

AN EVALUATION OF FAMILY PLANNING AND CONTRACEPTIVE USE IN RURAL HATHRAS

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ABSTRACT

National Rural Health Mission (NRHM) vision envisaged provision of effective health care to rural population which had weak public health indicators and weak infrastructure. The strategic options before the Mission included integration of RCH, family welfare, and national programs of disease control under NRHM to achieve desired population stabilization goals. However, the National AIDS and Cancer programs were not integrated to the NRHM scheme. The functions & work activities of 'ASHAs' are: (1) To identify the pregnant women as beneficiaries & report for registration for NAC. (2) To assist the target woman to obtain necessary certifications where ever necessary. (3) To provide help the women in receiving at least three ANC checkups including TT injections, contraceptive tablets. (4) To identify a functional Govt. health centre/an accredited private centre for referral and delivery. (5) To counsel for institutional delivery of contraceptives. (6) To escort the beneficiary women to the pre-determined health centre. (7) To inform about the birth/death of the child or mother to ANM/MO. (8) To postnatal visits within 7 days of delivery to track mother's health after delivery & facilitate in obtaining care and to suggest family planning. (9) To counsel for initiation of contraceptive methods, and to promote for family planning. Each beneficiary registered under 'JSY' have a card along with a MCH card, this will effectively help in Antenatal checkup & the post-delivery care.

Key words: Attitude, Participation, Health, Family planning.

INTRODUCTION

Health is a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental human rights of every human being without any distinction of race, religion, belief, economic & social condition.

The factors affecting family planning programmes are-

- (i) Economic Factors: increase in per capita income etc.
- (ii) Social Factors: social stigma, mores, rituals and cultural traits, expansion of

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education and literacy, application of finding for the betterment of life especially in problem areas.

- (iii) Research and Advancement in Medical Science: Winning over the dreadful diseases presenting challenges epidermis; paying attention to community health and family planning.

However, women and children do not equally enjoy fruits of these developments especially of rural areas. They are still deprived sectors of society and this is well evident by the well-recognized fact that material and infant mortality remain steeply high in spite of striking fall in general mortality rate.[1-3] Undoubtedly maternal mortality is a sensitive indicator of health and general socio-economic development of a community or of a nation. In India, we too, face the challenge and the situation in rural community has been quite grave, acute and alarming.[4,5] Hence, the issue of family planning have been with high priority for Indian Govt. especially in view of the increased attention on the Millennium Development Goals.

REVIEW OF LITERATURE

Beginning with the Indianapolis Study of social and psychological factors affecting fertility (Whelpton and Kiser, 1991 and 1998)[5] almost every investigation showed socio-economic status as the predominant determinant variations in fertility. Clifford (1971)[6] stated that 'the complex of socio-economic forces exert their influence on fertility through the determination and reinforcement of certain value orientations.

Kahl (1970)[7], traditional values are compulsory in their force, sacred in their tone. They call for fatalistic acceptance of the world as it is Modern values is rational and secular, permit choice, clarify efficiency and stress individual responsibility. Planning orientation is an important element of modernization figures in Kahl's, Inkeles and Smith's concept of conceptualization and operationalization of modern man or modernism.

According to Kahl, the modern man is an activist, he believes in making plans in advance for the important events and

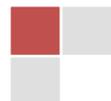
phases of his life, and has a sense of security that can usually bring these plans to fruition. Inkeles (1966) insists, "The more modern man is oriented towards, and involved in, planning and organizing; and believes in it as a way of handling life".

In literal sense, 'value' refers to the degree of worth or excellence assigned to or derived from an object. Kahl J.N.[8] (1968) revealed that values are considered as attitudes, motivations, objects, measurable quantities, substantive areas of behaviour, affective customs or traditions and relationships such as those between individuals, groups, objects and events. In the 'Value of Children' study (Arnold et al. 1975), the value referred to a hypothetical net worth of children, with positive value (satisfactions) balanced against negative values. In micro-economic theories of fertility developed by a number of economists (Leibenstein, 1967; Becker, 1990; Easterlin, 2001; Robinson and Hor Jacher, 2007). [9] child-bearing decisions were equated to consumer choices emphasizing income and price variables as controlling factors. A few studies were conducted on economic costs and benefits of children (Mueller, 1972; O'Donell, 1974; Cramer, 1995, Usha Rani, 2009). [10]

OBJECTIVES

The major objective of the present study is to find "Evaluation of Family Planning Policies and contraceptive use among rural areas of district Hathras in Uttar Pradesh; but the subsidiary (specific) objectives of this empirical study are as under :

(1) To recognize the complex relationship between Social factors and levels of health characteristics of contraceptives.



(2) To understand the social contexts of Health Care delivery system and identify the hurdles & its short comings.

(3) To evaluate the role and contribution of ASHA as a social-activist for health issues as family planning and contraceptives.

(4) To know the effects of the intervention over the social causes, social factors challenging contraceptive use.

METHODOLOGY

Non-availability of enough and appropriate subject matter regarding secondary data, the researcher has chosen exploratory research design for the study purpose. As we know that exploratory research design is used to find out the causes of a problem concerned and explanatory research design is used to explain the subject matter regarding the problem under study. To conduct any research through these research designs, a researcher can use available literature, informal interview, and non-participant observation to achieve the objectives of the study problem. 100 female respondents from the rural, seeking health facilities; are selected purposively.

Hathras' district is situated in Aligarh region of Uttar Pradesh on Agra-Aligarh and Mathura-Bareilly highway crossing. The district lies between 27°64' Latitude in North and 78°11' Longitude in East. The total area of the district is 1800.1 sq.km.

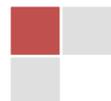
The district is newly created from the parts of Mathura & Aligarh districts and situated in western U.P. The district has four tehsils (Hathras, Sasni, Sikandrarao, Sadabad) and Seven Development Blocks (Hathras, Sasni, Hasayan, Sikandrarao, Sahpau & Sadabad) The district comprises 430 Gram

Panchayats and total 673 villages with Majras. The following table shows tehsilwise Blocks and total number of Gram Panchayats resides in the district with distance from Head Quarter.

RESULTS AND DISCUSSION

89 (89.00%) respondents have accepted that 'ASHAs' are performing 'Key role' in the implementation of 'NRHM' regarding family planning and contraceptive use. 42 (42%) respondents have accepted that 'NRHM' program is capable in stabilization of population growth through family planning works/schemes. 50 (50.60%) respondents have accepted that 'NRHM' program is not only helpful but also capable in family welfare. 45 (45%) respondents have accepted that the contraceptives provided under the scheme, by the government are not trustworthy for family planning for rural development and good health of ladies. 60 (60.00%) respondents were found of the view that the contribution of 'National Rural Health Mission' is not sufficient for family planning purposes. The respondents who answered differently, were the ladies who were either unaware or uneducated and were unable to understand the purpose of family planning.

'NRHM' programs are incapable to stabilize of population growth through family planning schemes. Compulsory birth of male child to perform religious ceremonies, abortion is considered as infant murder in Hindu religion, ASHAs' are playing casual role in the implementation of 'NRHM' regarding family planning and contraceptive use, the contribution of 'National Rural Health Mission' is not sufficient for family planning purposes due to corruption and insufficient facilities available at primary health centers.



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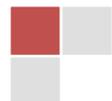


Table 1: The key questions & their responses given by respondents

The key questions	Response to the (frequencies / %)				Total (%)
	Yes	No	Neutral	Differently answered	
Do you agree that 'ASHAs' are playing key role in the implementation of 'NRHM' regarding family planning and contraceptive use?	89 (89.00)	04 (04.00)	06 (06.00)	01 (01.00)	100 (100.00)
Do you agree that 'NRHM' program capable in stabilization of population growth through family planning schemes?	42 (42.00)	44 (44.00)	10 (10.00)	04 (04.00)	100 (100.00)
Do you agree that 'NRHM' program is not only helpful but capable in family welfare?	50 (50.00)	24 (24.00)	22 (22.00)	04 (04.00)	100 (100.00)
Do you agree that the contraceptives provided by the government are safe to use and trustful.	45 (45.00)	35 (35.00)	20 (25.00)	-- (00.00)	100 (100.00)
Do you agree that the contribution of 'National Rural Health Mission' is not sufficient for family planning purposes?	60 (60.00)	17 (17.00)	10 (10.00)	13 (13.00)	100 (100.00)

(Note: The figures given in parentheses denote the percentage of frequencies)

