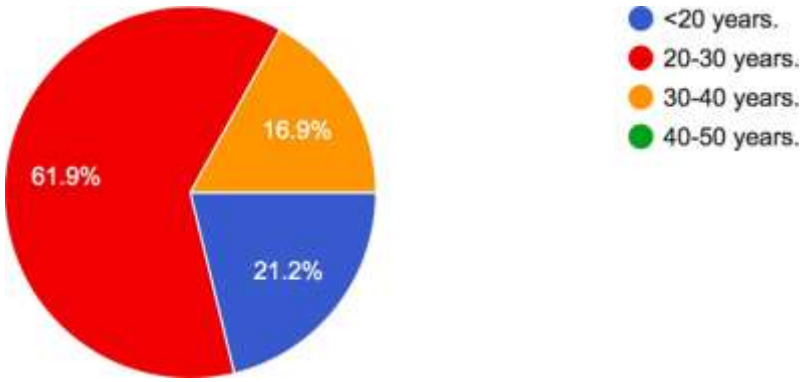
Tool of data collection: the questionnaires were given to 120 female patients and semi structured interview was conducted to gain the possible answers.

Limitations: the limitation of the study is that the data has been collected from only the female patients of the gynecology and obstetrics department.

Data Analysis

Q1) Age of the Patients:

a) <20 years
b) 20-30 years
c) 30-40 years
d) 40-50 years



From the above chart, it is evident that the majority of the patients visiting the SSG hospital fall in the age group of 20-30 years. 62% of the total respondents were belonging to the former age group. 17% of the respondents were belonging to the age group of 30-40 years whereas only 21% belonged to the age group of less than 20 years

Q2) Educational Qualifications:

a) Primary

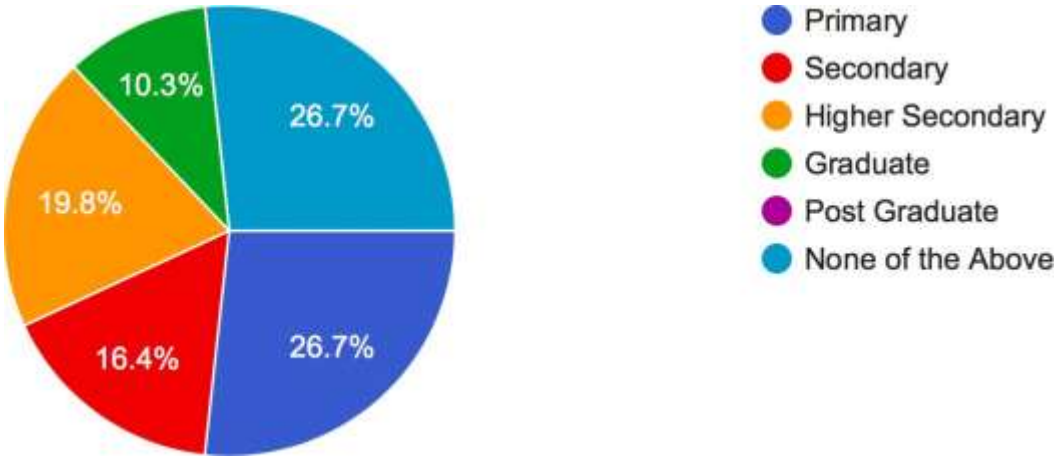
b) Secondary

c) Higher Secondary

d) Graduate

e) Post Graduate

f) None of the Above



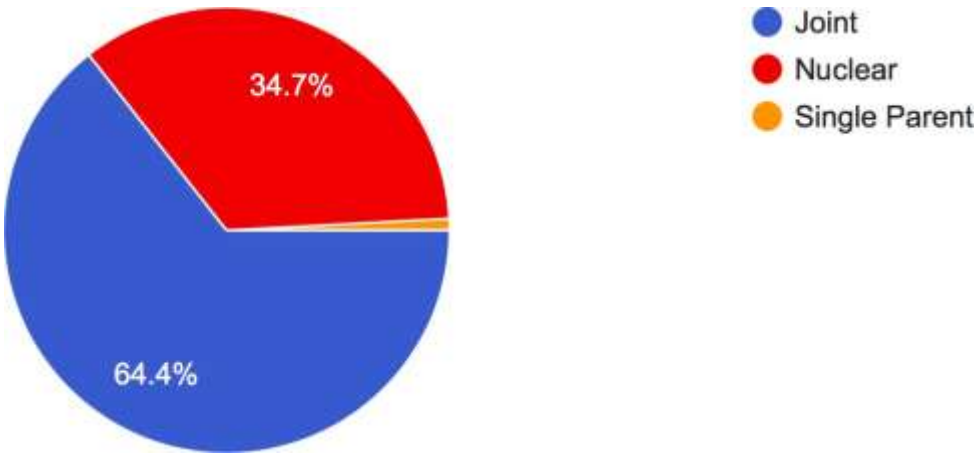
It is clear from the responses received that majority of the patients were belonging to the uneducated and primary education criterions. They comprised a total of 53% of the total number of the respondents while there was no case of a patient having completed post-graduation. 20% of the sample population were educated till Higher Secondary and the remainder from Secondary Education.

Q3) Type of Family:

a) Joint

b) Nuclear

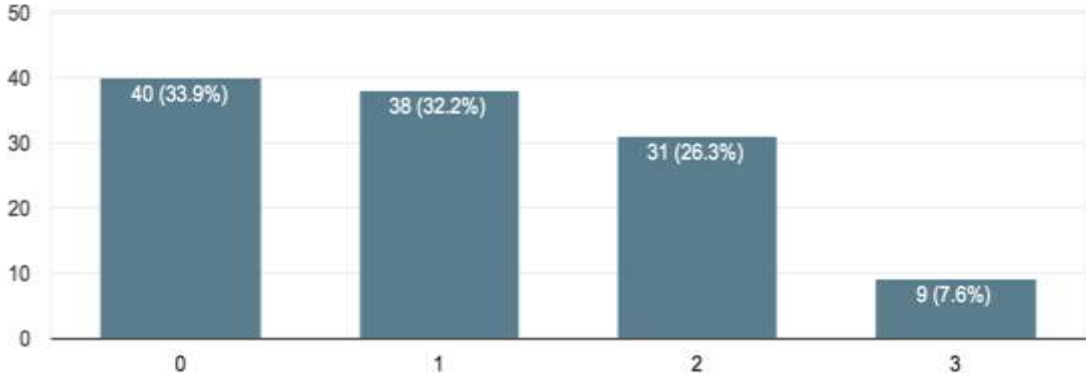
c) Single Parent



65% of the sample population lived in Joint Families while 34% lived in nuclear families. However, there were 1% of the sample that belonged to single parent category. This gives an insight into their values, culture and social values.

Q4) Number of Children:

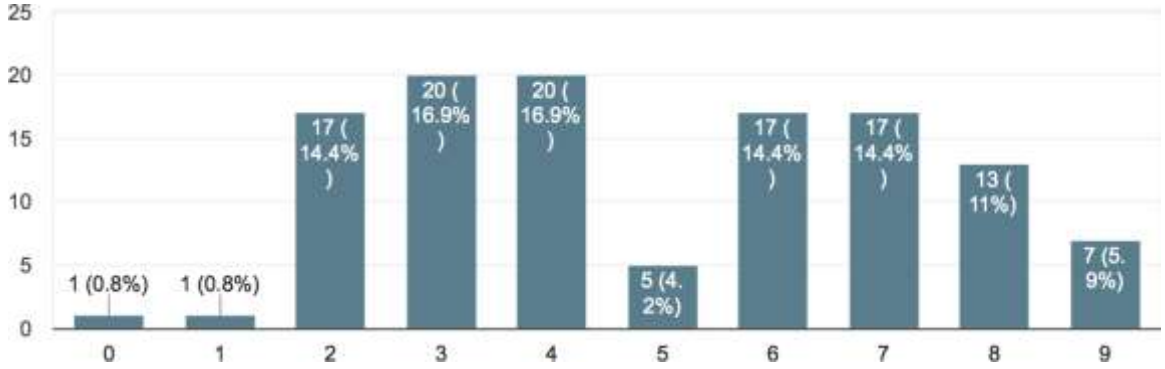
Response Variable



The responses received from the patient here explain that majority of the patients here have been delivering for second or third time while 40% have been first time patients. Thus the need for counselling in wards and labor rooms in the post-natal stages is very critical as it reinforces the counselling done at an earlier stage

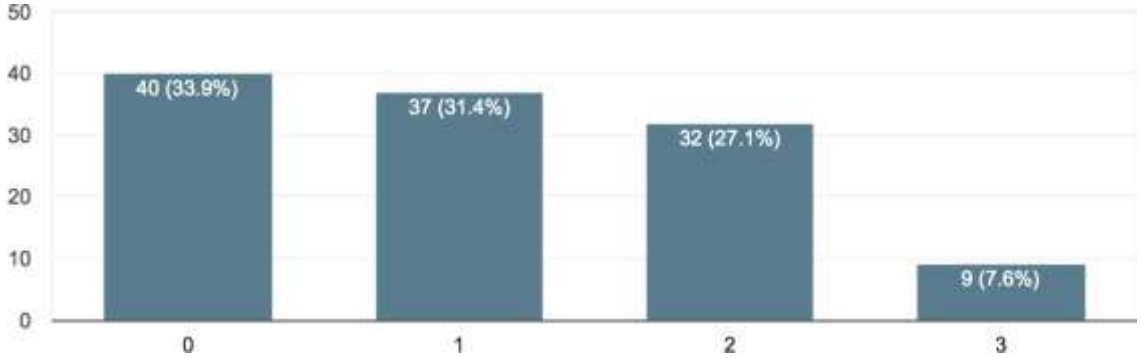
Q5) On-going Month of the Pregnancy:

Response Variable



It was observed that most of women were from 3, 4 month of pregnancy. 17% were from 2nd month of pregnancy, 20% were from 3rd and 4th month of pregnancy and 17% were from 6th and 7th month of pregnancy.13% were from 8th month of pregnancy. 7% were from 9th month of pregnancy.

Q6) Number of Previous Deliveries:



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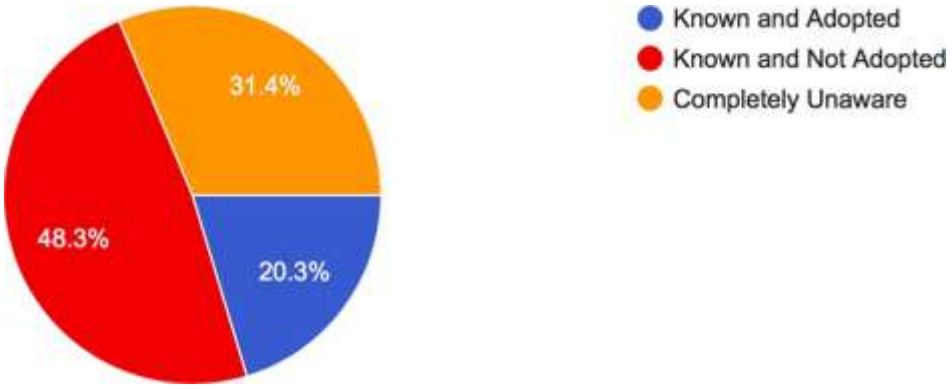
Q7) Is the Patient aware of the concept of Family Planning Methods:

a) Known and Adopted

b) Known and Not Adapted

c) Completely Unaware



From the above pie-chart it is clearly evident that almost 48% of the patients are aware of the family planning but are averse from adopting it while 20% have adopted some or other type of family planning methods and the remainder 32% are unaware of the concept completely and thus it provides us an insight on the segments of the population that we need to work on.

Q8) Family Planning Methods known to the Patient:

a) Condoms

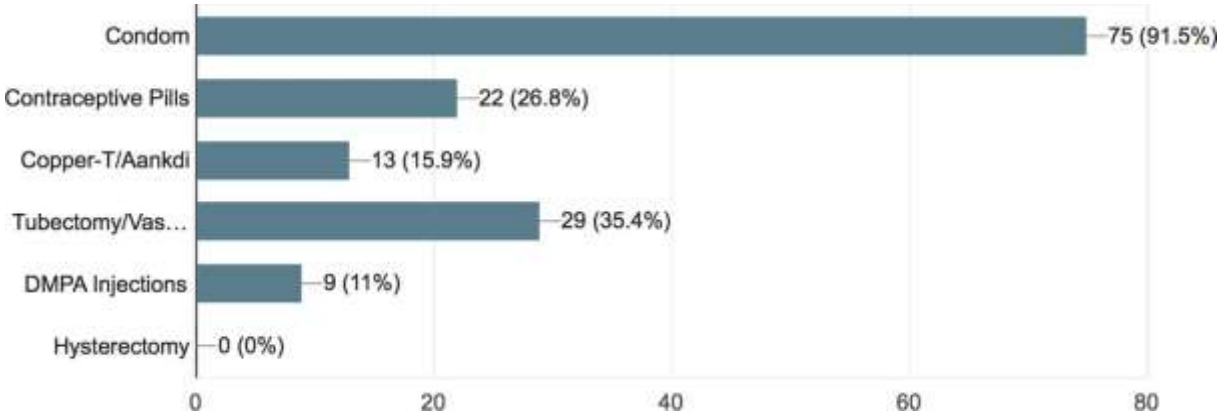
b) Contraceptive Pills

c) Copper-T/ Aankdi

d) Tubectomy/ Vasectomy

e) DMPA Injections

f) Hysterectomy (Removing of Uterus)



Out of all the respondents, 92% of the patients were aware of the Condom as family planning tool, which was followed by Contraceptive Pills by 27% while surgical proceedings comprised of 35% and other methods such as DMPA and Hysterectomy were trace. The awareness of Copper-T as an alternative was known to 16% of the total respondents. Thus, the methods that are less known to the public should be campaigned so as to promote their usage according to the requirements of the individuals.

Q9) Preference/selection of the Patient for any of the Family Planning Method in the Future:

a) Condom

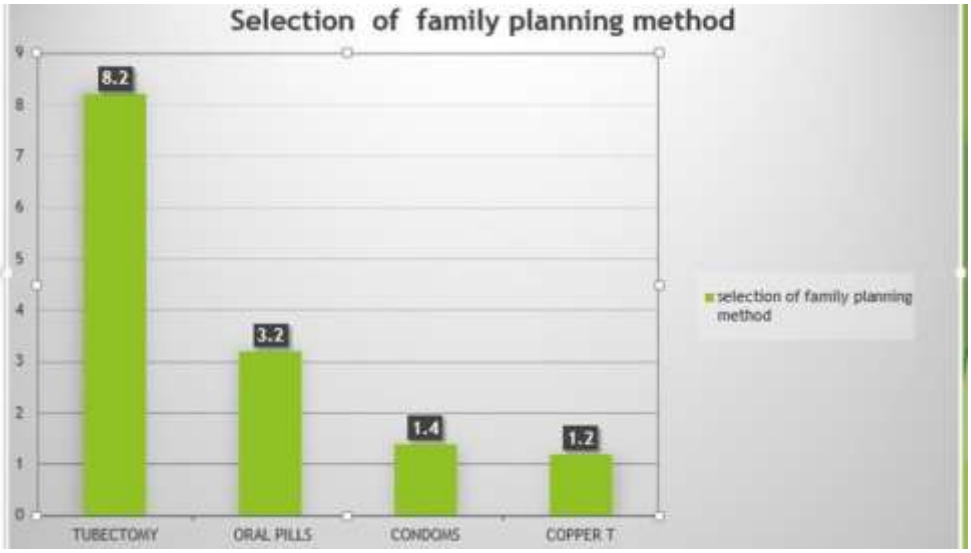
b) Contraceptive Pills

c) Copper-T/ Aankdi

d) Tubectomy/ Vasectomy

e) DMPA Injections

f) Hysterectomy



The Graph shoes the preference/selection of patience towards Surgical tubectomy is maximum and opting for Copper-T is minimum compared to that of other methods such as condoms, contraceptive pills.

Q10) The Reason for not opting any of the Family Planning Methods:

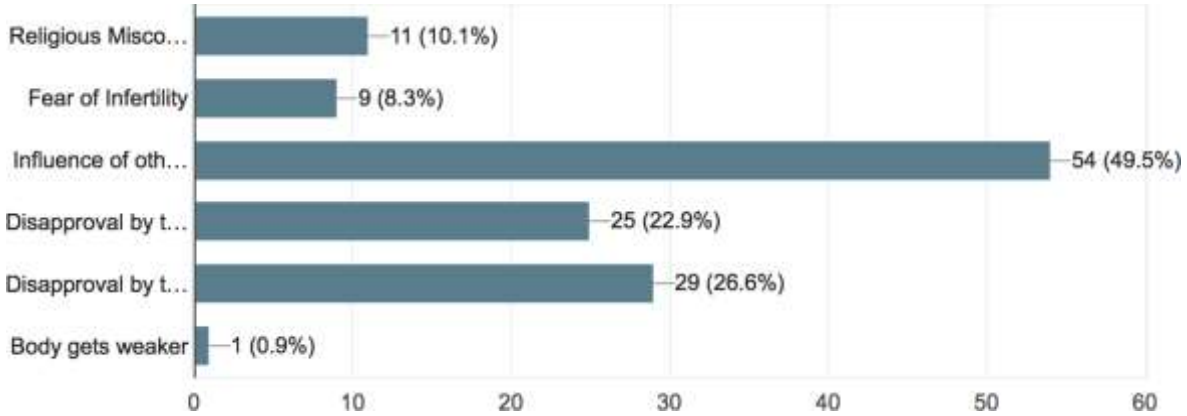
a) Religious Misconception

b) Fear of Infertility

c) Influence of other People's bad experience

d) Disapproval by the Family

e) Other:



This Chart denotes that the fear of repercussions is the principle cause for patients not opting any methods while the family members' approval plays a more critical role here. Thus, it explains the need of family counselling as well with the patient counselling.

Findings and suggestions:

Findings :

- Patients were having religious misconceptions due to which they are not opting for family planning methods.

- Most people have awareness about condom
- Most of people do not opt for copper t because of influence of other people and others bad experience.
- Most of people think that copper t leads to weight gain
- Most ladies think that copper t can be losing its position and can be stuck in stomach.
- People think that it can lead to infertility
- People think that copper t can damage the uterus lining
- Fear of heavy menstruation after copper- t most people wanted to opt for Tubectomy instead of Copper T.
- It was found out that total number of vasectomy was zero from august to November.
- Most ladies undergo medical termination of pregnancy due to lack of awareness of family planning. It was observed that monthly 25, 26, 32 and 64 MTPs were done from the month of august to November 2017.
- It was difficult to convince the patients for opting for copper-t who had undergone caesarean section delivery.
- Some people think that body becomes weaker after insertion of cooper- t.
- Most husbands were against copper T instead they prefer condoms.
- Most family member think that if husband and wife live separately then it's the best way to prevent pregnancy
- People were mostly in favour of using natural or withdrawal method and do not want to use any other method.
- It was observed that abstinence was most used method by people.
- The ladies often do not have a check on their last menstruation dates and hence which can be hindering for the doctors as they cannot decide their month of pregnancy without the last menstruation date.
- Ladies are mostly under their family pressure and thus, cannot take their own decisions.
- The clear denial for copper-t from the in-laws side was observed.
- The patients consider these things as a taboo and do not want to discuss about their sexual life with the counsellor.
- Some ladies think that it is better to opt for copper-t after 1.5 month of delivery.

Suggestions:

- There is a need to motivate people to achieve the proper family planning, those people who hold on the old beliefs, traditions, and values; these barriers should be broken down by education, social and cultural changes.
- The motivation for population control should come from the people themselves.
- The population education is essential to motivate parents and prospective parents to limit the size of their families and to adopt appropriate family planning methods and techniques.
- The child in urban poor and rural areas are considered as an asset. Similarly a male child is considered essential in Indian families, even if there are many female children. Such beliefs, values and tradition should be removed.
- More public awareness can be done by posters, street plays and videos.
- Social workers should conduct group discussions with the family members sitting outside OPD 10.
- Doctors and the whole medical team should visit the rural areas and should spread awareness regarding the family planning.
- Leaflets about family planning could be given to patients along with the case paper.
- One helpline should be started for providing information about family planning and to provide support to those who are in need.
- The awareness about sickle cell anaemia, thalasemia, anaemia should be provided with the help of audio- visual media.

Conclusion:

Family planning is essential for improving maternal and child health outcomes and promoting sustainable development. In India, significant progress has been made in expanding access to family planning services, but challenges persist in ensuring universal access to quality services. The challenges include low utilization of family planning services among marginalized communities, inadequate quality of services, gender disparities in access to services, and

limited availability of long-acting reversible contraceptives. To address these challenges, the recommendations include increasing demand for family planning services, expanding the range and quality of contraceptive methods, addressing gender inequalities, strengthening health systems, and addressing social determinants of health. By implementing these recommendations, India can ensure universal access to quality family planning services and achieve its goal of sustainable development.

References:

- United Nations Population Fund. "Family planning"
- *"MsMoney.com - Marriage, Kids & College - Family Planning"*
- *India and Family Planning: An Overview* (PDF), Department of Family and Community Health, World Health Organization
- World Health Organization (2018). "Family planning/Contraception". *World Health Organization Newsroom*.
- "Maternal mortality". *World Health Organization*.
- "Birth control methods fact sheet". Archived from the original
- United Nations Population Fund. "Family planning"
- https://www.mapsofindia.com/my-india/society/family-planning-in-india-its- history-programmes-importance-and-impact
- https://nrhm.gujarat.gov.in/
- https://en.wikipedia.org/wiki/Family
- http://www.studymode.com/essays/Population-And-Family-Planning-Policy-In- 700481.html
- http://shodhganga.inflibnet.ac.in