KNOWLEDGE AND PRACTICE OF CONTRACEPTION IN INDIA: A SURVEY OF SOME RECENT STUDIES

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INFORMATION on the level of knowledge and practice of contraception is essential for the effective planning, execution and extension of family planning programmes. The available data in this regard in India are patchy. They largely emanate from the demographic inquiries that have been carried out, evidently with varying degrees of statistical accuracy, in a few selected parts of the country by different organisations and agencies. The collection of data for the country as a whole is, obviously a difficult task. Efforts are, however, being made for the collection of some basic information on family planning on an all-India scale through the medium of the National Sample Survey (NSS) Organisation. In the sixteenth round of the NSS (1960-61) there is provision for the collection of certain items of information of family planning, but the scope of the inquiry had to be restricted to cover only the urban areas. Even in the USA where the application of sampling to human populations has been widely accepted, the first representative inquiry — that of Freedman, Whelpton and Campbell[1] — was undertaken in 1955. In Europe there is still considerable reluctance to probe into the intimate aspects of fertility behaviour except in a doctor-patient situation. That was one of the reasons why the comprehensive inquiry by Lewis-Faning[2] was confined to women in hospitals. Since then two studies[3] were reported to have been carried out in Britain in 1959 and 1960. If even in these countries the attitude of the people to this question is in general reticent, it would be all the more difficult to obtain reasonably adequate and acceptable statistics regarding contraception from our population. Thus, a correct assessment of the present status of family planning in the country is by no means an easy task. However, in view of the innumerable difficulties in obtaining comprehensive data and also in view of the priority assigned to this subject in the programme of national development,

[1] Freedman, R., Whelpton, P.K., and Campbell, A.A., *Family Planning, Sterility and Population Growth*, McGraw-Hill Book Company Inc., New York, (1959).

[2] Lewis-Faning, E., 'Report on an enquiry into family limitations and its influence on human fertility during the past 50 years,' *Papers of the Royal Commission on Population*, Vol. 1, London, (1949).

[3] Glass, D.V., Family limitation in Europe: A survey of recent studies, Conference on Research in Family Planning, New York, (1960).

even a compilation of fragments can be of some significance. In this paper, therefore, an attempt has been made to bring together the relevant data from various sources so that some aspects like regional divergences or similarities in the knowledge and practice of family planning could be studied. Such bench-mark data may be helpful for initiating appropriate and localized measures for the furtherance of family planning. Though estimates obtained from the different inquiries have been freely cited, it is to be remembered that they may not be strictly comparable because of differences at the various levels of the investigational procedure.

In some of the towns and districts of the erstwhile Bombay state, fairly extensive field studies have been made by the Gokhale Institute of Politics and Economics during the last decade to obtain, besides demographic particulars, a few items of information on family planning. For instance, in a survey[4] carried out during 1951-52 covering Poona City, a few towns and villages, it was found that about 8-9 per cent of males and females in the city sample practised contraception while in the non-city sample the corresponding proportion was very much less. The methods commonly used were abstinence and coitus interruptus, though condom was also a favourite method among the city users. It may, however, be mentioned that roughly 30 per cent. of those included in the sample did not respond to the questions on contraception. Excluding the above and those who were not concerned about contraception, it was observed that about two-thirds of the males and half of the females would welcome information on family planning, the non-city sample recording slightly higher proportions for both the sexes.

In a similar survey[5] conducted by the above Institute during 1953-54 in the districts of Nasik, Kolaba and Satara, it was observed that a very high proportion of males in Nasik district — about 80 per cent in Nasik City and 90 per cent in the rural sector — did not have knowledge of contraception. These were higher than the corresponding Kolaba figures. While there was complete absence of practice of contraception in the rural areas, about 4 per cent of the males in the selected towns of Kolaba district and about 2 per cent in Nasik city reported the practice, the methods used being mostly coitus interruptus and rhythm. The higher incidence of knowledge and practice of contraception in the Kolaba district has been attributed to the close proximity of this district to Bombay city.

[4] Dandekar, V.M. and Dandekar, K., *Survey of Fertility and Mortality in Poona District*, Publication No. 27, Gokhale Institute of Politics and Economics, (1953).

[5] Sovani, N.V. and Dandekar, K., *Fertility Survey of Nasik, Kolaba and Satara (North) Districts*, Publication No. 31, Gokhale Institute of Politics and Economics, (1955).

A very significant finding from this study is that about 60 per cent and 40 per cent of the females in the rural and urban parts respectively of Kolaba district wanted a limited family without any deliberate attempt at limitation (while the rest were either for or against contraception). This attitude according to the authors of the report 'showed that they were at least bothered about the number of children and that they in a way were only a step behind those who were interested in getting information'. On the other hand, the above attitude may be suggestive of ambivalence and probably reflects the great aversion these women have for making deliberate attempts at limitation even after recognizing the desirability of a regulated family. Whatever may be the reason for this aversion, this is an indication of the extent of effort that may be required to popularize family planning particularly among the rural folks. Perhaps, in a subtle way this also suggests that with discovery of an easily administrable and effective contraceptive technique (such as a sterilizing pill), it might become easier under the observed circumstances to adequately motivate the people to take to contraception.

In a general demographic survey[6] conducted in six rural communities in the former Bombay and Hyderabad states in 1954 by the Gokhale Institute some information on attitude to family planning was also elicited. Of the 617 women interviewed about 40 per cent reported favourably to the idea of family planning while an equal number of women were opposed to it. About 15 per cent refused to discuss the subject. Among the women who responded favourably to the idea of family planning about 45 per cent were willing to adopt contraception immediately for family limitation while about 11 per cent would defer actual practice to some future date. It is interesting to note in this connection that a sizeable proportion of women, about 21 per cent, were apprehensive of husbands' attitude towards contraception. A similar feeling of apprehension was noticeable even among some urban wives. In a survey[7] conducted by the All India Institute of Hygiene and Public Health in Calcutta city, it was observed that among the wives who wanted to control their family size about 20 per cent could not take any necessary step for lack of co-operation from their husbands. Thus, one of the significant facts emerging from these results is that the co-operation of the husband is an important consideration in taking a practical step towards contraception. It is, therefore, essential that the strategy for the promotion

[6] Dandekar, K., *Demographic Survey of Six Rural Communities*, Publication No. 37, Gokhale Institute of Politics and Economics, (1959).

[7] Mathen, K.K., 'A survey on the attitude of men and women of Calcutta on certain aspects of the population problem', *Alumni Association Bulletin*, All India Institute of Hygiene and Public Health, (1954).

of family planning should recognize the dominance of the male in the Indian family system. It may also be noted that those who opposed contraception did so chiefly for the reason that their family size had not become unmanageable. This obviously shows that it is the limitation aspect of family planning that is generally understood by the people. Properly directed education programmes will go a long way in helping the population to realize the wider implications of family planning.

In Uttar Pradesh a few studies have been carried out mainly in the cities of Lucknow and Kanpur and a few adjoining villages. One of these studies,[8] carried out by Majumdar covering married women belonging to the lower income groups in Kanpur city in 1955 at the instance of the Research and Programmes Committee of the Planning Commission revealed widespread ignorance about family planning. About 93 per cent of the women investigated had no knowledge. This is surprising in view of the urban-industrial character of the selected area. About 50 per cent of the women had expressed a desire to restrict family size though only about 2-3 per cent actually practised any of the methods. This was roughly 40 per cent of those who are aware of certain methods and who actually wanted to restrict the number of children. As before, the implication may be that either the people lack the wherewithal to fulfil their desires or even more important, there are real impediments to the adoption of contraceptives. Among the few who had practised, the method of preference seemed to be condom. This is in contrast with the results obtained in the other urban studies where the preference was generally for rhythm or coitus interruptus especially among the lower social groups.

The study[9] conducted in two of the big cities of Uttar Pradesh, viz. Lucknow and Kanpur, revealed striking differentials with regard to the practice of contraception in the different socio-economic classes. Among the high caste Hindus who form the bulk of the population, the percentage of wives who ever practised contraception varied from 0 in the lowest economic class (income below Rs. 100 p.m.) to 40 in the highest class (income over Rs. 500 p.m.), the proportions in the two intermediate groups being 12 per cent and 27 per cent. It is relevant to point out in this context that in a similar survey in Kanpur (cited above) the percentage of women who had practised contraception was less than 3 per cent. Differences in sample selection alone cannot possibly explain the observed differences nor are there substantial grounds to assume that wide variations in the practice

[8] Majumdar, D.N., *Social Contours of an Industrial City: Social Survey of Kanpur*, Asia Publishing House, Bombay, (1960).

[9] Sinha, J.N., 'Differential fertility and family limitation in an urban community of U.P.', *Population Studies*, Vol. 11, No. 2, (1957).

of contraception exist in the two cities.

Interesting results have been obtained from the pilot research project[10] in family planning undertaken by the J.K. Institute of Sociology and Human Relations, Lucknow, in the year 1952. This study covered a cluster of 26 villages about 12 to 18 miles from the city of Lucknow in a community development area. About 16 per cent of the women had responded positively to the practice of family planning and this proportion is doubled if mothers who want no more children alone were considered, the most widely used method being foam tablet. While the results of most surveys conducted so far in India indicated widespread ignorance of even the elementary methods of family planning, the above survey had given a somewhat divergent picture of the situation. The results are more or less at par with those obtained for the cities of Lucknow and Kanpur discussed above. This may possibly be explained in two ways. First, the relatively high proportion of women practising family planning might be to some extent due to the free distribution of foam tablets by the family planning centre. If then the incentive to practise is the availability of contraceptive materials free of cost the proportion practising is likely to dwindle as soon as the free supplies are withdrawn (which is inevitable) unless compensated by a human change in favour of family planning. Second, some women who are outside the orbit of influence of the family planning centre might also be practising, in the normal course, methods like rhythm, sponge or oil plug as reported in the survey. If that be so, there is little justification in the frequently advanced argument that the rural people are totally ignorant of family planning methods. This seems to be sweeping statement. In this context it may be suggested that the survey methodology that is generally adopted may require modification to suit the special characteristics of contemporary rural population with a view to stepping up the quality of data that may be collected. Such data, while plugging the existing gaps in the information regarding family planning among the vast rural populations, shall also be helpful in channelling family planning efforts of the Government of India with greater objectivity.

A family planning survey[11] was carried out by the Demography Unit of the Indian Statistical Institute in Calcutta city in 1956-57. The main objects of this study were to assess the prevalence of contra-

[10] Singh, Baljit, 'Family planning in rural areas', *Studies in Family Planning*, Directorate General of Health Services, Ministry of Health, Government of India, (1960).

[11] Poti, S.J., Malaker, C.R. & Chakraborti, B., An enquiry into the prevalence of contraceptive practices in Calcutta city (1956-57), Sixth International Conference on Planned Parenthood, New Delhi, (1959).

ceptive practices among the different socio-economic groups, the effectiveness of various birth control methods and their effect on the fertility pattern and the trend in the incidence of contraception. The study revealed that about 81 per cent of the couples belonging to the high social stratum of society had practised contraception sometime or the other during their married life. In the two lower ones the corresponding figures were 63 per cent and 24 per cent. As the criterion of 'ever-practised' does not necessarily indicate how extensively birth control was practised, the number of months when contraception was practised or not during the period of risk of pregnancy was calculated which showed more striking differentials with respect to social status as compared to the indices mentioned above signifying that couples in the high stratum practised contraception more extensively than their counterparts in the lower ones. There was also an indication that more prosperous couples prefer condom (about 21 per cent of the total period of exposure to pregnancy could be classified under this method) to other techniques of contraception whereas couples of lower social status were more inclined to adopt rhythm or coitus interruptus than the appliance methods whenever they decide to adopt family planning. Of all the methods of contraception coitus interruptus had a uniformly high effectiveness index in all the social classes (over 80 per cent). In the case of condom, though it could be credited with a high level of efficiency so far as the high stratum of society was concerned, the efficiency declined rapidly in the other social classes which could be attributed to their inconsistent and improper use arising out of weak motivation as well as the poor quality and high price of the contraceptive materials. The use-effectiveness of contraceptive practice in the different social classes also varied considerably and as might be expected it was higher in the upper stratum where such practice was responsible for about 37 per cent of reduction in the pregnancy rate whereas in the middle and lower strata the corresponding reductions were 21 per cent and 7 per cent. From this the inference could be drawn that in highly urbanized areas (like Calcutta city) the inverse relationship between fertility and social status is mainly due to the more effective and extensive practice of contraception by the couples in the higher strata.

The diffusion of contraceptive knowledge in Western societies had followed, as a rule, a set pattern. Almost the first to adopt family planning were the couples in the highest social class from where the knowledge diffused into the lower levels of society. A marriage cohort-wise analysis of the data suggested that a more or less similar pattern was discernible among the Calcutta population also. In the high social class the trend in the percentage of couples practising contraception for the first time during the 5 years after marriage showed only a

moderate increase, viz. 54 per cent, 70 per cent and 79 per cent for marriage cohorts 1935-41, 1942-48 and 1949-55 respectively while the corresponding figures for the middle and low strata were 23 per cent, 45 per cent, 63 per cent and 10 per cent, 11 per cent, 32 per cent respectively. There was a perceptible rise in the practice rate for the 1942-after marriage cohort in the middle stratum and for the 1949-after marriage cohort in the low stratum. This seemed to suggest that the pattern set in the lower social classes might have been the result of diffusion into them of the small family notion from the higher social classes. It may also be reasonable to assume that the rapid spread of small family concept among the lower classes could have been accelerated by the prevailing adverse social and economic conditions which were more trying than ever before. If that be so, such a change in attitude without a parallel change in social and cultural values is not likely to sustain itself for long.

The socio-economic differentials in the attitude towards family planning has been adequately brought out by the West Bengal Special Demographic Study (1954)[12] conducted by the Indian Statistical Institute in connection with the National Sample Survey where male heads of selected households were interviewed. Two of the questions posed were 'should effort be made to limit the number ?' and 'would you approve of contraceptives ?' While the proportions answering 'yes' to the first question were quite substantial and not markedly different from one another in the rural, town and city (Calcutta) sectors, those giving similar response to the latter question showed considerable variation in the three sectors, viz. 38 per cent, 53 per cent and 61 per cent respectively. Further analysis based on education of the respondent indicated that the proportion approving contraceptives tended to increase with educational attainment in the rural and town sectors. A similar divergence was not, however, discernible among the Calcutta city respondents. This points to a significant fact that while all sections of the city population seem to show similar disposition in the matter of approving the use of contraceptives for limiting the family size, only those in the upper social classes actually practise birth control to any appreciable degree as revealed by the Calcutta Study cited earlier. The wide gap between approval and practice especially in the lower social classes largely reflects the ambivalent attitude they have to the question of family planning. It is certainly impossible for one to act in a situation of contradictions and inconsistencies. It is necessary, therefore, to re-

[12] Som, R.K. and Sen Gupta, S., Survey of opinion of optimum number of children and attitude towards family planning, West Bengal, Studies in Family Planning, Directorate General of Health Services, Ministry of Health, Government of India, (1960).

move this ambivalence through sound motivation programmes, so that family planning may be largely acceptable with fewer mental reservations.

So far our discussion related to selected areas in the Western, Northern and Eastern regions of India. We may now take up for consideration some of the surveys carried out in selected areas of the Southern region in recent years for studying the fertility behaviour.

The Mysore Study[13] undertaken jointly by the Government of India and the United Nations in 1951-52 covering both the urban (Bangalore city) and the rural sectors of the State is one of the most well designed and carefully executed surveys in recent years. Besides collecting a variety of information on demographic, social and economic particulars from the sample households, information regarding knowledge and practice of methods of family limitation was also elicited through a fertility and attitude survey confined to a subsample of the married couples. As observed in most other similar studies conducted elsewhere in the sub-continent, the knowledge regarding methods of family planning was very poor in the rural zones, only about one-tenths of the husbands or wives possessing such knowledge while in Bangalore city the corresponding fraction was two-thirds. It is interesting to note that the most well-known method in both the urban and rural sectors was sterilization of wife. That the awareness of this method was more than any other, withdrawal for instance, which might have been known (and even practised) to a greater extent, is surprising. In view of the skill and care with which the inquiry was conducted the above finding cannot be easily brushed aside. However, it might be worth exploring how far induced abortions could have been construed and reported as female sterilization and secondly the possible effect of any interviewer bias in the recorded data. It is also significant to note that the survey did not reveal any 'indigenous' method of contraception in the rural areas.

As regards practice of contraception, about 9 per cent of the couples selected from Bangalore city had used some method of contraception, 7 per cent having adopted abstinence or safe-period. Only 2 per cent had used other methods including condom, pessary and withdrawal. These latter methods were used chiefly by the well-educated. In general, attempts to limit the family size were made by those who had several children and who did not desire more. It is important to observe here that even among those who had expressed a desire to have no more children in Bangalore city only about 15 per cent had used any method and the proportion in the rural sector was still smaller. The failure to practise by those who desire no more

[13] 'Population trends and social-economic developments in selected areas of Mysore State' (draft), United Nations-Government of India.

children could have been due to lack of knowledge. However, it is not clear how many of the couples who desired no more children would be sufficiently motivated to apply scrupulously and with determination the appropriate methods even if they had adequate knowledge. This is a crucial point to be reckoned with in any programme for the promotion of family planning. The development of necessary motivation for the sustained use of birth control methods is largely determined by suitable changes in the social and cultural milieu. This process is unavoidably slow.

A survey[14] to study the attitude to family planning was carried out in 1958-59 by the Demographic Research Centre (State Department of Statistics), Trivandrum in a few selected towns in Kerala State. Some of the results show interesting deviations from those found elsewhere.

In the city of Trivandrum, the most populous of all the towns selected, only 8 per cent of husbands and 2 per cent of wives were found to have 'sufficiently good' knowledge of family planning methods. For the other towns surveyed the corresponding figures were 34 per cent and 31 per cent for Quilon, 7 per cent for Alleppey (husbands only) and 25 per cent and 19 per cent for Kottayam. It may be seen that in the towns of Trivandrum and Alleppey which had larger populations, percentage of husbands and wives possessing sufficiently good knowledge about family planning was less compared to the other smaller towns. Taking also into consideration those who have vague knowledge the position is not materially altered. However, a point worth considering here is that the proportion of husbands or wives who were 'too old' or who refused to respond to the question on knowledge about family planning methods was substantial in the Trivandrum sample while it was almost negligible in the other towns. Even on the assumption that a considerable proportion of the 'refusals' had sufficiently good knowledge the estimated rate for Trivandrum city is still likely to be lower than the rest. Further, consistently lower figures have been obtained in all the economic groups from which it may be inferred that the level of knowledge of these couples as revealed by the survey was really poorer. The results so far as Trivandrum city is concerned is somewhat surprising in view of the many special advantages and facilities the city has with respect to education, medicine and public health. However, to what extent other characteristics of the surveyed towns could have influenced the level of knowledge of family planning methods requires further probing. For instance, it was found that about 61 per cent of the population in the age-group 15-54 years usually read periodicals or books either

[14] 'Attitude to family planning', parts 1-4 (mimeographed), Demographic Research Centre, Trivandrum.

in the vernacular or English in Trivandrum and Alleppey while it was 79 per cent for Quilon and 82 per cent for Kottayam.

In this study husbands and wives have been asked to state the source of their knowledge of contraceptive methods. The chief source of knowledge for the husbands was books and pamphlets. The percentage of husbands deriving knowledge from this source in Trivandrum and Alleppey were much higher than those for Quilon or Kottayam. This fact, when viewed against the earlier observations on reading habits, seems to lead to a somewhat paradoxical situation.

Most of the wives had obtained information on contraception from their husbands. This is in conformity with the findings of the Calcutta Study discussed earlier. A significant minority, however, derived such knowledge from books or pamphlets. In Trivandrum city, however, about half the number of wives had obtained the information from doctors, clinics or health departments. The recent efforts of the government to popularize family planning through public health services might have contributed to the observed popularity of clinics in the dissemination of family planning knowledge. But a similar impact was not discernible among the Calcutta population where wives invariably obtained information on family planning from their husbands and the latter in turn obtained the same generally from books and pamphlets if they were educated and from friends and relatives if they were not. Thus, as a medium for the dissemination of information on family planning, doctors and clinics in Calcutta did not have the importance they have in Trivandrum, at least at the time of the inquiry in 1956-57.

A classification of husbands and wives with 'sufficiently good' knowledge according to methods about which they have knowledge (not necessarily practised) indicated that in Trivandrum and Alleppey, the methods best known to husbands were condom and rhythm. Most wives in Trivandrum reported knowledge of rhythm and male sterilization while the best known methods among the wives in Alleppey were rhythm and condom. Among the Quilon and Kottayam husbands and wives the popularly known methods were spermicides and sterilization (male and female). These observations lead to the conclusion that while people are generally aware of rhythm method and to a lesser extent of condom or sterilization particularly pertaining to the male, the knowledge is understandably scanty with respect to diaphragm. Surprisingly, the knowledge of coitus interruptus is also relatively meagre compared to the other methods, though among the contraceptors it was found to be quite a popular one. It may be that a number of couples who knew this method also found it convenient to practise it. If such an inference is valid then popularization of this method of contraception has great practical utility. Though infallible

this method has several advantages which make it especially suitable for a country like ours. From the point of view of effectiveness (in a demographic sense) also the method is not very much inferior to appliance methods like condom or diaphragm which are more difficult to practise.

It is generally believed that the pattern of contraceptive behaviour varies from one section of the population to another. This is possible in view of the differences in the economic, social and cultural pressures in the various segments. It is generally observed that the lower classes of people invariably adopt non-appliance methods whenever they decide on family planning while the appliance techniques are favoured only by those belonging to the higher status groups. To what extent the Kerala data conform to this pattern is worth consideration.

Classifying the populations into two broad groups according to household income, a general conclusion may be formed that the most frequently used methods were safe period and coitus interruptus in both the classes in all the towns excepting Trivandrum city where the practice of condom beside safe period had been reported in these economic groups. Of course, in the other towns also couples in the higher economic group had also practised condom but not to any appreciable extent. The less frequent use of appliance methods in these towns seems to support the contention that only with the attainment of a certain degree of urbanization (with the consequent implications) that motivation to adopt such methods is developed. It is, however, interesting to observe that in Kottayam, a relatively small-sized town, the practice of condom was found to be substantial and to the extent of safe-period in the lower economic class.

The reasons generally adduced for the adoption of safe period were its effectiveness, cheapness and its non-interference with enjoyment whereas coitus interruptus was preferred for its effectiveness and cheapness. For adopting condom the chief consideration was its effectiveness.

A number of persons did not practise the method(s) they knew. An understanding of the reasons for the non-practice in spite of their knowledge is useful for adopting a realistic and meaningful approach to the question of family planning. The feeling that the methods were not generally effective was the most important reason for not practising family planning methods by a number of people. Some husbands, on the other hand, had stated that they could not afford to practise. The Kottayam husbands had different reasons for their non-practice. They either suspected that the practice had deleterious effect on health or fecundity or they felt that the application was difficult or troublesome (Quilon had not been considered here because for more than

85 per cent of the husbands the reasons for non-practice have not been recorded.)

A survey[15] to study the attitude of couples towards family planning in the Putupakham area of the city of Madras was conducted by the Institute of Population Studies (Madras) in 1958, following an intensive family planning programme in the locality. A sample of couples with at least two living children were interviewed. Knowledge regarding family planning was closely related to educational attainments. About 96 per cent of the husbands with at least matriculate level of education, 81 per cent of pre-matriculate husbands and 43 per cent of illiterate husbands had some knowledge of family planning. A substantial number of husbands and wives were in favour of family planning, the proportion again varying with education. Knowledge of vasectomy and salpingectomy was fairly widespread. Most couples associated family planning with limitation of children while the spacing aspect was almost unknown.

It is significant to note that the proportion of husbands or wives who were in favour of sterilization was quite substantial. In the existing level of awareness of specific methods of birth control in the country as a whole this seems to be high. To some extent the preference for this method might be presumably due to the high fertility of the selected couples. Also the emphasis on this particular method of limiting the family size in the family planning programme which preceded the survey might be an important additional factor.

A similar survey[16] was carried out by the above Institute in a village called Mangadu, near Madras, where a family planning clinic is in operation to provide information and facilities free of cost, if necessary. Of the 692 married couples selected with at least one living child, 55 per cent of husbands were in favour of family planning while the rest were against it. Of the wives, 58 per cent were in favour of family planning. Among the 632 couples who accepted contraceptives, 192 pregnancies occurred during the follow-up period of 30 months, most of which were ascribed to non-practice of the method. This is one of the crucial situations to be tackled in a programme for the promotion of family planning. The failure to practise in this case was obviously not due to lack of adequate knowledge nor was it due to non-availability of the contraceptive material. Hence, it may be concluded that adequacy of knowledge of methods alone without sufficient motivation to practise them does not necessarily lead to their adoption.

[15] Agarwala, S.N., 'Family planning studies in India', *Family Planning News*, Vol. 2, No. 12, (1961).

[16] Chandrasekhar, S., 'Family planning in an Indian village; motivation and methods', *Population Review*, Vol. 3, (1959).

Conclusion :

Several considerations are involved in the planning and execution of programmes for the promotion of family planning. The importance of bench-mark data on the social customs and cultural values of the subjects, their attitude towards contraception, the available or acceptable vehicles of communication, the existing status of knowledge and practice of family planning, etc. need not be over-emphasized. Any attempt to deal adequately with all these innumerable aspects for a diverse population as ours within a limited space coverage would be unwise. In this paper, therefore, only one aspect, viz. that relating to the level of knowledge and practice of birth control has been taken up for consideration. This was attempted by surveying the data available from some of the studies carried out in the selected parts of the country by different agencies. Although the results are not strictly comparable, they do in a way highlight the essential regional divergences or similarities in the prevalence of knowledge and practice of family planning. The implications of some of the findings in the development of family planning promotion programmes have been discussed.

Almost all the surveys included in this study have pointed to the conclusion that the people, especially in the rural areas, are generally ignorant of any methods for the limitation of the family. Though it is rather difficult to marshal statistical evidence to dispute this, there is, at the same time, some difficulty in accepting this finding in toto. The highly personal and intimate nature of the subject matter which itself is a deterrent to the establishment of satisfactory rapport between the interviewer and the interviewee has to be considered before forming conclusions on the basis of data obtained from field investigations. This limitation aspect has been rightly emphasized in the report on the Kerala Survey.

Usually the non-practice of contraception is attributed to either lack of knowledge or non-availability of contraceptive material. This is a superficial observation. For instance, in a village survey near Madras city it was found that a number of women who were given contraceptive materials did not use them. Similarly, in the studies carried out in Trivandrum and a few other towns in the Kerala State many of the couples could not practise family planning despite their knowledge. This merely shows that adequacy (or even availability) of contraceptive knowledge (or material) alone cannot motivate the people to take to contraception. Raising the general level of education is but one step forward in the efforts to make family planning acceptable to the community. But while educating the couples in family planning special attention should be given to the husbands who have been often times accused by the wives as the real obstacles to the

effective practice of family planning. This aspect of the problem has not received the attention that is due. The failure of the clinics in educating the population in family planning is largely due to the misplaced emphasis. They have a decided bias in favour of females.

It has been observed by a number of investigators that a substantial proportion of married women wanted a limited family. In some of the studies, notably the one conducted by the Gokhale Institute of Politics and Economics, in the districts of Nasik, Kolaba and Satara, it was further observed that these women were not inclined to make any deliberate attempt to achieve their objective. What makes these women to adopt such an attitude in spite of their recognizing the desirability of a limited family deserves closer examination. Obstacles in the form of husband-opposition to the practice of birth control, lack of a simple, cheap and satisfactory method (e.g. oral pill), or social and cultural antagonism to the easy adoption of family planning are plausible explanations for the observed attitude.

The Calcutta Study conducted by the Indian Statistical Institute has lent support to some of the demographic realities usually observed in the developed societies of the West. For instance, the inverse relationship between fertility and social status was mainly due to the more extensive and effective practice of contraception by those in the higher classes and that the knowledge of family planning had generally tended to be diffused from the higher to the lower social groups. Another useful finding was that most of the couples who adopted contraception in the lowest social stratum did so mainly due to dire economic necessity rather than due to any shift in their social and cultural values. This indicates that for the concept of family planning to take firm roots in the sexual pattern particularly of the lower classes who form the greater part of the population mighty and sustained efforts are needed.

Those who practised family planning prefer rhythm or coitus interruptus. Of course, in the city areas some people, particularly those in the higher social classes, do favour condom. The Calcutta Study had demonstrated that of all the methods practised coitus interruptus had the highest effectiveness index (over 80 per cent) in all the social classes whereas the effectiveness of condom declined with lowering of the social status. Studies in other countries had also shown that coitus interruptus was not very much inferior to such methods like condom or diaphragm. In view of this and other practical considerations this particular method seems to be especially suitable for a country like ours at least during the initial stages of development of family planning.

Summary

The importance of base-line data on knowledge and practice of contraception and related aspects in the promotion of family planning has been widely recognized. In this paper the information regarding such knowledge and practice obtained from some recent demographic surveys has been examined.

The few couples in the lower socio-economic classes who practise contraception do so perhaps on account of adverse economic pressures. There is also a wide gap between approval and practice of family planning reflecting an ambivalent attitude. This attitude needs correction. Mere adequacy of contraceptive knowledge or availability of methods is not likely to lead to action in the absence of adequate motivation. Further, it has been highlighted by some investigations that the co-operation of the husband is an important consideration in taking a practical step towards contraception. It is, therefore, necessary that the strategy for the promotion of family planning should not fail to recognize the dominance of the male in the Indian family system.

The practice of modern methods of contraception requires a certain degree of social and economic well-being. To achieve quick results, however, emphasis may be placed on some suitable untutored methods of contraception (e.g. coitus interruptus) in the initial stages of development of family planning in this country.

सारांश

भारत में गर्भ-निरोध[1] का ज्ञान और आचार : इधर के कुछ अध्ययनों का सर्वेक्षण

एम. वी. रामन

परिवार नियोजन कार्यक्रम की प्रगति में गर्भ-निरोध और तत्संबंधित पहलुओं के ज्ञान और आचार के बारे में आधार-रेखा न्यास[2] का महत्त्व सर्वमान्य है. ऐसे ज्ञान और आचार के कुछ इधर के जनसांख्यिकीय[3] सर्वेक्षणों से प्राप्त जानकारी का परीक्षण इस लेख में किया गया है.

निम्न-तर सामाजिक-आर्थिक वर्गों के जो दंपती गर्भ-निरोध को व्यवहृत करते हैं वे संभवत: प्रतिकूल आर्थिक दबावों के कारण वैसा करने को उद्यत होते हैं. परिवार नियोजन के

१. गर्भ-निरोध - contraception
२. आधार-रेखा न्यास - base-line data
३. जनसांख्यिकीय - demographic

लिए अनुमति और उसके आचार के बीच बड़ी खाई है, जो उसकी उभयभावी[४] प्रवृत्ति को प्रकट करती है. इस प्रवृत्ति का सुधार आवश्यक है. अभिप्रेरणा[५] का अभाव हो तो गर्भ-निरोध का ज्ञान तथा साधन पर्याप्त मात्रा में होने मात्र से उसका आचार संभवनीय नहीं है. कुछ अन्वेषणों से यह स्पष्ट होता है कि गर्भ-निरोध की ओर व्यावहारिक कदम उठानेमें पति का सहयोग एक महत्त्वपूर्ण बात है. इसलिए परिवार नियोजन की प्रगति की व्यूह–रचना में, भारतीय परिवार प्रणाली में पुरुष वर्ग के वर्चस्व को प्रतीत करने में भूल नहीं होनी चाहिए.

गर्भ-निरोध की आधुनिक प्रणाली के व्यवहार के लिए कुछ मात्रामें सामाजिक एवं आर्थिक कल्याण आवश्यक है, तथापि अभीष्ट परिणाम शीघ्र प्राप्त कर लेने के लिए प्रगति की प्रारंभिक आवस्थाओं में गर्भ-निरोध की कुछ समुचित पद्धतियों पर बल दिया जाए जिनके लिए आचार की शिक्षा दिलाने की आवश्यकता न हो.

४. उभयभावी - ambivalent

५. अभिप्रेरणा - motivation