

SOCIAL ASPECT OF FAMILY PLANNING

by

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Introduction

The word 'Family Planning' usually is interpreted as complete limitation of the family or interference with God's creation. The major social hazard which has been a stumbling block to the progress of family planning is ignorance. Ignorance of the proper meaning of family planning and the importance of its implications. This involves not only our lay public at large but also intellectuals, hence it is very important that people from all the social strata should be made aware of the importance of proper planning of the family and the benefits thereof to them and their own children. For our lay people to understand the problem of rapid increase in population as a whole and the indirect effects of the same on an individual is still a far fetched thought. As we have seen that hardly anyone or rather none of the patients who come for

an abortion are concerned about the population problem—though these patients are comparatively more prone to accept a family planning method when coaxed to do so.

Material and Methods

In this paper the study of 12,103 patients who had either delivered or aborted at the K. E. M. Hospital mainly from the point of view of social factors affecting the acceptance of family planning by the patient is presented.

Each and every patient who had delivered or aborted was contacted by our worker, the general survey card was filled and the detailed information was collected. Patients were also advised a suitable family planning method. We found that the patients were more prone to accept family planning during their immediate postpartum period. The various factors

TABLE I
Number of Deliveries and Abortions

No. of deliveries	No. of abortions	Total
9,729	2,374 (including 446 M.T.P.)	12,103

TABLE II
Number of Percentage of Family Planning Acceptors

Tubectomy	Vasectomy	Oral pills	IUD	Condom	Others
2,176	726	1,501	342	3,120	265
178.98%	5.99%	12.4%	2.17%	25.77%	2.18%

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which affected the acceptance or rejection of family planning method by the patient are discussed later.

In our study of 12,103 patients, we found that not only the husbands insist on tubectomy of the wives, but somehow even wives are not much in favour of the husband being vasectomised. The deep rooted fear of subsequent impotence after vasectomy is imprinted in the minds of males as well as females. Condom is still the most widely accepted method of conventional contraception in Maharashtra. Oral pills are well accepted generally; almost 40% of our postnatal women agree to take oral contraceptives, but not all come back to us for the same. The adverse publicity of IUCD due to rumours as well as on account of complaints of bleeding, pain, and other side effects reported in large percentage of cases, affect the acceptance of IUCD by the patient.

TABLE III

Co-operative	Indifferent	Unco-operative
60%	25%	15%

Sometimes the family planning workers are almost treated with contempt, more so in the field survey when the worker goes to the patient's home. However, we feel that now comparatively more people are coming forward voluntarily to ask for advice on family planning.

TABLE IV
Knowledge of Family Planning

Fair knowledge of family planning	Vague knowledge	No knowledge
60%	25%	15%

TABLE V
Family Planning Acceptors—Religionwise Tubectomy

Hindus	Muslims	Christians	Total
1,910	170	96	2,176

Vasectomy

Hindus	Muslims	Christians	Total
634	58	34	726

I.U.C.D.

Hindus	Muslims	Christians	Total
308	21	13	342

The patients gave a variety of reasons for not accepting a family planning method. Some of them are listed in Table VI.

Having a son in the family is a matter of pride to the parents as he is expected to carry on the family name and support his parents in their old-age. This is not the concept of only illiterate and igno-

TABLE VI

Reasons For Not Accepting a Family Planning Method

1. Importance of a son
2. Religious beliefs
3. In-laws not agreeing
4. Wife or husband not willing
5. Going to native place
6. Scared of operation
7. Want children
8. Unco-operative attitude
9. Want a girl

rant but of even educated people of higher social strata. In the lower social strata the couple usually like to have atleast two sons due to higher mortality rate in this group of patients.

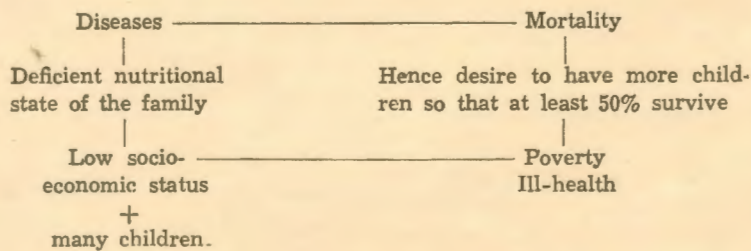
Religious beliefs and prejudices against Family Planning are hard to eradicate. The fear of interference with God's creation and fear of elimination is still deep

rooted in the minds of people. But gradually with mass education and propaganda, certain communities are now slowly coming forward to accept family planning methods.

Various other factors as mentioned above play a very important part in the acceptance of family planning by the couple. Ignorance and illiteracy are a great hinderance to the progress of family planning. It is very essential to educate them so that they understand the importance of family planning.

Role of Medical Profession

Being closely associated with family planning for a short period of three years, I feel that it is not only the lay public whose attitude towards family planning has to be changed but there is a drastic need to alter the attitude of the medical personnel. Recently, when an Honorary in medicine was requested to participate in a Family Planning Seminar, he was surprised. He said "What do I have to do with Family Planning". A doctor should understand that family planning is a preventive health measure. It interrupts a vicious circle as shown in this diagrammatic representation:



When the number of children are less, they can be comparatively better fed and better educated and they are less prone to ill-health. Due to increased number of children, mother and father too are physically as well as mentally burdened, be-

ing more prone to disease. It is very important that each and every doctor should consider it his duty to the patient and to his country to advise about family planning. General practitioners have a very important role to play as they are more closely associated with the patient and his family. They themselves should remain in touch with the recent advances in Family Planning and be in favour of its implementation.

Now the Family Planning training of undergraduate medical students has been already started during their final year course of M.B.B.S. and interns are more actively involved.

Other Factors

Various paramedical personnel play a very important role in the progress of Family Planning. In the rural areas, where there is scarcity of qualified medical personnel it is very essential that all the paramedical personnel and social workers, etc. are properly trained, for it is not only essential to motivate a patient to accept a Family Planning method, but it is still more essential to be able to properly follow up these patients, detect and immediately arrange to treat the

complications, if any, and also to give emotional support to the patient and alleviate her doubts and fears about family planning. Still in our country there is need for door to door service and coaxing the patient by various ways to come for

follow up to the Family Planning Centre. The patients usually will not voluntarily do so as in many advanced countries. Lack of adequate follow up and treatment of complications has been the major drawback to the acceptance of IUCD by the patients.

The scheme of the voluntary promoters was introduced by the Government to utilise a large number of persons to carry the message of a small family to every household, a task which can be well performed by people who are drawn from the individuals' own community, who are nearer to him in social relationship and in whom he has greater faith. It is more likely that people are more convinced if they are informally told by their friends, relatives and persons having the same status. This scheme has its advantages in that the Family Planning Programme is boosted quite a lot, but the disadvantage has been the inability to be really able to properly evaluate the validity of the

statement of the patients who are brought by the motivators due to the incentives involved. Many times patients lie about the size of their family and even marital status for the sake of incentive which they receive and this has led to corruption in certain segments, forming a basis for adverse propaganda of Family Planning.

Conclusions

It is very important that the Family Planning Programme is made as a maternal child health programme which is likely to evoke a more favourable response from the lay people. Certain Government benefits should be given to the couples and their children if the couple accepts family planning methods; conversely the benefits may be withdrawn if a couple has 3 or more children. With rapidly increasing population, decreasing death rate, rising prices, scarcity of almost everything, something positive has to be done to save ourselves from poverty, starvation and effects thereof.