

FERTILITY BEHAVIOUR AND MODERN FERTILITY CONTROL TECHNIQUES: A CASE STUDY OF AJMER DISTRICT

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Abstract: *Human control over the process of child birth is increasing with the development of science and technology. Advancement has changed the attitude of women towards pregnancy and child birth. The extent, to which the couples in their reproductive age accept the idea of family limitation and practice it, influences the fertility of a group or society to a great level. Though the Indian Government launched an official family planning programme in 1952 to promote the idea of family limitation and to make contraceptives available to the people for this purpose but the KAP surveys reveal the poor penetration of FPP in the rural areas. The aim of the paper is to explore fertility behaviour as embedded in the framework of rural and urban society. The paper focuses on people's response to FPP. What are the differences in beliefs regarding fertility control measures? What is the status of women regarding the acceptance of FPP? In this paper, various aspects of the knowledge of family planning are examined on the part of the respondents. These include the concept of family planning as understood by them, time when first heard, germination of the idea of family planning, sources of information, advantages and disadvantages of family planning and awareness of the governments' program of family planning. The paper is based on intensive fieldwork. The data for the present study were collected through household survey conducted by administering structured questionnaires to randomly selected household residing in rural and urban areas of Ajmer District. The sample selection was confined to the household with eligible women (in the age group of 15-44). The traditional and modern societies have their own characteristic, distinct demographic and family planning behaviour pattern. The former favours low growth rates of population with high fertility and mortality situations whereas the latter favours a refined demographic and family planning behaviour with low fertility and mortality situations.*

Keywords: Fertility Behaviour, Modern Fertility, Family Planning.

Fertility behaviour refers not merely to the bearing of children but also to their care and socialization and the maintenance of adult individuals through their lives, processes which create individuals to fit more or less into the social structure of society and so ensure the continuation of that society in the next generation. Human control over the process of child birth is increasing with the development of science and technology. Advancement has changed the attitude of women towards pregnancy and child birth. The extent, to which the couples in their reproductive age accept the idea of family limitation and practice it, influences the fertility of a group or society to a great level. The successful limitation of family size by the couples depends not only on their family ideals but also on their psychological acceptance of family limitation, knowledge of birth control methods, availability of contraceptives, psychological and economic costs and more important an environment favorable to the practice of birth control (Ramu, 1988). Though the Indian government launched an official family planning programme in 1952 to promote the idea of family limitation and to make contraceptives available to the people for this purpose but the KAP surveys reveal the poor penetration of FPP in the rural areas.

The aim of the paper is to explore fertility behaviour as embedded in the framework of rural and urban society. The paper focuses on people's response to FPP. In this paper, various aspects of the knowledge of family planning are examined on the part of the respondents. These include the concept of family planning as understood by them, time when first heard, germination of the idea of family planning, sources of information, advantages and disadvantages of family planning and awareness of the governments' program of family planning. The paper is based on intensive fieldwork. The data for the present study were collected through household survey conducted by administering structured questionnaires to randomly selected household residing in rural and urban areas of Ajmer District. The sample selection was confined to the household with eligible women (in the age group of 15-44).

Awareness of the People

Increasing population means a constant drain of the limited resources of the nation so fertility control is a necessary step without which economic development would be retarded. The Family Planning Programme in India was officially launched in 1952. The couples do not feel the need to plan their family due to their ignorance of the effective use of contraceptives and the importance of spacing children for the health of both mother and child. Effective fertility control is, therefore possible only by adequately motivating and enlightening the couple to practice family planning. In order to assess the knowledge of family planning the respondent are asked 'Do you know about family planning? In response to this question out of 1200 urban respondents, 93.4 percent replied in the affirmative. On the contrary, in rural sample only 60.2 percent respondents replied 'yes'. This shows that the concept of family planning is comparatively familiar to the urban people rather than to the rural ones. FPP took an unusually long time to reach the rural areas. Although the people of Ajmer have heard about the birth control programme and techniques they have little clarity about it.

The people of rural areas and those living in joint families in urban areas of Ajmer subscribe to a complex set of practices and beliefs about fertility, spacing of births, mother and child health and optimum family size. But FPP reflects little knowledge of people's reproductive beliefs and practices. Therefore, people's response to FPP has been to compare it with their own practices of fertility behaviour. The norms, values, prevailing beliefs, rituals, social practices and folk medicines are too complex to permit an uncritical acceptance of FPP. Now everywhere in urban and rural areas, family planning centers are being opened which are furnished with literature, scientific appliances and medicines to be freely distributed. At places in the cities, trained staff has been kept to give free advice and help in the use of contraceptives. It is for the people to rise to the occasion and make most of the help available. Therefore, it is useful to find out the source of information about family planning. Table 1 indicates the various sources of information about family planning.

The table indicates that in the rural areas 723 respondents are aware of family planning measures. Among the various sources of information about family planning 74.6percent respondents are motivated by family planning workers and officials and 2.8 percent by radio. Only 1.9 percent respondents told that their source of information is poster/literature. Data reveals that in rural areas, the family planning workers and officials are the major sources of information because they go door to door and educate the people about family planning. And for urban areas, the family planning literature is comparatively more effective source as 64.9 percent respondents are informed by this sources, 24.2 percent respondents are informed by friends, relatives and neighbours. Thus mouth publicity is the main source of information in the urban areas. An individual imports his experience and knowledge to another. To collect information about the family planning centers the respondents are asked, 'Has Government opened any family planning centre in your areas'. In

response to this 96.6 percent urban respondents know that the government has opened family planning centers in their area while 3.4 percent replied 'No'. 85.5 percent rural respondents replied 'Yes' while 14.5 percent replied 'No'. The respondents are also asked about their visit to the Family Planning Clinics. In response to this 93.4 percent urban respondent and only 60.2 percent rural respondents replied 'Yes', they have visited a family planning clinic. This indicates a change in the behaviour of the people and overcome of unfavourable beliefs and superstitions relating to family planning.

Table 1: Respondents Sources of Information about Family Planning

#	Sources of Information	Freq. of Resp.		Percentage	
		Urban	Rural	Urban	Rural
1.	Relatives/Friends/Neighbours	271	29	24.2	4.0
2.	Family Planning workers/officials	53	539	4.8	74.6
3.	Leaders	23	19	2.0	2.6
4.	Radio	15	20	1.3	2.8
5.	Posters/Literature	727	14	64.9	1.9
6.	Cinema/Slide projection/video films	32	102	2.8	14.1
	Total	1121	723	100.0	100.0

Acceptance of the People

Most people in rural areas consider FPP synonymous to termination of fertility i.e. sterilization. They are seen as governmental means to curtail or stop childbirth. In spite of the knowledge about certain contraceptives, people seldom use them regularly. An attempt is made to ascertain adoption and non-adoption of family planning methods in the rural and urban respondents. The analysis reveals that 47.6 percent rural and 78 percent urban respondents adopted various methods of family planning while 52.4 percent rural and 22 percent urban respondents do not use any family planning measures. An attempt is also made to know the reasons for non-adoption of family planning measures. The Table 2 reveals the reason for non-adoption of family planning. The respondents gave two-three reasons for non-adoption. 103 urban and 114 rural respondents do not adopt any family planning measure as they want child. 241 rural respondent fear side-effects while 45 urban respondents say they didn't enjoy with these measures. 82 urban and 248 rural respondents say their family members are against the use of these measures so they are not able to use. 183 urban and 248 rural respondents say it is against religion. Majority of them are either Muslims or Christians. 23 urban and 106 rural respondents deny the use due to ill-health. The above table also explains that 6.8 percent urban and 20.6 percent rural respondents face family opposition regarding the use of family planning methods. The reason behind opposition is that old members of the family favour large families. The study reveals quite a large number of people do not use contraceptives due to objections of their families.

People believe contraceptives threaten whatever little privacy they have. To use contraceptives is to risk public disapproval or ridicules. Condoms are source of embarrassment for them. Disposing of condoms is not easy. It is not easily perishable and has to be buried carefully. It is extremely difficult for a woman to maintain a specific time schedule for pills. Secondly, storing them is also a problem as in the rural areas all the household members have equal claim and access to all rooms in the house. This disrupts regular use of contraceptives. In the urban areas generally every couple has a bedroom where the contraceptives can be easily stored.

Table 2: Reasons for Non-Adoption of Family Planning Methods

Reasons for Non-Adoption of Family Planning	Urban Resp.	Rural Resp.
Want child	103	114
Fear of side effect	1	241
Cannot enjoy with these methods	45	1
Against family members	82	248
Against Religion	183	248
Health	23	106

The respondents are asked about the best method of family planning they have adopted. The Table 3 reveals that in the urban sample 18 percent of respondents recognized 'French leather', 20.6 percent Oral Pills, 2.5 percent self control, 17.3 percent female sterilization and 9.4 percent considered male sterilization as the best method of family planning while in rural sample 24 percent respondents feel female sterilization as the best method of family planning. The French leather method is very popular because it is cheap, harmless and easy to use. That is why urban people have given it the second preference. The people can also get it easily from any family planning centre or any shop. Sterilization got third preference in urban and first preference in rural area. Sterilization was introduced during the national emergency by school teachers, doctors, nurses and other officials visiting the villages occasionally. Official propaganda and urban contact also exposed people to this idea. Sterilization is a matter of shame and is considered a sinful act. It is believed to interfere with a women's physical capability for hard agricultural work, be it back-breaking tasks or the transporting of heavy loads on head. The post-operative complications are feared to bring a couple's sexual life to a virtual end. The fear of prolonged post-surgical weakness and pain encourage few people to opt for it even when social norms expect them to stop procreation. As the new technique, laparoscopy is becoming popular among both rural and urban women. It has fewer complications and is convenient as well. The usual comment is, 'It involves only a prick'. It does not require abstaining from heavy work and sexual life for long. It does not upset the daily activities as the women have to abstain from home for only an hour or two. In some cases of laparoscopy women have dared to take the step without a clear consensus or approval of their household members.

Table 3: Preference to Family Planning Method

S. No.	Family Planning Methods	Freq. of Respondents		Percentage	
		Urban	Rural	Urban	Rural
1	Female sterilization	208	288	17.3	24.0
2.	Male sterilization	113	80	9.4	6.7
3.	Copper-T	122	82	10.2	6.8
4.	Oral pills	247	54	20.6	4.5
5.	French Leather / Nirodh	216	60	18.0	5.0
6.	Other	30	7	2.5	0.6
	Total	936	571	78.0	47.6

People's Response

Inter-spouse communication helps in explaining fertility differences in India (Arora 1983, 1985, 1990 and Singh 1986). It is believed that a traditional joint family in India stands in the way of effective inter-spouse communication, which in turn has a bearing on the acceptance of contraception and hence on fertility. Bhatia and Neuman (1980) consider inter-spouse communication as a very strong variable in influencing the decision to accept family planning. Singh found that those respondents who had communicated about the number of children they would like to have, had lesser mean live births as compared to those who did not talk about it. In demographic literature, lack of communication between spouses is reported to enhance fertility and minimize its control.

In order to assess the level of communication between the respondents and their husbands they are asked whether they have ever discussed family welfare aspects with their husband. In response to this 58.4 percent of the rural respondents do not talk about family welfare aspects with their husbands while 41.6 percent accept to have such discussions. 85 percent of the respondents in the urban areas openly talk about family welfare aspects with their husbands while 15 percent did not have such talks with their husbands. Communication between young spouses in joint households is minimal. A couple in rural areas know the permissible range within which their fertility behaviour can vary. They know what the optimum number of children and sex composition should be. The young couple is aware of prevailing norms, precepts and practices. They are able to talk about such matters freely only after they have at least one child or have been married for several years. In the urban areas, nuclear households exist where the husband- wife communicate more and have fewer children, than those in joint households.

The villager's response to sterilization ranges from outright disapproval on the one hand, to willing approval on the other. Survival of a few children, including sons, is a crucial factor behind the decision to sterilize. Each of the sterilized women has on an average about five surviving children, with nearly three surviving sons. Most of the couples having only one son have sterilized themselves after having several daughters. Women who suffer higher mortality of children sterilized at a later age. Another important factor for sterilization is attainment of the status of mother-in-law. The mother-in-law prefers to end their fertility to avoid conception. Grown-up daughter or daughter-in-law living with them are helpful in overcoming any ill-effects of sterilization and provide the required rest. A sterilized woman is believed to suffer pain in the limbs, including backache and other ailments that reduce stamina. Sterilization is now overcome by Laparoscopy. It is regarded more convenient. In the urban areas two children family norms are very popular. It reduces the economic expenditures. It improves the mother's and children's health as well as provides better food and clothing to the children. Nowadays most of the educated and high class people are adopting the concept of one child. The family elders do not have a say in this matter. The decision of family planning is the sole prerogative of the husband and wife. Husbands generally do not deny. Thus, there is a wide difference in the family planning as well as the beliefs and norms relating to fertility behaviour of the rural and urban women.

Conclusion

The traditional and modern societies have their own characteristic, distinct demographic and family planning behaviour pattern. The former favours low growth rates of population with high fertility and mortality situations whereas the latter favours a refined demographic and family planning behaviour with low fertility and mortality situations. These two types of societies exhibiting divergent demographic and family planning behaviour of the people are clearly visible in the rural and urban areas of Ajmer District. Fertility is also analyzed in relation to certain value-orientation of the respondents such as son-preference, child value and

advantages as well as disadvantages of children. In the rural area the preferred number of children and son-preference attitude are positively related to fertility. An attempt is made to find out the reasons for son-preference. Parents belonging to different social strata and culture desire them for different reasons. Sons are preferred over daughters for economic, social, religious and political reasons. Son-preference is a very important variable responsible for higher fertility. Any society is significantly influenced to a great extent by these social institutional structures, norms, beliefs and values of the society. The development of science and technology has led to a change in the attitude of the people towards fertility behaviour. But still the access of women to these modern technologies and services is affected by a number of socio-cultural factors. The process of modernization has led to some changes in the belief-system of the people. But the exposure varies from person to person on the basis of education, occupation, family type and general awareness. The low status of women in Indian society, linked to traditional preference for sons, remains one of the powerful cultural barriers to fertility reduction. Improvement in the status of women can exert negative effects on fertility behaviour. Women should have the individual right to decide whether, when and how many children to have. They should not be compelled to have more children against their will. As the modern contraceptives and sterilization techniques do not have indigenous, social and cultural moorings, the people experience variety of tensions, uncertainties and indecision in adopting them. Thus these measures should be culturally linked.

References

1. Agarwal, S.N., (1966), 'Raising the Marriage Age for Women: A Means to Lower the Birth Rate', *Economic and Political Weekly*, Vol. 1, pp. 797 – 798.
2. Arora, C., (1983) 'Socio-economic Determinants of Fertility', *The Journal of Family Welfare*, Vol XXIX, No. 3, pp. 39-52.
3. Arora, C., (1985) 'Caste, Socio-Economic Status and Fertility: A Study of Proximate Determinants of Fertility in Village Ruvasa', *Guru Nanak Journal of Sociology*, Vol.-6, No.-2, pp. 81-86.
4. Arora, C., (1990) 'Social Structure and Fertility', National Book Organization, New Delhi.
5. Bhatia, J.C., and Neuman A.K., (1980) 'Inter Spousal Communication and Practice of Contraception in India', *The Journal of Family Welfare*, Vol. XXVI, No. 4, pp 18-30.
6. Das, N., (1984) 'Sex Preference Pattern and its Stability in India: 1970 – 80', *Demography*, India, Vol. 13(10), pp. 108-119.
7. Lahiri, S., (1984) 'Demand for Sons among Indian Couples by Urban-Rural Settlement Size,' *Demography*, India, Vol.13 (1), pp. 120-32.
8. Mc Kintosh, M., (1981) 'The Sexual Division of Labour and the Subordination of Women', in K.Yong, C. Wolkowitz and R.McCullagh, (eds), *Of Marriage and the Market*, CSE Books Publication, London.
9. Patel, T., (1994) 'Fertility Behaviour: Population and Society in a Rajasthan Village,' Oxford University Press, New Delhi.
10. Ramu, G.N., (1988) 'Family Structure and Fertility,' Sage Publication, New Delhi.
11. Repetto, R., (1972) 'Son Preference and Fertility Behaviour in Developing Countries,' *Studies in Family Planning*, Vol. 3 (4), pp. 70-76.
12. Singh, K. P., (1986) 'Correlates of Fertility Behaviour: A Study of Rural Communities in Punjab and Haryana', Concept Publishing Co., New Delhi.
13. Srinivas, M. N. and Ramaswamy, E.A., (1977) 'Culture and Human Fertility in India', Oxford University Press, New Delhi.